A Public Document 1. Agency Name Date Stamp California .0 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$1400 ticket Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Basketball Game Date(s) 1 , 28 , 17 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Å. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Pass(es) Identify one of the following: Last First) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Rivera, Leticia 2 To promote attendance...County sponsored event...County facility in order to maximize potential County revenue...concession sales Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

I have read and understand FPPQ 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	01.26.2017
/	Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

С	eremonial Role Even	its and Tic	cket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OOZ For Official Use Only		
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		<u> </u>	1	
	Sarah Oddie					
	Area Code/Phone Number	E-mail	·····		_ L_ Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		8		
	Does the agency have a ticke	et policy?	Face Value of	of Each Ticket/Pass \$ _	\$1400 ticket	
	Event Description Basketball Game Date(s) 1				, 28 , 17	/
	Event Description	Provide Title/Exp		/		
	Ticket(s)/Pass(es) provided b	v agency?	n State Warriors			
		y ugonoy.	Name of So	urce		
	Was ticket distribution made a	at the behest	n, Wilma Official's Name (i	Least (First)		
_	of agency official?	4 7 8 1 1			Official's Ivanie (i	
3.	Recipients					
	Use Section A to identify the agence	cy's department or	runit. • Use Sec Number of	1		
	A. Name of Agency, Department or Unit		Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)			
	,					
	B. Name of Individu	al	Number of		Identify one of the follow	ingi
	D. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing.
					Other	Income
	Burton, Ecaterina		3		nial Role" or "Other" describe below:	ad avent. County facility
					ndanceCounty sponsored eventCounty mize potential County revenueconcession	
						Income
					nial Role" or "Other" describe below:	
			3			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
	(include address and de	scription)	Pass(es)	Decourse one pre-		
	19 19 19 19 19 19 19 19 19 19 19 19 19 1				4.8 4	

4. Verification

I have read and understand FPBC 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	01.26.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

1.	Agency Name	9 - 4 - A	. 9	Date Stamp	California 802
	Alameda County		Form OOL		
	Division, Department, or Region (If Applica		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		<u></u>	-	
	Sarah Oddie				rovide explanation in Part 3.)
	Area Code/Phone Number E-mail				
	(510) 272-6693 sarah.odd	ie@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information				\$1400 ticket
	Does the agency have a ticket policy?	Yes 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$	
	Event Description Basketball Game		Date(s)	2817	///
	Provide Title/E	xplanation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 🛛 No [n State Warriors Name of Sou	urce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Cha of agency official?			n, Wilma Official's Name (L	.ast, First)
3.	Recipients	6 L 6 6	19	<u></u>	<u>6</u> - (8
	• Use Section A to identify the agency's department				
	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 follow	ing:
	(Last, First)	Pass(es)			
	Lam, Marianne		Ceremonial Role	nial Role" or "Other" describe below:	
		3	To promote attendanceCounty sponsored eventCour in order to maximize potential County revenueconcessi		red eventCounty facility enueconcession sales
			Ceremonial Role	Other	Income
		3	If checking "Ceremo.	nial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
4.	Verification	and 18942 Thave ve	wified that the distribution set	forth above, is in accordance wi	th the requirements.
	l hε ons 18944.1			forth above, is in accordance with the requirements. Supervisor's Assistant 01.26.2017	
	Signature of Agency Head or Designee	Sarah Oc Print Nam		Supervisor's Assistant	(Month, Day, Year)
	Comment:	-			
					FPPC Form 802 (4/12)

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$1400 ticket Face Value of Each Ticket/Pass \$ __ Does the agency have a ticket policy? Yes 🛛 No 🗆 Event Description <u>Basketball</u> Game Date(s) 1 / 28 17 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🕅 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Å. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ () ast Eirsti Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Kubo, Theresa 2 To promote attendance...County sponsored event...County facility in order to maximize potential County revenue...concession sales Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

I have And and understand ERPC 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	01.26.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

-	eremonial Role Event	is and m	skeurass	Distributions		A Public Document
1.	Agency Name	φ	5 <u>5</u>		Date Stamp	California 802
	Alameda County			Form OUZ For Official Use Only		
	Division, Department, or Regi	on (If Applicabl	le)			i di cincial ose ciny
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		<u></u>	-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation	14 A		<u> </u>	\$1400 ticket/\$20 perk
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	\$1400 ticket/\$30 park		
					, 28 , 17	/
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors	
						Juice
	Was ticket distribution made at the behest No I Yes I If yes: Char of agency official?				Official's Name	(Last, First)
_		<u></u>	n ngawa 💦 👌			
3.	• Use Section A to identify the agency	v's department o	r unit. Ise Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	02	Number of Ticket(s)/		blic purpose made pursuan	
	Pass(es)					
		. <u> </u>				
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follov	ving:
	(Lazt. First)		Pass(es)			Income
	McCormick, Mike				D Other nial Role" or "Other" describe below:	
			2+p	To promote attend	anceCounty sponse	ored eventCounty facility venueconcession sales
			2+p	Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuar	it to the agency's policy
	1. C.					

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	01.26.2017
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) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: sarah.oddie@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$1400 ticket/\$30 park Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Basketball Game 17 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Chan,</u> Wilma Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ 4 est Fyst) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Chang, Emily 2+p To reward a community volunteer for his or her service to the public Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2+p 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)

Verification 4

I have feed 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	01.26.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

. –							
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUL	
	Division, Department, or Reg	ion (If Applicable	e)]	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Sarah Oddie						
	Area Code/Phone Number	E-mail			Amendment (Mus	t provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	mation		<u></u>	8		
	Does the agency have a ticke	t policy?	Face Value o	of Each Ticket/Pass \$	\$1400 ticket/\$30 park		
	Event Description Basketball	l Game		Data(s) 1	, 28 , 17	//	
		Provide Title/Exp					
	Ticket(s)/Pass(es) provided b	y agency?	If no: Golder	n State Warriors			
			Name of S	Source			
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Chan	, VVIIITIA Official's Name	e (Last. First)	
	<u>신대 회원(m) 8 년 6월 9 88</u> 8768 3	9 - m 9		. b. = w 0		8 8 8 .	
3.	Recipients			staa Disa (disastifik) aa jaaliyidu	al a Line Section C to ide	antifu an outcide organization	
	Use Section A to identify the agency's department or unit. Use Section B to identify an indi						
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follo	entify one of the following:	
	(Last First)		Pass(es)				
	Cravalho, Brian			Ceremonial Role	Other ial Role" or "Other" describe below	v:	
	Gravalilo, Brian		3+p	To promote attendance at a(n) event held at a County			
				order to maximize potential County revenue		• •	
				Ceremonial Role	Other	Income	
			3+p	If checking "Ceremon	ial Role" or "Other" describe below	V:	
			3+p				
					<u></u>		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursua	nt to the agency's policy	
		, on parent,	Pass(es)				
			-				
4.	Verification					with the requirements	

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	01.26.2017
1	Signature of Agency Head or Designee	 Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

1	Agency Name	9	•		Date Stamp	California
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie				Amendment (Must o	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation		<u></u>		
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	\$1400 ticket/\$30 park
	Event Description Basketball	Game			, 28 , 17	/
	Event Description	Provide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided by	vagency?		J If no. Golder	n State Warriors	
	nokel(s)/rass(es) provided b	y agency:	Yes 🔲 No	<u> </u>	Name of Sol	urce
	Was ticket distribution made a	it the behest	No 🔲 Yes	If yes: Chan,	, Wilma	
	of agency official?				Official's Name (L	Last, First)
	Recipients Use Section A to identify the agency Â. Name of Agency, Department		unit. • Use Sec Number of Ticket(s)/ Pass(es)		al. • Use Section C to ident	
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
	Geisner, Benjamin		3+p	To promote attenda	ial Role" or "Other" describe below:	Income eld at a County facility in nue
			3+p	Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	01.26.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

			· · · · ·		A Public Document
Agency Name				Date Stamp	California 802
Alameda County					Form OO2 For Official Use Only
Division, Department, or Regio	on (If Applicable)			For Official Use Offiy
Board of Supervisors					
Designated Agency Contact (A	Vame, Title)				
Sarah Oddie					
Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)		
(510) 272-6693	sarah.oddie@acgov.org		Date of Original Filing:	(Month, Day, Year)	
Function or Event Inform	nation		523 00 i i i i i i i i i i i i i i i i i i		
Does the agency have a ticket	policy?	f Each Ticket/Pass \$ _	\$450 ticket/\$30 park		
Event Description Basketball	Does the agency have a ticket policy? Yes X No Face Value Event Description Basketball Game Date(s)			, 0 2 , 17	1 1
	Provide Title/Expla	anation	Date(s)		
Ticket(s)/Pass(es) provided by	Ticket(s)/Pass(es) provided by agency? Yes □ No 🕅 If no: Golde			n State Warriors	
			_	Name of So	Irce
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Chan	, Wilma	and Find
of agency official?) # Z ~ . 5			Official's Name (I	.ast, First)
Recipients					
Use Section A to identify the agency's	s department or u		ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
 			Ceremonial Role	Other	Income D
Bruce, Gloria		2	If checking "Ceremoni	al Role" or "Other" describe below:	
		2		ote attendance at a(n) event held at a County facility naximize potential County revenue	
			I order to maximize p	otential County reven	
					ue
		2	Ceremonial Role	Ottential County reven	
C. Name of Outside Organiz (include address and desc		2 Number of Ticket(s)/ Pass(es)	Ceremonial Role [Other	ue
	ription) en Area,	Number of Ticket(s)/	Ceremonial Role [If checking "Ceremonian Describe the publ	Other al Role" or "Other" describe below:	ue
(include address and desci League of Women Voters Ed	ription) en Area, /, CA 94546 ouraging	Number of Ticket(s)/ Pass(es)	Ceremonial Role [If checking "Ceremoni Describe the publ To reward a school	Other al Role" or "Other" describe below:	ue Income
(include address and desci League of Women Voters Ed P.O. Box 2234, Castro Valley Nonpartisan political org enco informed & active citizen part Verification	ription) en Area, /, CA 94546 ouraging ic in govt	Number of Ticket(s)/ Pass(es) 2+p	Ceremonial Role [If checking "Ceremonial Describe the puble To reward a school to the community	Other al Role" or "Other" describe below:	ue Income
(include address and description of Women Voters Ed P.O. Box 2234, Castro Valley Nonpartisan political org enco	ription) en Area, /, CA 94546 ouraging ic in govt	Number of Ticket(s)/ Pass(es) 2+p	Ceremonial Role [If checking "Ceremonial Describe the puble To reward a school to the community	Other al Role" or "Other" describe below:	ue Income
(include address and desci League of Women Voters Ed P.O. Box 2234, Castro Valley Nonpartisan political org enco informed & active citizen part Verification	ription) en Area, /, CA 94546 ouraging ic in govt	Number of Ticket(s)/ Pass(es) 2+p	Ceremonial Role [If checking "Ceremonial Describe the puble To reward a school to the community	Other al Role" or "Other" describe below:	ue Income
(include address and desci League of Women Voters Ed P.O. Box 2234, Castro Valley Nonpartisan political org enco informed & active citizen part Verification	ription) en Area, /, CA 94546 ouraging ic in govt	Number of Ticket(s)/ Pass(es) 2+p 18942. I have ve	Ceremonial Role [If checking "Ceremonial Describe the puble To reward a school to the community	Dther al Role" or "Other" describe below:	ue Income

Board of Supervisors Designated Agency Contact (le)		Date Stamp	California 802 Form 802
Division, Department, or Regi Board of Supervisors Designated Agency Contact (le)			i onin
Board of Supervisors Designated Agency Contact ((e)		-	East Official Use Oak
Designated Agency Contact (Nome Title		Division, Department, or Region (If Applicable)		
Designated Agency Contact (Nama Titla)	Board of Supervisors			
	Designated Agency Contact (Name, Title)			-	
	Sarah Oddie				
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
		acaoy ora		Date of Original Filing: .	
(510) 272-6693 sarah.oddie@acgov.org Date of Original Filing:					
		_	— F ass \/also	f Each Talact/Dava A	\$800 ticket/\$30 park
Does the agency have a ticket	•	Yes 🛛 No	-	of Each Ticket/Pass \$	P
Event Description Basketball	Game	04 , 17	//		
	Provide Title/Exp	planation	Date(s)1		
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder		
Nas ticket distribution made a	t the behast		📼 Chan		
	t the benest	No 📋 Yes	If yes:	Official's Name (L	ast, First)
		2 F Q Q 3 +9 +6	지 🖶 🥂 한 전 📖 않	46. 262 C. C	
	's department or	al a Use Section C to ident	ify an outside organization		
		Number of			
	<u>.</u>				
		Number of Ticket(s)/		Identify one of the followi	ng:
(LD3, FPO)		Pass(es)			
Tam. Judv					Income
		4			eld at a County facility in
					income
		4	If checking "Ceremon	ial Role" or "Other" describe below:	
		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		1 435(03)			
	Was ticket distribution made at of agency official? Recipients Use Section A to identify the agency A. Name of Agency, Department B. Name of Individual (Last, First) Tam, Judy C. Name of Outside Organit (Include address and desc Verification	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 A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Tam, Judy C. Name of Outside Organization (Include address and description) /erification	Ticket(s)/Pass(es) provided by agency? Yes □ No Nas 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 department or Unit Number of Ticket(s)/ Pass(es) A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Last, Frat) Yes(es) Tam, Judy 4 C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Verification Verification	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golder Was ticket distribution made at the behest of agency official? No Yes X If yes: Chan Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual of Ticket(s)/ A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public of Ticket(s)/ B. Name of Individual (Last Frat) Number of Ticket(s)/ Describe the ceremonial Role (Last Frat) Tam, Judy 4 Ceremonial Role (Last Frat) Ceremonial Role (Last Frat) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Describe the public order to maximize public order	Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Name of Social Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma Recipients If yes: Chan, Wilma Official's Name (I Name of A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an individual. • Use Sectiden C to identify an individual. <

	Sarah Oddie	Supervisor's Assistant	01.25.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

1.	Agency Name	5. 9	0 *	Date Stamp	California 802	
	Alameda County				Form 002	
	Division, Department, or Region (If)	Applicable)		1	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name,	Designated Agency Contact (Name, Title)				
	Sarah Oddie	Amendment (Must	rovide explanation in Part 3.)			
	Area Code/Phone Number E-ma	il	· · · · · · · · · · · · · · · · · · ·			
_	(510) 272-6693 sarah.oddie@acgov.org			Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Informatio				\$800 ticket/\$30 park	
	Does the agency have a ticket policy			of Each Ticket/Pass \$ _		
	Event Description Basketball Game	e Title/Explanation	Date(s)	1 , 06 , 17	///	
	Ticket(s)/Pass(es) provided by agen		If no: Golde	en State Warriors	urce	
	Was ticket distribution made at the b	ehest No 🗌 Yes	If yes: Char			
	of agency official?	No la res		Official's Name (I	Last, First)	
3.	Recipients	rtment or unit. • Use Se	ction B to identify an individ	lual. • Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Department or U	nlt Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	Ing:	
	Spriggs, Barisha	2+p	If checking "Ceremon To promote attend	nial Role" or "Other" describe below:	eld at a County facility in	
		2+p		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 put	blic purpose made pursuant	to the agency's policy	
4.	Verification	1944.1 and 18942. I have ve	erified that the distribution set t	forth above, is in accordance with	h the requirements.	
		Sarah Oo		Supervisor's Assistant		
	Signature of Ag len cy Head or Designee	Print Nam	ne	Title	(Month, Day, Year)	
	Comment:					
				FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)	

Agency Name				Date Stamp	California 000
-			Form 802		
-	on (If Applicab	1	For Official Use Only		
Board of Supervisors					
•	Name, Title)			-	
Sarah Oddie					
			Amendment (Must prov	ide explanation in Part 3.)	
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Inform			(Wohin, Day, Tear)		
Does the agency have a ticket	t policy?	☐ Face Value o	of Each Ticket/Pass \$	\$800 ticket	
Basketball				//	
Event Description	Provide Title/Exp	planation	Date(s)		/
Gold			If no: Golder	n State Warriors	
	ugonoj.			Name of Source	6
	t the behest	No 🗌 Yes	If yes: Chan	, Wilma	
or agency official?	<u>~</u>	~a ⊃ ∧a a	ъ <u>к</u>	Official's Name (Las	t, First)
•					
Use Section A to identify the agency	's department of		ction B to identify an individu	ual. • Use Section C to identify	an outside organization.
A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy
		F 485(85)	······		·····
-					
B. Name of Individua (Lest, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	:
Chu Minaant					
Chu, vincent		2			t at a County facility in
					Income
		2			
Name of Outside Organization		Number of			
		Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	*				
Verification			(
Verification	าร 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with th	e requirements.
Verification	ns 18944.1 and				
Verification Thay Signature of Agency Head or Designee	าร 18944.1 and	d 18942. I have ve Sarah Oc Print Nam	Idie	orth above, is in accordance with th Supervisor's Assistant Title	e requirements. 01.25.2017 (Month, Day, Year)
	Alameda County Division, Department, or Regi Board of Supervisors 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 a of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Departme B. Name of Individua (Last, First) Chu, Vincent	Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 E-mail 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? Pagency official? A. Name of Agency, Department or Unit	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors 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 ⊠ 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? • 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's department or Unit Recipients • Use Section A to Identify the agency's department or Unit Recipients • Use Section A to Identify the agency's department or Unit Recipients • Use Section A to Identify the agency's department or Unit Recipients • Use Section A to Identify the agency is department or Unit (Least Freq) Pass(es) Chu, Vincent 2 C. Name of Outside Organization Number of Ticket(s)/<	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No □ Face Value of Provide Title/Explanation Date(s) 01 Event Description Basketball Game Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Chan of agency official? Recipients •Use Section B to identify the agency's department or unit. •Use Section B to identify an individe Pass(es) Chu, Vincent 2 Ceremonial Role If checking "Ceremon To promote attenda order to maximize g 2 Ceremonial Role If checking "Ceremon To promote attenda order to maximize g Ceremonial Role If checking "Ceremon To ceremonial Role If checking "Ceremon 2 Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Alameda County 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 sarah.oddie@acgov.org Function or Event Information Date of Original Filing: Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of Each Ticket/Pass \$

Comment: ___

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0		its and in	sheur ass	Distributions		A Public Documen	
1.	Agency Name			9 6 G D D	Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicab	le)		-	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	1	Date of Original Filing: .		
2	Function or Event Infor		.@dogov.org	,		(Month, Day, Year)	
۷.	Does the agency have a ticke				of Each Ticket/Pass \$	\$68.25	
			Yes 🔀 No				
	Event Description PBR Velo	Provide Title/Exp	lanation	Date(s)	1 , 7 , 17	//	
			lanaliun	Golde	n State Warriors		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		n State Warriors Name of Sou	Irce	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Char	n, Wilma		
	of agency official?			1 yes	Official's Name (L	ast, First)	
3	Recipients	t 🔅 '			A / A		
0.	Use Section A to identify the agence	y's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme		Number of				
	Ft, Hunne of Agency, Departure		Ticket(s)/ Pass(es)	Deacine tile pu	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/	San a second	Identify one of the followi	na:	
	(Last, First)		Pass(es)				
	Salinas, Frankie				Dther describe below:	Income	
			4			eld at a County facility in	
					potential County reven		
				Ceremonial Role	Other		
			4		bial 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	
	Include address and des		Pass(es)				
١.	Verification			1990 (d)		<u> 22.8 35 5.6 6 6 8 8 8</u>	
	I have read and understand EDDC Deau	lations 18944.1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance with	a the requirements.	
	_		Sarah Oo	ddie	Supervisor's Assistant	01.25.2017	
			Print Nam	ne	Title	(Month, Day, Year)	

Agency Name				Date Stamp	California 80
Alameda County				0	Form
Division, Department, or Regi	on (If Applicabl	e)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (/	Name, Title)			1	
Sarah Oddie					
Area Code/Phone Number	E-mail		<u> </u>		provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org	1	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation	2		а	
Does the agency have a ticket	policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$ _	6950 ticket/\$30 parking
Event Description Basketball	Game		Date(s)0^		//
	TONGE TRIEZER	lanation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of So	urce
Was ticket distribution made at	t the behest	No 🗌 Yes	If yes: Chan		
of agency official?			It yes:	Official's Name (I	Last, First)
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
		Pass(es)		·····	
B. Name of Individual		Pass(es) Number of Ticket(s)/		Identify one of the followi	ing:
B. Name of Individual (Last, First)		Number of	Ceremonial Role	Identify one of the followi	-
B. Name of Individual (Last, First) Joseph, Megan		Number of Ticket(s)/	If checking "Ceremon To reward a comm		Income
(Last First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm public Ceremonial Role	Other	Income
(Last First)	zation	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Other	Income or her service to the Income
(Last, First) Joseph, Megan C. Name of Outside Organia	zation ription)	Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Other Other describe below: unity volunteer for his Other other ial Role" or "Other" describe below:	Income or her service to the Income
(Last, First) Joseph, Megan C. Name of Outside Organiz (Include address and desc First 5 Alameda County, 111	zation :ription) 5 Atlantic	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the pub To reward a school	Cher Cher Cher' describe below: Unity volunteer for his Cher Cher' describe below: Dother Cher' describe below: Cher' describe below: Cher Cher Cher Cher Cher Cher Cher' describe below: Cher Cher Cher Cher Cher Cher Cher Cher	Income or her service to the Income
(Last, First) Joseph, Megan C. Name of Outside Organia (include address and desc First 5 Alameda County, 111 Ave, Alameda, CA 94501 Support families and children improve early development Verification	zation rription) 5 Atlantic n 0-5 to	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es) 2+p	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the pub To reward a school to the community	Other	Income or her service to the Income to the agency's policy ion for its contributions
(Last, First) Joseph, Megan C. Name of Outside Organiz (include address and desc First 5 Alameda County, 111 Ave, Alameda, CA 94501 Support families and children improve early development	zation rription) 5 Atlantic n 0-5 to	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es) 2+p	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the pub To reward a school to the community	Other	Income or her service to the Income to the agency's policy ion for its contributions

eremonial Role Events and				
Agency Name	6 19 8 B. B.	, <u></u>	Date Stamp	California 802
Alameda County				Folin
Division, Department, or Region (If Applic	able)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)	<u>.</u>	<u>,,</u>		
Sarah Oddie				
Area Code/Phone Number E-mail				ust provide explanation in Part 3.)
(510) 272-6693 sarah.odd	die@acgov.org	I	Date of Original Fili	ng:(Month, Day, Year)
Function or Event Information		<u></u>		
Does the agency have a ticket policy?	Yes 🛛 No	Face V	alue of Each Ticket/Pass	\$ \$800
Event Description Basketball Game			01 , 12 , 17	
Event Description Provide Title/	Explanation	Date(s)		//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	IST If no:	olden State Warriors	
			Name o	f Source
Was ticket distribution made at the behes	st 🛛 No 🗖 Yes	If yes:	Chan, Wilma	
of agency official?			Official's Nar	ne (Last, First)
Recipients				
Use Section A to identify the agency's department A. Name of Agency, Department or Unit	Number of Ticket(s)/		ndividual. • Use Section C to i	
	I ICKet(8)/		to begins buildage uneas builde	and to allo agoiney o poney
	Pass(es)			
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the foll	lowing:
B. Name of Individual (Last, First)	Number of	Ceremonial	Role D Other	Income
B. Name of Individual	Number of Ticket(s)/	If checking "C	Role D Other C	Income
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	If checking "C	Role D Other	Income
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	If checking "C To reward a ce	Role D Other C	Income
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es) 2	If checking "C To reward a co public Ceremonial	Role D Other C	Income
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	If checking "C To reward a co public Ceremonial	Role D Other C Constraints of the constraint of	Income
B. Name of Individual (Last, First) Deming, Nancy	Number of Ticket(s)/ Pass(es) 2 2	If checking "C To reward a co public Ceremonial	Role D Other C Constraints of the constraint of	Income
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "C To reward a co public Ceremonial If checking "C	Role D Other C Constraints of the constraint of	Income
B. Name of Individual (Last, First) Deming, Nancy C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "C To reward a c public Ceremonial If checking "C Describe th	Role D Other C Constraints of the constraint of	Income
B. Name of Individual (Last, First) Deming, Nancy Name of Outside Organization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "C To reward a c public Ceremonial If checking "C Describe th	Role D ther C teremonial Role" or "Other" describe bell community volunteer for h Role Other C teremonial Role" or "Other" describe bell teremonial Role" or "Other" describe bell teremonial Role" or "Other" describe bell	Income
B. Name of Individual (Last, First) Deming, Nancy C. Name of Outside Organization (include address and description) SOS Meals on Wheels,2235 Polyorosa Ave #260, San Leandro, CA 94577	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "C To reward a c public Ceremonial If checking "C Describe th To reward a so	Role D ther C teremonial Role" or "Other" describe bell community volunteer for h Role Other C teremonial Role" or "Other" describe bell teremonial Role" or "Other" describe bell teremonial Role" or "Other" describe bell	Income
B. Name of Individual (Last, First) Deming, Nancy C. Name of Outside Organization (include address and description) SOS Meals on Wheels,2235 Polyorosa	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "C To reward a c public Ceremonial If checking "C Describe th To reward a so	Role D ther C teremonial Role" or "Other" describe bell community volunteer for h Role Other C teremonial Role" or "Other" describe bell teremonial Role" or "Other" describe bell teremonial Role" or "Other" describe bell	Income
B. Name of Individual (Last, First) Deming, Nancy C. Name of Outside Organization (include address and description) SOS Meals on Wheels,2235 Polvorosa Ave #260, San Leandro, CA 94577 Provide meals to homebound low-income seniors	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "C To reward a c public Ceremonial If checking "C Describe th To reward a so	Role D ther C teremonial Role" or "Other" describe bell community volunteer for h Role Other C teremonial Role" or "Other" describe bell teremonial Role" or "Other" describe bell teremonial Role" or "Other" describe bell	Income
B. Name of Individual (Last, First) Deming, Nancy C. Name of Outside Organization (include address and description) SOS Meals on Wheels,2235 Polvorosa Ave #260, San Leandro, CA 94577 Provide meals to homebound low-income seniors	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es) 4 2	If checking "C To reward a ca public Ceremonial If checking "C Describe th To reward a so to the commun	Role D ther C teremonial Role" or "Other" describe bell community volunteer for h Role Other C teremonial Role" or "Other" describe bell teremonial Role" or "Other" describe bell teremonial Role" or "Other" describe bell	Income
B. Name of Individual (Last, First) Deming, Nancy C. Name of Outside Organization (include address and description) SOS Meals on Wheels,2235 Polvorosa Ave #260, San Leandro, CA 94577 Provide meals to homebound low-income seniors	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es) 4 2	If checking "C To reward a c public Ceremonial If checking "C Describe th To reward a so to the commun	Role D ther C ceremonial Role" or "Other" describe below community volunteer for h	Income

1.	1988 B3 1 8 2 8 2 8 1 8 1 8 1 8 1 8 1 8 1 8 1 8	1 6 60 D					
	Agency Name				Date Stamp	California 802	
	Alameda County			a coordin			
	Division, Department, or Regi	ion (If Applicab	1	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		e@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	10 A		(Wonth, Day, Year)			
	Does the agency have a ticket		f Each Ticket/Pass \$ _	\$110.25			
	Event Description R. Kelly	Provide Title/Ex	planation	Date(s)		///	
	Ticket(s)/Pass(es) provided by			Golder	State Warriors		
	Tickel(s)/Pass(es) provided by	agency?	Yes 🗌 No		Name of So	urce	
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan	, Wilma		
	of agency official?				Official's Name (L	Last, First)	
3.	Recipients	G 4 .	<u>, 6</u> ;		1977 - 1977	G [A] A ⊕ [A] [A]	
	Use Section A to identify the agency	's department o		ction B to identify an individu	al. • Use Section C to Ident	tify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
,	B. Name of Individua	Number of		14-45			
	Clast, First)		Ticket(s)/		Identity one of the followi	ina:	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow		
	(Last, First)				Other	Income	
	Anderson, Carl Juan			If checking "Ceremoni To promote attenda	Other Other describe below: OtherCounty sponsor	Income	
	(Last, First)		Pass(es)	If checking "Ceremoni To promote attenda County facilityto r Ceremonial Role	other and the selow: al Role" or "Other" describe below: InceCounty sponsor nax. pot. County rever	Income	
	(Last, First)	zation	Pass(es) 2	If checking "Ceremoni To promote attenda County facilityto r Ceremonial Role If checking "Ceremoni	Other Other County sponsor nax. pot. County rever Other Other	Income	
-	(Last, First) Anderson, Carl Juan C. Name of Outside Organi (include address and desc	zation	Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attenda County facilityto r Ceremonial Role If checking "Ceremoni	Other County sponsor nax. pot. County rever Other Other County rever Other County rever County	Income	
	(Last, First) Anderson, Carl Juan	zation sription)	Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda County facilityto r Ceremonial Role If checking "Ceremoni Describe the publ	Other Arrow County sponsor Arrow County rever Other Other Arrow County rever Other ic purpose made pursuant	Income	
	(Last, First) Anderson, Carl Juan C. Name of Outside Organi (include address and desc	zation sription)	Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda County facilityto r Ceremonial Role If checking "Ceremoni Describe the public rified that the distribution set for	Other A Role" or "Other" describe below: Other Other Other A Role" or "Other" describe below: I Other I Other I Other I Other I Other I Other I Other I Other I Other I Other I Other I Other I Other I Other I	Income	
	(Last, First) Anderson, Carl Juan C. Name of Outside Organi (include address and desc	zation sription)	Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda County facilityto r Ceremonial Role If checking "Ceremoni Describe the public rified that the distribution set for Idie	Other Arrow County sponsor Arrow County rever Other Other Arrow County rever Other ic purpose made pursuant	Income	

17						
	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Reg	ion (If Applicab	le)			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				· · · · · · · · · · · · · · · · · · ·
	Does the agency have a ticket policy? Yes 🛛 No 🗂 Face Value of				f Each Ticket/Pass \$ _	\$82.85
	Event Description Harlem Glo	obetrotters		Date(s)1	, 21 , 17	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by agency? Yes No 🛛 If no:		If no: Golder	State Warriors		
			_	Name of So	urce	
	Was ticket distribution made at the behest No Yes If yes: If yes:		If yes: Chan	Official's Name (I	last First)	
_		a <u>se</u> tt t <u>ra</u> t	<u>0,5,5°× a 9</u>	· 所_ 后 、 年 與金田 相關	ی <u>کر در در</u>	<u></u>
3.	• Use Section A to Identify the agency	's department o	runit elles Sor	tion B to identify an individu	al a Lise Section C to ident	tify an outside organization
	6		Number of			
	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 (Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	i ng:
Ţ			Ticket(s)/	If checking "Ceremoni Ceremonial Role		Income
		zation	Ticket(s)/	If checking "Ceremoni Ceremonial Role [If checking "Ceremoni	Other Other Other Other Other Other	Income
	(Last, First)	zation cription)	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ	Other Al Role" or "Other" describe below: Other Other Al Role" or "Other" describe below: Compose made pursuant	Income
	C. Name of Outside Organi (include address and desc San Leandro Boys & Girls C	zation cription) lub, 401 CA 94577 fter school	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ	Other Al Role" or "Other" describe below: Other Other Al Role" or "Other" describe below: Compose made pursuant	Income
4.	C. Name of Outside Organi (include address and desc San Leandro Boys & Girls C Marina Blvd, San Leandro, C Provides safe, high quality a	zation cription) lub, 401 CA 94577 fter school youth	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremonia Describe the publ To reward a school to the community	Other Al Role" or "Other" describe below: Other Other Al Role" or "Other" describe below: Compose made pursuant	Income
4.	C. Name of Outside Organi (include address and desc San Leandro Boys & Girls C Marina Blvd, San Leandro, C Provides safe, high quality a programs & opportunities for Verification	zation cription) lub, 401 CA 94577 fter school youth	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ To reward a school to the community	Other Other Other Other Other Other Other Other Other Control Other Oth	Income

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) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _\$450 ticket/\$30 parking Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Basketball Game Date(s) 12 28 16 1 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Chan, Wilma Was ticket distribution made at the behest No 🗌 Yes 🖂 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 А. 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: (Last. First) Pass(es) Ceremonial Role Other Income Gebhart, Rebecca If checking "Ceremonial Role" or "Other" describe below: 2+p To promote attendance...County sponsored event...in order to maximize potential County revenue...concession sales Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. 2+p Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification I have 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sarah Oddie Supervisor's Assistant 01.03.2017 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _

1.	Agency Name			Date Stamp	California 000
	Alameda County				Form OUZ
	Division, Department, or Region (If Applical	ole)		-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	-			
	Sarah Oddie				
	Area Code/Phone Number E-mail		· · · ·	Amendment (Must provide explanation in Part 3.)	
	(510) 272-6693 sarah.oddi	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information		f050 ticket		
	Does the agency have a ticket policy?	Yes 🔀 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$950 ticket
	Event Description Basketball Game		Date(s)	2 <u>17 16</u>	//
	Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of So.	urce
	Was ticket distribution made at the behest		If yes: Chan		
	of agency official?	No 🗋 Yes	If yes:	Official's Name (I	Last, First)
3.	Recipients				
	Use Section A to identify the agency's department of	runit. • Use Se	ction B to Identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy
		Pass(es)			
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the followi	ng:
	[Last, 17 stj	Pass(es)			
	Camacho, Josie			Dther describe below:	Income
		2	To reward a comm	unity volunteer for his	or her service to the
			public		
			Ceremonial Role	Other	Income
		2	If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organization	Number of	Describe the sur		
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy
4.	Verification				
	i ha 18944.1 ai	nd 18942. I have ve	erified that the distribution set f	orth above, is in accordance with	h the requirements.
		Sarah Oo		Supervisor's Assistant	
,		Print Nam	ne	Title	(Month, Day, Year)
	Comment:				
					FPPC Form 802 (4/12)

Comment: _____

					A Fublic Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form
Division, Department, or F	Region (If Applicab	le)]	For Official Use Only
Board of Supervisors					
Designated Agency Conta	ct (Name, Title)				
Sarah Oddie					
Area Code/Phone Number	E-mail			Amenament (Must p	provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	e@acgov.org	l de la construcción de la constru	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inf	ormation				
Does the agency have a ti	cket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	600 ticket/\$30 parking
Event Description Basket	oall Game		Date(s) 12	2 <u>, 20 , 16</u>	//
	Provide Title/Exp	planation			
Ticket(s)/Pass(es) provide	d by agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of So	
					urce
Was ticket distribution mac of agency official?	le at the behest	No 🗌 Yes	If yes: Chan	Official's Name (Last. First)
 B. Recipients Use Section A to Identify the ag 	ency's department o	r unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Depar		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
B. Name of Indiv (Lest, First)	idual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role		Income
Gin, Hal		2+p		ial Role" or "Other" describe below:	an han ann àr a dha
			public	unity volunteer for his	or her service to the
		2+p	Ceremonial Role	Other D ial Role" or "Other" describe below:	Income
C. Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
I. Verification					
l hε	ions 18944.1 an			orth above, is in accordance wit	
		Sarah Oo		Supervisor's Assistant	
Vsignature of Agency Head or Desig	gnee	Print Nam	ie	Title	(Month, Day, Year)

1.	. Agency Name				Date Stamp	California 003
	Alameda County					Form OUZ
	Division, Department, or Regio	n (If Applicable	ə)			For Official Use Only
	Board of Supervisors				-	
	Designated Agency Contact (Na	ame, Title)				
	Sarah Oddie				·	
		E-mail			. Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	ation			·	
	Does the agency have a ticket p	policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$	\$600 ticket
	Event Description Basketball Game Date(s) 12				<u>, 20 , 16 </u>	//
	F	Provide Title/Expl				
	Ticket(s)/Pass(es) provided by a	agency?	n State Warriors Name of Sou	Irce		
	Was ticket distribution made at the behest No I Yes I If yes: Chan				, Wilma	
	of agency official?			E ir yes	Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency's	department or	al. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Department	Number of Ticket(s)/ Describe the pul Pass(es)		olic purpose made pursuant to the agency's policy		
					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	B. Name of Individual (Lest, First)	Number of Ticket(s)/	Identify one of the following:			
			Pass(es)	Ceremonial Role Other Income		
					al Role" or "Other" describe below:	
				·		
				Ceremonial Role	al Role" or "Other	
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's p		to the agency's policy
			Pass(es)			
	Parent Voices Oakland, 5232 Ave., Oakland, CA 94618	Claremont	2	To reward a school to the community	ward a school or nonprofit organization for its contribution community	
						·
	Parent-led grassroots org fighting to make quality childcare avail/affordable					
4.	Verification					
	Ih	18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
	-		Sarah Oo		Supervisor's Assistant	01.03.2017
-	Signature of Agency Fread of Designee		Print Nam	е	Title	(Month, Day, Year)
	Comment:		_			
				EDDC Form 002 (4(42)		

A Public Document

Agency Name				Date Stamp	California 802
Alameda County			<u> </u>		Form OOZ For Official Use Only
Division, Department, or	Region (If Applica	able)			For Onicial Ose Only
Board of Supervisors					
Designated Agency Cont	Designated Agency Contact (Name, Title)				
Sarah Oddie					
Area Code/Phone Numbe	er E-mail				provide explanation in Part 3.)
(510) 272-6693	sarah.odo	lie@acgov.org	l	Date of Original Filing	:(Month, Day, Year)
2. Function or Event In	formation		• • • •		
Does the agency have a t	icket policy?	Yes 🔀 No		of Each Ticket/Pass \$.	
Event Description Basket	tball Game		Date(s) 1	2 , 28 , 16	
	Provide Title/E	Explanation			
Ticket(s)/Pass(es) provide	ed by agency?	Yes 🗌 No	If no: Golde	n State Warriors	
Maa tialaat diatributian ma			Char		ource
Was ticket distribution may of agency official?	de at the benes	t No 🗌 Yes	If yes: Char	Official's Name	(Last, First)
					· · · · · · · · · · · · · · · · · · ·
Recipients Use Section A to identify the ag	gency's department	or unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Depa		Number of		olic purpose made pursuar	
	Ticket(s)/ Pass(es)		ne parpoor made pareaa	it to the agency a policy	
		rass(es)			
B. Name of Indiv	vidual	Number of		Identify one of the follow	vino
B. Name of Indix (Last, First)	vidual			Identify one of the follow	ving:
(Last, First)	vidual	Number of Ticket(s)/	Ceremonial Role	Other	
B. Name of Indiv (Last, First) Bernstein, Ruth	vidual	Number of Ticket(s)/	If checking "Ceremor	Other	
(Last, First)	vidual	Number of Ticket(s)/ Pass(es)	If checking "Ceremor To promote attenda	Other	Income
(Last, First)	vidual	Number of Ticket(s)/ Pass(es)	If checking "Ceremor To promote attenda	Other Dial Role" or "Other" describe below.	Income
(Last, First)	vidual	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremor To promote attend maximize potential Ceremonial Role	Other Dial Role" or "Other" describe below. anceCounty sponso County revenuecom	Income
(Last, First)	vidual	Number of Ticket(s)/ Pass(es)	If checking "Ceremor To promote attend maximize potential Ceremonial Role	Other Other County sponso County revenuecom Other Other	Income
(Last, First) Bernstein, Ruth		Number of Ticket(s)/ Pass(es) 2 2	If checking "Ceremor To promote attend maximize potential Ceremonial Role	Other Other County sponso County revenuecom Other Other	Income
(Last, First)	rganization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremor To promote attend maximize potential Ceremonial Role If checking "Ceremon	Other Other County sponso County revenuecom Other Other	Income
(Last, First) Bernstein, Ruth	rganization	Number of Ticket(s)/ Pass(es) 2 2 Number of	If checking "Ceremor To promote attend maximize potential Ceremonial Role If checking "Ceremon	Other Other County sponso County revenuecom Other Other County revenuecom Other County revenuecom County	Income
(Last, First) Bernstein, Ruth	rganization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremor To promote attend maximize potential Ceremonial Role If checking "Ceremon	Other Other County sponso County revenuecom Other Other County revenuecom Other County revenuecom County	Income
(Last, First) Bernstein, Ruth	rganization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremor To promote attend maximize potential Ceremonial Role If checking "Ceremon	Other Other County sponso County revenuecom Other Other County revenuecom Other County revenuecom County	Income
(Last, First) Bernstein, Ruth	rganization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremor To promote attend maximize potential Ceremonial Role If checking "Ceremon	Other Other County sponso County revenuecom Other Other County revenuecom Other County revenuecom County	Income
(Last, First) Bernstein, Ruth C. Name of Outside Of (include address and	rganization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremor To promote attend maximize potential Ceremonial Role If checking "Ceremon	Other Other County sponso County revenuecom Other Other County revenuecom Other County revenuecom County	Income
(Last, First) Bernstein, Ruth C. Name of Outside Of (include address and	rganization I description)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attended maximize potential Ceremonial Role If checking "Ceremon Describe the put	Other Other County sponso County revenuecom Other Other Other Inter Other Inter Other Inter Other	Income
(Last, First) Bernstein, Ruth C. Name of Outside Of (include address and	rganization I description)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attendi maximize potential Ceremonial Role If checking "Ceremon Describe the put	Other Other County sponso County revenuecom Other Other County revenuecom Other County revenuecom County	Income

Comment: _

Ala Div Bo Des Sa Are (51 2. Fu Doe Eve Tick Was of 3. Re	10) 272-6693 Inction or Event Informer The sthe agency have a ticket The sthe agency have a ticket The sticket discription Basketball Ket(s)/Pass(es) provided by s ticket distribution made a agency official? The section A to identify the agency	Name, Title) E-mail sarah.oddie mation t policy? Game Provide Title/Exp / agency? t the behest	e@acgov.org Yes 🛛 No	☐ Face Value o Date(s)2 ☑ If no: Golder	n State Warriors Name of Sour	(Month, Day, Year) \$600 ticket	
Div Bo Des Sa Are (51 2. Fu Doe Eve Tick Was of 3. Re • Us	rision, Department, or Reginant of Supervisors signated Agency Contact (arah Oddie a Code/Phone Number 10) 272-6693 Inction or Event Informes the agency have a ticket ent Description Basketball ket(s)/Pass(es) provided by s ticket distribution made a agency official? cipients be Section A to identify the agency	Name, Title) E-mail sarah.oddie mation t policy? Game Provide Title/Exp / agency? t the behest	e@acgov.org Yes⊠ No ^{olanation} Yes □ No	☐ Face Value of Date(s) 12	Date of Original Filing: of Each Ticket/Pass \$ 2 3016 n State Warriors Name of Sour	For Official Use Only ovide explanation in Part 3.) (Month, Day, Year) \$600 ticket	
Bo Des Sa Are (51 2. Fu Doe Eve Tick Was of 3. Re •Us	ard of Supervisors signated Agency Contact (rah Oddie a Code/Phone Number 10) 272-6693 Inction or Event Inform es the agency have a ticket ent Description Basketball ket(s)/Pass(es) provided by s ticket distribution made a agency official? cipients be Section A to identify the agency	Name, Title) E-mail sarah.oddie mation t policy? Game Provide Title/Exp / agency? t the behest	e@acgov.org Yes⊠ No ^{olanation} Yes □ No	☐ Face Value of Date(s) 12	Date of Original Filing: of Each Ticket/Pass \$ 2 3016 n State Warriors Name of Sour	ovide explanation in Part 3.) (Month, Day, Year) \$600 ticket	
Des Sa Are (51 2. Fu Doe Eve Tick Was of 3. Re • Us	signated Agency Contact (rah Oddie a Code/Phone Number 10) 272-6693 Inction or Event Inforr es the agency have a ticket ent Description Basketball ket(s)/Pass(es) provided by s ticket distribution made a agency official? cipients es Section A to identify the agency	E-mail sarah.oddie mation t policy? Game Provide Title/Exp / agency? t the behest	Yes ⊠ No ^{Dlanation} Yes □ No	☐ Face Value of Date(s) 12	Date of Original Filing: of Each Ticket/Pass \$ 2 3016 n State Warriors Name of Sour	(Month, Day, Year) \$600 ticket	
Sa Are (51 2. Fu Doe Eve Tick Was of 3. Re • Us	rah Oddie a Code/Phone Number 10) 272-6693 Inction or Event Informes the agency have a ticket ent Description Basketball ket(s)/Pass(es) provided by s ticket distribution made a agency official? cipients be Section A to identify the agency	E-mail sarah.oddie mation t policy? Game Provide Title/Exp / agency? t the behest	Yes ⊠ No ^{Dlanation} Yes □ No	☐ Face Value of Date(s) 12	Date of Original Filing: of Each Ticket/Pass \$ 2 3016 n State Warriors Name of Sour	(Month, Day, Year) \$600 ticket	
Are (51 2. Fu Doe Eve Tick Was of 3. Re •Us	ea Code/Phone Number 10) 272-6693 Inction or Event Inform es the agency have a ticket ent Description Basketball ket(s)/Pass(es) provided by s ticket distribution made a agency official? Ecipients be Section A to identify the agency	sarah.oddie mation t policy? Game Provide Title/Exp / agency? t the behest	Yes ⊠ No ^{Dlanation} Yes □ No	☐ Face Value of Date(s) 12	Date of Original Filing: of Each Ticket/Pass \$ 2 3016 n State Warriors Name of Sour	(Month, Day, Year) \$600 ticket	
(51 2. Fu Doe Eve Tick Was of 3. Re •Us	10) 272-6693 Inction or Event Informer The sthe agency have a ticket The sthe agency have a ticket The sticket discription Basketball Ket(s)/Pass(es) provided by s ticket distribution made a agency official? The section A to identify the agency	sarah.oddie mation t policy? Game Provide Title/Exp / agency? t the behest	Yes ⊠ No ^{Dlanation} Yes □ No	☐ Face Value of Date(s) 12	Date of Original Filing: of Each Ticket/Pass \$ 2 3016 n State Warriors Name of Sour	(Month, Day, Year) \$600 ticket	
2. Fu Doe Eve Tick Was of 3. Re • Us	ent Description Basketball ket(s)/Pass(es) provided by s ticket distribution made a agency official?	mation t policy? Game <i>Provide Title/Exp</i> agency? t the behest	Yes ⊠ No ^{Dlanation} Yes □ No	☐ Face Value of Date(s) 12	of Each Ticket/Pass \$ 2 3016 n State Warriors _{Name of Sour}	(Month, Day, Year) \$600 ticket	
Doe Eve Tick Was of 3. Re • Us	es the agency have a ticket ent Description Basketball ket(s)/Pass(es) provided by s ticket distribution made a agency official? cipients se Section A to identify the agency	t policy? Game Provide Title/Exp / agency? t the behest	Planation Yes No	Date(s) 12	2 <u>30</u> <u>16</u> n State Warriors Name of Sour	//	
Eve Tick Was of 3. Re • Us	ent Description Basketball ket(s)/Pass(es) provided by s ticket distribution made a agency official? ccipients se Section A to identify the agency	Game Provide Title/Exp / agency? t the behest	Planation Yes No	Date(s) 12	2 <u>30</u> <u>16</u> n State Warriors Name of Sour	//	
Tick Was of 3. Re • Us	ket(s)/Pass(es) provided by s ticket distribution made a agency official? cipients se Section A to identify the agency	Provide Title/Exp / agency? t the behest	Yes 🗌 No	If no: Golder	n State Warriors Name of Sour	// rce	
Tick Was of 3. Re • Us	ket(s)/Pass(es) provided by s ticket distribution made a agency official? ccipients se Section A to identify the agency	/ agency? t the behest	Yes 🗌 No	If no: Golder	n State Warriors Name of Sour		
Was of 3. Re • Us	s ticket distribution made a agency official? cipients se Section A to identify the agency	t the behest			Name of Sour		
Was of 3. Re • Us	s ticket distribution made a agency official? cipients se Section A to identify the agency	t the behest				rce	
of 3. Re • Us	agency official? cipients se Section A to identify the agency		No 🗌 Yes	If yes: Chan	, Wilma		
3. Re • Us	cipients se Section A to identify the agency	's department or			Official's Name (La		
• Us	se Section A to identify the agency	's department or			Omiciai s Name (La	1ST, FITST)	
		''s department or	Recipients				
A.	Name of Agency, Department	Use Section A to identify the agency's department or unit. Use Section B to identify an individu Number of				y an outside organization.	
		A. Name of Agency, Department or Unit			lic purpose made pursuant to the agency's policy		
B.	B. Name of Individual (Last, First)		Number of Ticket(s)/	Identify one of the following:			
	Lubin, Bert		Pass(es) 2	Ceremonial Role	Other		
Lut					ial Role" or "Other" describe below:	income	
					anceCounty sponsore County revenueconce		
			2	Ceremonial Role	Other		
Her	rzfeld, Renee			If checking "Ceremoni	al Role" or "Other" describe below:		
			2	To promote attendanceCounty sponsored eventin order to maximize potential County revenueconcession sales			
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
<u> </u>	ification						
4. Ver	Verification have verified that the distribution set for				orth above, is in accordance with	the requirements.	
			Sarah Oo	ldie	Supervisor's Assistant	01.03.2017	
Comments of the second s	VSignature & Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)	

A Public Document

		-			A Public Documen		
I. Agency Name				Date Stamp	California 802		
Alameda County				-			
Division, Department, or Re	gion (If Applicat		-	For Official Use Only			
Board of Supervisors							
Designated Agency Contac	t (Name, Title)			1			
Sarah Oddie							
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)		
(510) 272-6693	sarah.oddi	e@acgov.org)	Date of Original Filing:	(Month, Day, Year)		
. Function or Event Info	rmation						
Does the agency have a tick	et policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	\$950 ticket/\$30parking		
Event Description Basketba	all Game		$D_{\text{poto}(a)}$ 12	2 , 17 , 16	\$950 ticket/\$30parking		
	Provide Title/Ex	planation	Date(s)	//	//		
Ticket(s)/Pass(es) provided	by agency?	Yes 🔲 No	If no: Golde	n State Warriors			
				Name of So	burce		
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Char	n, WIIMA Official's Name (Look Firsh		
				Onciai s Name (Last, First)		
Recipients	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	Number of	to identify an individ	ual. • Use Section C to iden	tity an outside organization.			
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy		
B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	inc.		
(Last, First)		Pass(es)			ing.		
Gardner Linda				Dother Dother Dother	Income		
Cardner, Einda	Gardner, Linda			To reward a County employee for his or her exemplary service to			
				ourage staff developm			
			Ceremonial Role	Other	Income		
		2+p	If checking "Ceremon	ial Role" or "Other" describe below:			
		2.ρ					
C Name of Outside Orga		Number of					
C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
<u></u>							
Verifiestion							
I have re	ons 18944.1 an	nd 18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.		
		Sarah Oo		Supervisor's Assistant	·		
Signature of Agency Head or Designed		Print Nam		Title	(Month, Day, Year)		

Comment: _

6

A Public Document

			Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Reg	gion (If Applicab	le)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)	-			
Sarah Oddie					
Area Code/Phone Number	E-mail	Amendment (Must p	rovide explanation in Part 3.)		
(510) 272-6693		e@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Infor	mation		#075 (1.1.1)		
Does the agency have a ticke	et policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	\$275 ticket
Event Description Football g	ame		Date(s) 12	2 , 24 , 16	//
	Provide Title/Exp	planation			//
Ticket(s)/Pass(es) provided b	y 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	, VVIIMA Official's Name (I	ing Find
					.ast, First)
Use Section A to identify the agence A. Name of Agency, Departm		r unit. • Use See Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ident	
B. Name of Individu	al	Number of			
D. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Taylor, Debbie		2		ial Role" or "Other" describe below:	
				ootential County reven	eld at a County facility in ue
		2	Ceremonial Role If checking "Ceremon	Other I ial Role" or "Other" describe below:	Income
C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
•		Pass(es)			

£	Sarah Oddie	Supervisor's Assistant	01.03.2017
Sugnature of Agency Head or Designee	Print Name	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) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$275 ticket/\$35 parking Does the agency have a ticket policy? Yes 🛛 No 🗌 Football game 12 24 16 **Event Description** Date(s) Provide Title/Explanation If no: Oakland Raiders Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛 Name of Source If yes: <u>Chan,</u> Wilma Was ticket distribution made at the behest No 🗌 Yes 🔀 of agency official? Official's Name (Last, First)

3. Recipients

4.

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/	Identify one of the following:
Blackwell, Fred	Pass(es) 2+p	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue
	2+p	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
		÷
Verif	and 18942. I have ver	ified that the distribution set forth above, is in accordance with the requirements.
	Sarah Od Print Name	
Comment:		

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

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 800 Face Value of Each Ticket/Pass \$_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Warriors vs. Denver Nuggets 02 01 17 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🕅 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Ceremonial Role Income 🔲 If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) NAACP Hayward South County; 1218 B To reward a non profit organization for its contributions to the 4 Street, Hayward CA 94541 community Civil rights organization that works to ensure equality of minority citizens

4. Verification

Signature of Agency Head or Designee

I have read and understand EDPC Paculations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement

Nancy Sa

Print Name

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

Supervisor's Assistant

Title

1/261

(Month, Day, Year

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Region	(If Applicable)			For Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	me, Title)				
	Nancy Sa				Amendment (Must pr	ovide explanation in Part 3)
		-mail				
		ancy.sa@a	cgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information	ation				800
	Does the agency have a ticket po	olicy?	Yes 🛛 No		f Each Ticket/Pass \$	
	Event Description Warriors vs.	Portland Tra		Date(s)01	417	//
	Ticket(s)/Pass(es) provided by a	gency?	Yes 🗌 No	If no: Golder	State Warriors	
				Valla	Name of Sou	
	Was ticket distribution made at the of agency official?	ne behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D	ast. First)
3.	• Use Section A to identify the agency's of	al a Use Section C to identi	ity an outside organization			
	A Numera Characteria Num		Number of			
	A. Name of Agency, Department of	or Unit	Ticket(s)/ Describe the pul Pass(es)		blic purpose made pursuant to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
-				Ceremonial Role	Other	Income 🗌
				Ceremonial Role	Other Other al Role" or "Other" describe below:	
	C. Name of Outside Organizat (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy
	Mt. Eden Friends of the Choir; Panama Street, Hayward CA 9		4	To reward a non pro	ofit organization for its	contributions to the
	Supports the Mt. Eden High Sc Department	chool Choir				
4.	Verification					
	have read and understand EPPC Regulation	ns 18944.1 and	18942. I have vei	rified that the distribution set fo	rth above, is in accordance with	the requirements.
	· .		Nancy S	Sa Sa	Supervisor's Assistant	1/2lett
	Signature of Agency Head or Designee		Print Name	÷	Title	(Month, Day, Year)
	Comment: Includes 1 parking p	ass at the v	alue of \$30/			

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 1000 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Warriors vs. Memphis Grizzlies Date(s) 01 6 17 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗋 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual (Last First) В. Ticket(s)/ Identify one of the following: Pass(es) Other 🗙 Ceremonial Role Income Li, Jason If checking "Ceremonial Role" or "Other" describe below: 4 To reward a community volunteer for his service to the public Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification

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

Nancy Sa

Print Name

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

Signature of Agency Head or Designee

24/17

Month Dav Year

Supervisor's Assistant

Title

1. Agency Name

Alameda County

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 800 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>Warriors vs</u>. Miami Heat 10 17 01 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 🖾 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last First. Other 🔀 Ceremonial Role Income Adamson, Ronald If checking "Ceremonial Role" or "Other" describe below: 4 To reward a community volunteer for his service to the public Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

Verification 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.

	Nancy Sa	Supervisor's Assistant	1/24/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document California

For Official Use Only

Form

Date Stamp

1.	Agency Name				Date Stamp	California 000	
	Alameda County				-	Form OUZ	
	Division, Department, or Reg	ion (If Applicable		1	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Nancy Sa						
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)	
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation					
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	800	
	Event Description Warriors v	s. Detroit Pist		Date(s)1	<u>, 12 , 17</u>	//	
	Ticket(a)/Pass(as) provided by		n State Warriors				
					Name of So		
	Was ticket distribution made at the behest No I Yes I If yes: Valle,				Richard- Supervisor I	District 2	
_	of agency official?			·	Official's Name (I	Last, First)	
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
			Number of				
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Describe the pu Pass(es)		iblic purpose made pursuant to the agency's policy		
		Number of					
	B. Name of Individua (Last First)	l .	Ticket(s)/ Pass(es)	Identify one of the following:			
		(Ceremonial Role	Other 🛛		
	Amyx, Mary				al Role" or "Other" describe below:		
			4	To reward a community volunteer for her service to the public			
				Ceremonial Role	Other		
					al Role" or "Other" describe below:		
			4				
	C Name of Outside Organi	zation	Number of				
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
	Verification						
	I have read and understand FPPC Regula	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with		
-			Nancy S	Sa Sa	Supervisor's Assistant	V/240/17	

Title

(Month, Day, Year)

A Public Document

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

Signature of Agency Freed of Designee

A Public Document

1	Agency Name				Date Stamp	California 000		
••	Alameda County		Date Otamp	Form 802				
	Division, Department, or Regi	ion (If Applicable		For Official Use Only				
		(-/					
	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Nancy Sa		Amondmont (Must	novido ovelonation in Dart 3.)				
	Area Code/Phone Number	E-mail	· · · ·	. ,				
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	mation			•			
	Does the agency have a ticker	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	82.25		
	Event Description Harlem Glo	obetrotters	Data(a) 01	, 21 , 17	, ,			
	Event Description	Provide Title/Expl	Date(s)	//	//			
	Ticket(s)/Pass(es) provided by	/ agencv?	n State Warriors					
			Name of So					
	Was ticket distribution made a	t the behest	If yes: Valle,	Richard- Supervisor	District 2			
	of agency official?				Official's Name	Last, First)		
3.	Recipients							
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu I	al. • Use Section C to ider	tify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy		
			Pass(es)					
				Date(s) 01 , 21 , 17 ,				
	B. Name of Individual (Lasi, First)		Number of					
			Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Peters, Mary			Ceremonial Role	Other 🗙	Income		
			4					
				I o reward a commu	unity volunteer for her	service to the public		
			4					
	Name of Outside Organization		Number of			4 - 4h		
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's p		to the agency's policy		
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · ·		······		
1	Verification				······································			

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

 Nancy Sa
 Supervisor's Assistant
 Image: Constraint

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

Comment: _

1.	Agency Name				Date Stamp	California 000	
	Alameda County			Form OUZ			
	Division, Department, or Regio	on (If Applicabl	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (N	lame, Title)			-		
	Nancy Sa						
		E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	ation				(Monal, Day, Tear)	
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	82.25	
	Harlem Globetrottere				. 14 . 17	//	
	Event Description	Provide Title/Exp	lanation	Date(s)		//	
	Ticket(s)/Pass(es) provided by	Yes 🗌 No	If no: Golder	n State Warriors			
		agonoy.			Name of Source		
	Was ticket distribution made at	the behest	If yes: Valle,	, Richard- Supervisor Official's Name (District 2		
	of agency official?				Official s Name (Last, First)	
	v.		Ticket(s)/ Pass(es)				
		- , , , , , , , , , , , , , , , , , , ,					
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role If checking "Ceremoni	Other 🛛 .	Income	
				Ceremonial Role If checking "Ceremoni	Other Other describe below:	Income	
	C. Name of Outside Organizz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
-	Eden Area YMCA; 951 Palisa Hayward CA 94542	de Street,	4	To reward a non pro	ofit organization for its	contributions to the	
	Promotes healthy living and for sense of social responsibility	osters a					

d that the distribution set forth above with the

V2117 Nancy Sa Supervisor's Assistant Signature of Agency Head or Designee Print Name Title (Month, Day, Year,

Comment: _

Ceremonial Role Events and Ticket/Pass Distributions

A Public Document Galifornia 80 1. Agency Name **Dale Stamp** Porti Alameda County For Olficial Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Tille) Lee Ann Fergerson, Supervisor's Assistant Amandmant (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event information XDD.C 57 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🔲 No 🗌 Event Description 16 17 asketball Date(s) Provida Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🖄 No 🗍 Name of Source Alameda County Supervisor Scott Haggerty, D 1 Was ticket distribution made at the behest No 🗌 Yes 🔀 If yes: Official's Nama (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 Ticket(s)/ A Name of Agency, Department on Unit-Describe the public purpose made pursuant to the agancy's policy. فتعمادته والإ ÷., Number of Tickey of Name of Individual identily one of theffollowing: \Box no Coromonial Role Other Income If checking "Caremonial Role" or "Other" describe balaws Number of Ticket(o) Describe Unit (IBIIc, purpose made pursuant to the agency is polley diana. Name of Cuiside Organization aque of rou To reward a school or non-profit organization for Central A its contributions to the community Jer vark (94560 4. Verification 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Jan 23,2017 Lee Ann Fergerson Supervisor's Assistant Signature of Agency Houd or Casigney Pdat Nama Comment: <u>A fundraiser</u> "An Elegant Affaire!" to benefit Fremont & Union City Arits in Schools and the FPPC Toll-Free Helpilne: 866/ASI Community. Friday, Feb. 10, 2017 event Newark FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

.

Ceremonial Role Ever	nts and Tio	cket/Pass	B Distributions		A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					Form
Division, Department, or Reg	ion (If Applicabl	le)		-	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Super	visor's Assista	int			
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acgo	ov.org	Date of Original Filing	(Month, Day, Year)
2. Function or Event Infor	mation		· · · · · · · · · · · · · · · · · · ·		
Does the agency have a tick	et policy?	Yes 🙋 No	Face Value	of Each Ticket/Pass \$.	82.25
Event Description Harley	N Globe	HTD++OTS Ianalion	Date(s)	-4.17	////
Ticket(s)/Pass(es) provided b	y agency?	Yes 🙋 No		Mame of S	
Was ticket distribution made a of agency official?	at the behest	No 🗖 Yes	Ala if yes:	Meda County Super Official's Name	visor Scott Haggerty, D 3 (Last, First)
3. Recipients • Use Section A to Identify the agence	y's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to idea	ntify an outside organization.
A. Name of Agency, Departm		Number of Tickot(s)/ Pass(es)	Describe the pu	lic pupose madelpursuar	t lo the agency's policy.
					a ang sina a
B. Name of Inclvidu		Number of . Tickeys)/ Pase(09)		Identify one of the follow	
David Nan	NGS	4	1	ance at a county sponsor tial county revenue for co	
	12		Ceremonial Role If checking "Ceremon	Other Dila Role" or "Other" describe below:	Income
C. Name of Quiside Organ	zation	Number of ficket(s)/ Pass(es)	Describe the put		totha agency's Dolley
include address and des	cripuon)			Nc purpose made pursuan	
					· · · · · · · · · · · · · · · · · · ·
, Verification					· · · · · ·
ł p	letions 18944.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance wi	th the requirements.
		_ee Ann Fer	gerson	Supervisor's Assistan	
		Print Name	e	Title	(Month, Day, Year)
Comment:				······	EBBC Sorm 802 (4(12)

Ceremonial Role Eve	nts and Ti	cket/Pass	Distributions	·	A Public Documen
1. Agency Name				Dale Stamp	Cellionite 802
Alameda County					Form CAVE2 For Olfidal Use Only
Division, Department, or Re	egion (If Applicat	ile)			For Unida: Use Univ
Board of Supervisors		-			
Designated Agency Contac	t (Name, Tille)	-			
Lee Ann Fergerson, Supe	rvisor's Assista	ant			provide explanation in Part 3.)
Area Code/Phone Number	E-mail		an a		
(510) 272-6691		erson@acgo	v.org	Date of Original Filing:	(Monih, Day, Year)
2. Function or Event info					1,200
Does the agency have a tick	et policy?	Yes 🙋 No	Face Value of	of Each Ticket/Pass \$ _	11000
Event Description	viors/L	akers	Date(s)	,12,17	<u> </u>
	Provida Tilla/Exp	lanațion	C.	KID	
Ticket(s)/Pass(es) provided	by agency?	Yes 🔯 🛛 No 🕻	-	Name of So	00000
Was ticket distribution made	at the hehest	No IT Ver	Ala	meda County Superv	lsor Scott Haggerty, D 1
of agency official?		No 🗋 Yes 🛛	If yes:	Official's Neme (
Recipients	. I. WEIGHTLE DIRECT INCIDENT	a salam Manana ning inaya nan Provinsi kara		an a star and a second second a second	
. Use Section A to identify the agen					
A. Name of Agency, Departh	ieni or Unit	Number of Tickous)/	Describe the pub	lic:puipose madeipursuani	lo the agoncy's policy
		4, (Pass(es).			
•					
				an a	
		Number of			
B. Name of Individu		Ticket(s)/ Papelos):		Identify one of the follow	ng:
		1		1	ne 🗌
••••••••••••••••••••••••••••••••••••••			Coremonial Role	Other	Income
				ai Rolo" or "Other" doscribe balow:	
C. Name of Outside Orga		Numberof	Describe trapila	c;pumose mada pursuant	to the agency s policy
1 (Include address) and do		Pass(es)			出時後後有人。這個問題,自己
Dublin H.S. At	hletics	4/	To reward a so	hool or non-profit org	anniantion for
	-	/ 1		ibutions to the com	
8151 Village Parku		1			e alamat a si
Duben, CA 945	(S)	Contraction of the local district of the local distribution of the loc	CONSTRUCTION OF THE OWNER OF THE OWNER OF THE OWNER		ni dago daga adalah menangangan pangangan ana manga sana ana menjang s
Varifiantian	'9044 1 and	10042 Ebour until	ind that the distribution set for	th ebove, is in accordance with	tha moulaments
(_		1-74-12
Signature of Agency Hospi of Logignes		ee Ann Ferg	915011 2	Bupervisor's Assistant	(Month, Day, Yoas)
affinition and donat have at any set			H.S. Sports	L.C. Im.	VIJERCELA
Comment:	To sup	Truge	TI.J. JUTT	1 sunarcer	may unre)

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

A Public Document 1. Agency Name Date Stamp California Alameda County Form For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6691 leeann.fergerson@acgov.org **Date of Original Filing:** (Month, Day, Year) 2. Function or Event Information 00 800 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🚺 🛛 No 🗔 MON 15 **Event Description** 2 Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🖉 No 🗌 Name of Source Alameda County Supervisor Scott Haggerty, D 1 Was ticket distribution made at the behest No 🗋 Yes 🗖 If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Tickous)/ Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department on Unit Tickol(s)/ [Pass(es] 3. 唐帖勒南王 (A) 12 342 1.1.1 Number of Name of Individual Identify one of the following: To promote attendance at a county sponsored event in order uzanne A ne to maximize potential county revenue for concession and parking sales. Ceremonial Role Other Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Pass(es) Name of Cutside Organization (1) (Include address and description) Describe the public purpose made pursuent to the agency's policy Verification ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant Signature of Agency Head or Designee Print Name Title (Modth Day

Comment: _

1. Agency Name				Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Department, or Reg	gion (If Applicat	nle)			For Omicial Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			7	
Lee Ann Fergerson, Super	visor's Assista	ant			
Area Code/Phone Number	E-mail			Amenament (Must p	rovide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Infor	mation			3 8 9 9 5	110 7 7
Does the agency have a ticke	et policy?	Yes 💋 No	Face Value	of Each Ticket/Pass \$	110:29
Event Description	Lelly		Date(s)	,15,17	
	Provida Title/Exp	lanalion		<u>S1.</u>)	
Ticket(s)/Pass(es) provided b	y agency?	Yes 2 No		Name of Sou	1945
Was ticket distribution made a	it the behact	N 1 N 1	Ala	meda County Supervi	sor Scott Haggerty, D
of agency official?	at the Denest	No 🗌 Yes	If yes:	Official's Name (L	
. Recipients		2 4 C	50 BE 60 BE 60 8	1 12 n ä <u>e</u> s hat 1310	<u></u>
 Use Section A to identify the agency 		unit. 🔹 Use Se			• •
A. Name of Actincy, Departing	hronUnit	Number of Tickot(s)/ Rass(es)		ole;purpose madelpursuant i	o the agency's policy
1-TD		11	To reward a Cou	nty employee for his	or her
		17	exemplary servic	e to the public or to e	encourage
			staff developme	nt	
til da steven i verskersterer endel da end fer in	Cont should be such		and the second state and the second state	THE REAL AND A DESCRIPTION OF A DESCRIPTION OF	
B.		Number of Tickeus/ Passiosi		Identity one of metfollowin	
<u>ris si sa mini sa</u> ring katalang katabasa kata kata kata kata kata kata kata k	alang in ang dari sa t	HURARE PRINT	ununnaennesinuniteate av ste	<u>e a seria de la composición de la compo</u>	n a seo canadana ang ang ang T
			•		
				al Role" or "Other" describe below:	Income
			ti annan di Ana annan	an contact and successive and application of an and the	
C. Name of Outside Orbania	ation	Number of Ticket(s)/ Pass(es)	Descursion		the maneura shink
1. (Include address and desc	netion); interior	Pose(ee)		içipurpose made pursuant ic	
•			<u></u>		
+	•			÷	
Verification	FQ () - # # () % - J.E		fin maanse mit aangen (onen op staarst 'n moest fall 'n ster takke) begin het kan be		nan mar ge san ga kan sa k
				rth above, is in accordance with t	he requirements.
	<u>L</u>	ee Ann Ferg	jerson S	Supervisor's Assistant	1-)2-17
Signature of Agency Head of Posigneo		Pdnt Name		Title	(Month, Day, Year) *

Painted County For Official User Division, Department, or Region (if Applicable) For Official User Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Area Code/Phone Number E-mail Area Code/Phone Number E-mail Date of Original Filing: 510-891-5585 anna.gee@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes IN IN Inclusion Face Value of Each Ticket/Pass \$ 204: BD Does the agency have a ticket policy? Yes IN IN Face Value of Each Ticket/Pass \$ 204: BD Event Description Provide Title/Explanation Date(s) If I. J. J. Math. J. J. J. S. I. Ticket(s)/Pass(es) provided by agency? Yes IN IN Yes IN Date(s) Name of Source Was ticket distribution made at the behest of agency official? No I Yes IN Name of Source Name of Source • Use Section A to identify the agency's department or unit. *Use Section B to identify an individual •Use Section C to the tollowing: • Use Section A to identify the agency's department or unit. Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Ticke	umen	
Analieda Coolingy Division, Department, or Region (if Applicable) Board of Supervisors Designated Agency Contact (Name: Title) Anna Gee Amendment (Must provide explanation in Part 510-891-5585 Anna Gee Date of Original Filing:	02	
Board of Supervisors Designated Agency Contact (Name: Title) Anna Gee Area Code/Phone Number Store Code/Phone Number 510-891-5585 Bana gee@acgov.org Control or Event Information Does the agency have a ticket policy? Yes X No Function or Event Information Does the agency have a ticket policy? Yes X No Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes X Was ticket distribution made at the behest No Yes X If yes: Miley, Nate of agency Official? Vas ticket distribution made at the behest No Yes X Yes X Vas ticket distribution made at the behest No Yes X If yes: Miley, Nate Official's Name (Last. First) Recipients Use Section 8 to identify an adhetical Vas Section A to identify the agency's department or unit. Number of Ticket(p) Vas Section 2 to find the public purpose made pursuent to the agency's policy Was Section 2 to find the fi		
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C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		
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	·	
Verification		
18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	•1	
Anna Gee Executive Assistant	1	
Signature of Agency Head or Designee Print Name Title (Month, Day,	Year)	
Comment AMMONS Verenvia 1128 tip.		
Comment And the FPPC Form 80)2 (4/12	

4.

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 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? Face Value of Each Ticket/Pass Yes 🔀 🛛 No 🗖 NCN 1Pl **Event Description** Date(s Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no 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 Β. Name of Individual Ticket(s)/ Identify one of the following 1. 207, 14, 21 Pass(es) 1, Ansar Ef Ceremonial Role Other 🚺 Income If checking "Ceremonial Role" or "Other" describe below; To promote attendance at an event held at a County facility in order to Income 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) Verification 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 Help or Designee Print Name Title Comment:

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



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)	Itlentify one of the following:
Broks, Pathein	4	I' checking "Geremonial Role" or "Other" describe below: I' promote attendane at an event huld at a County faulty in order Ceremonial Role Other I income Income I' I' checking "Ceremonial Role" or "Other" describe below: Moviming Potetting revenue form
		Ceremonial Role Other I Income Income Income
		Ceremonial Role Other I Income I 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

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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass 🖌 es 🔀 No 🚺 **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🗌 No 🛛 Name of Sourc Was ticket distribution made at the behest Miley, Nate No 🗌 Yes 🛛 If yes: of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
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						A Public Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County					Form OUZ		
	Division, Department, or Reg	jion (If Applicable,)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Name. Title)		· · · · · · · · · · · · · · · · · · ·				
	Anna Gee							
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)		
	510-891-5585	anna.gee@a	cgov.org		Date of Original Filing: .	(Month, Day, Year)		
2.	Function or Event Infor					(Wohin, Day, Year)		
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ 🚄	04.80		
	Event Description DIS	2 ball Com	n l		12 12	17.70.17		
	Event Description	Provide Title/Expla	nation	Date(s)		16 po IT		
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🔲 No	If no:	Iden Stole	In pums		
		, - <u>J</u> , -			Name of Sou	ırce		
	Was ticket distribution made at the behest No I Yes I If yes: M				Nate			
	of agency official?			Official's Name (Last, First)				
3.	Recipients	S. 1.	mark management					
	Use Section A to identify the agent		Number of	ction B to identify an Individu	ial. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pess(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
			i aastest					
	B. Name of Individu	al	Number of					
	(Lent, Fuci)		Ticket(s)/ Pass(es)		Identify one of the following	ng		
				Ceremonial Role	Other	Income		
				If checking "Ceremoni	al Role" or "Other" describe below;			
				Ceremonial Role	Other			
					al Role" or "Other" describe below:			
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy		
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	ASTO VALLEY 942	ille		TIME CUITI	WM145 70 4			
		v · ·						
-	Verification	7			an a			
τ.	I have read and understand FPPC Regu	Ilations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.		
			Anna G		Executive Assistant	111/17		
	Signature of Agency Head or Designed	9	Print Nam		Title	(Month, Day, Year)		

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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income I Income I Income I Income II
		Ceremonial Role Dother DIncome Diff checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Conter
		Ceremonial Role Other I Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
2450 Washington Ave #240 San Leandro 94577	4	contributions to the community
ADULT NITH DISABILABILITES	Suppop	To reward a you profit organization
Hoynard Arts Conneil 2294 Poothill Blue 104Ward, 94541 HOT PROMOTION	4	for their contributions to the

1. Agency Name				Date Stamp	California 003	
Alameda County				Dotto ottainip	Form 802	
Division, Department, or F	Region (If Applicabl	e)			For Official Use Only	
	3 (),	,				
Board of Supervisors Designated Agency Conta	ch (Alama Titla)					
Designated Agency Conta	ict (Name, Hile)					
Anna Gee				Amendment (Must p	rovide explanation in Part 3.)	
Area Code/Phone Number				_		
510-891-5585	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Inf	formation				224 62	
Does the agency have a ti	cket policy?	Yes 🛛 No 🗌	Face Value c	f Each Ticket/Pass \$ 🚅	507.00	
	Provide Title/Exp	Ianation	Date(s)	2,78,17	12,30,17	
Ticket(s)/Pass(es) provide	d by agency?	Yes 🗌 No 🛛	If no:	en State Marne of So	Urce	
Was ticket distribution mad	le at the behest	No 🗌 Yes 🛛	If yes: Miley	iley, Nate		
of agency official?			1 yos	Official's Name (i	Last, First)	
3. Recipients				n mananan kala kata kata kata kata kata kata kata		
 Use Section A to identify the ag 	ency's department or	unit. • Use Sectio	n B to identify an individu	al. • Use Section C to iden	lify an outside organization,	
A. Name of Agency, Depa	riment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
·		1				
······································						
B. Name of Indiv	idual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
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Coman, Cole		4				
Kenn Cartan	Rom Cactano			attendance at an ev		
				ounty facility in orde		
				potential revenue fr		
			parking	and concession sales		
		Number of	¢			
C. Name of Outside Or (include address and	ganization description (22	Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Love remit tag	to Chinh		lo renarda I	non prefett or ap	anigation for	
8401 Zich Cf -	Sakland	4	Marie Marte	pictione to the	1 Aman maning	
944017					<u> </u>	
MOLENCE PROVENTION	1 PDALDA					
	N PROGRAM		in an a success to be a set of the second			
4. Verification	Regulations 18944.1 and	d 18942. I have verifi	ed that the distribution set fo	orth above, is in accordance wit	h the requirements.	
¢	-				,/1/17	
Signature of Agency Head or Desi	anee	Anna Gee	; 	Executive Assistant	(Month, Day, Year)	
	<u> </u>	7 TUN 1900103			((month, pay, 16a)	
Comment:						

	ns and 110	Ket/Pass	DISTRIBUTIONS		A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					Torini
Division, Department, or Re	gion (If Applicabl	le)			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 Info	rmation			. <u>.</u>	1
Does the agency have a tick	et policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$.	304.80
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Event Description	Provide Title/Exp	lanation		· · · ·	10 13 794 (
Ticket(s)/Pass(es) provided I	by agency?	Yes 🔲 No 🛛	🛪 If no: 🚮	on Stak Wa	Yrurs
				Name of S	ource
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Miley	, Nate	
				Official's Name	(Last, First)
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	Wager - Jet - 2	Number of	Press and a second second		ntify an outside organization.
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuar	it to the agency's policy
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Harrison, Nath	aniel		Ceremonial Role	Other 🗹	Income
		4	If checking "Gereinon	ial Role" or "Other" describe below:	
			To promote l	nealth and wellness	to
				oulations such as for	income
		- P2-		ors that receive cour	nty L
				services.	
					· · · · · · · · · · · · · · · · · · ·
C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Doscribe the pub	lic purpose made pursuan	t to the agency's policy
Alice & Clauserton	scription	Pass(es)	<u></u>		to the second
word great only	V (1)	4	adr, 10, rewa	ra a non prog	T ffr yneir
1954 Janta Kta k	<i>d</i> .	-1	contributions -	to the comm	unitr -
plasanta 945126					
SCHOOL SUPPOPT					
. Verification			an a	<u> </u>	
I have read and unnerstand FPPC Rem	ilations 18944.1 and	1 18942. I have ver	rified that the distribution set fo	orth above, is in accordance w	ith the requirements.
		Anna Ge	e	Executive Assistant	1/4/17
Signature of Agency Head or Designed		Print Name)	Title	(Month Day, Year)
Comment:	ind	12/12 Ju	ñc		
	ALV RAL!	17 1 3 11	1		



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 hidividual	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
Albanisi, Nelson	2	Ceremonial Role D Other Content of the Content of t	Income 🔲
-		held at a County facility in order to maximize potential revenue from parking and concession sales.	Income
		Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:	Income
		Ceremonial Role Other I If checking "Ceremonial Role" or "Olher" describe below:	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