Agency Report of: nte and Tickot/Pass Distributions С

		sheur ass	Distributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Regi	on (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)			1	
Sarah Oddie				Amondmont (Must a	revide evolution in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation				¢1550 tieket
Does the agency have a ticke	t policy?	Yes 🛛 No [\$1550 ticket
Event Description Basketball	Game		Date(s) 02	2 , 08 , 17	//
	Provide Title/Ex	planation			
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 🛛 No [If no: Golde	n State Warriors	1/200
					urce
	at the behest	No 🗌 Yes [If yes:	Official's Name (i	Last, First)
· · · · · · · · · · · · · · · · · · ·				·	
• Use Section A to identify the agency	v's department o	or unit. 🔹 Use Sec	tion B to identify an individ	lual. • Use Section C to iden	tify an outside organization.
-		Number of Ticket(s)/			at the second
B. Name of Individu.	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
					Income
Colon, Luis		2	-		ald at a Quantum familitaria
		_		()	
		2	Ceremonial Role	Other	Income
		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	Agency Name 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 ticke Event Description Basketball Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official? Recipients • Use Section A to Identify the agence A. Name of Agency, Departme B. Name of Individu (Last, First) Colon, Luis	Agency Name 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 Function or Event Information Does the agency have a ticket policy? Event Description Basketball Game Provide Title/Ex Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last, First)	Agency Name 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 Event Description Basketball Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ Vas ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. B. Name of Individual (Last, First) Pass(es) 2 Colon, Luis 2 2 C. Name of Outside Organization Number of Ticket(s)/ Pase(es)	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 Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Event Description Basketball Game Date(s) _0: Provide Title/Explanation Date(s) _0: Ticket(s)/Pass(es) provided by agency? Yes □ No □ Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Char of agency official? Recipients •Use Section A to Identify the agency's department or unit. •Use Section B to Identify an individ •Use Section A to Identify the agency's department or unit. •Use Section B to Identify an individ B. Name of Individual (Last, Find) Number of Ticket(s) Pass(es) Describe the pu Colon, Luis 2 Ceremonial Role (I checking 'Ceremonial Role (I checkin	Agency Name Date Stamp Alameda County Division, Department, or Region (if Applicable) Board of Supervisors

	Sarah Oddie	Supervisor's Assistant	02.28.2017
Signature or Agency mean or Designee	Print Name	Title	(Month, Day, Year)

Comment: __

1.	Agency Name				Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
	Amy Shrago				L	
	Area Code/Phone Number	E-mail			Amendment (Must p	
	(510) 272-6695	amy.shrago	o@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		of Each Ticket/Pass \$ _	
	Event Description Monster Ja	am		Date(s)02	2 <u>,</u> 18 <u>,</u> 17	///
		Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of So	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes	Carso	on, Keith	2.00
	of agency official?			⊠ IT yes:	on, Keith Official's Name (I	ast, First)
3.	Recipients					
	Use Section A to identify the agence	y's department o		ction B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
	BOS Dist 5		3		y employee for his or h ourage staff developm	ner exemplary service to
	_ <u></u>		,			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ing:
			Pass(es)	Ceremonial Role	Other 🔀	
	Brown, James				ial Role" or "Other" describe below:	Income
			3		ance at a County spon cility in order to maxim	sored event or event nize potential County rev
				Ceremonial Role	Other	
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C Name of Outside Organ	nization	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					<u> </u>	
4	Verification					
••		lations 18944.1 ai	nd 18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.
			Amy Shr	ago	Supervisor's Assistant	02/28/17
	Jane Jane Jane Jane Jane Jane Jane Jane	3	Print Nam		Title	(Month, Day, Year)
	Comment:					
						EPPC Form 802 (4/12)

						A Public Documen
1. Agency Na					Date Stamp	California 802
Alameda Cou						AN CONTROL
Division, Depa	rtment, or Region	(If Applicabl	e)]	For Official Use Only
Board of Sup	ervisors					
Designated Ag	ency Contact (Na	me, Title)				
Amy Shrago						
Area Code/Ph	one Number	-mail		, <u></u>	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-66			@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or			<u>ejj</u>			(Month, Day, Year)
	cy have a ticket p		Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	950.00
		-				
Event Descript	ion <u>Warriors vs.</u>	rovide Title/Exp	lanation	Date(s)	. 01 , 17	//
Tielet(e)/Deee				Golder	n State Warriors	
fickel(s)/Pass	(es) provided by a	gency?	Yes 🗌 No		Name of Sou	irce
Was ticket dist	ribution made at t	he behest	No 🗌 Yes	If yes: Carso	on, Keith	
of agency off	cial?			<u></u>	Official's Name (L	ast, First)
3. Recipients					······	
Use Section A to	identify the agency's	department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identi	ify an outside organization.
A. Name of	Agency, Department	or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
<u></u>			Number of			
В.	Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the followir	ng:
			Pass(es)			
Carson, Keith	I			Ceremonial Role	A Other A other a scribe below:	income
			4			rator to participate in the
					on goals or job training	
<u> </u>				Ceremonial Role	Other	Income
				If checking "Ceremon	al Role" or "Other" describe below:	
	of Outside Organizat address and descrip		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy
			Pass(es)			
4. Verification		· · · ·			·	
lh	C Regulatio	ns 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.

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) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6695 Date of Original Filing: amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 1550.00 Does the agency have a ticket policy? Yes 🗌 No 🖂 Face Value of Each Ticket/Pass \$ _ Event Description Warriors vs. Bulls 08 17 02 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Carson, Keith Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) BOS Dist 5 To reward a County employee for his or her exemplary service to 4 the public or to encourage staff development. Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

4. Verification

I have r

C.

Name of Outside Organization

(include address and description)

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

<u> </u>	Amy Shrago	Supervisor's Assistant	02/28/17
Sugniture of Agency rend or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

Number of

Ticket(s)/

Pass(es)

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

	nonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1. Agei	ncy Name				Date Stamp	California 802
	neda County					Form
Divisi	ion, Department, or Reg	ion (If Applicabl	e)]	For Official Use Only
Boar	d of Supervisors					
Desig	Inated Agency Contact	(Name, Title)			1	
Amv	Shrago					
-	Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Fun	ction or Event Infor	mation				(wonth, Day, rear)
Does	the agency have a ticke	et policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$ _	950.00
	Warriors V	vs. Kinas				
Event	Description Warriors	Provide Title/Exp	lanation	Date(s)		//
	t(s)/Pass(es) provided b		Yes 🗌 No	If no. Golde	n State Warriors	
nono		y agonoy .			Name of So	urce
	icket distribution made	at the behest	No 🗋 Yes	If yes: Cars	on, Keith	
ot ag	gency official?			_	Official's Name (Last, First)
	pients					
	Section A to identify the agend	y's department or	Number of	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A.	Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
BOS	Dist 5		4		y employee for his or h courage staff developm	ner exemplary service to
В.	Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below:	Income
					Other Dinal Role" or "Other" describe below:	Income
С.	Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
. Verif	ication ee gu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance wit	h the requirements.
<u> </u>			Amy Shra	ago	Supervisor's Assistant	02/28/17
S	ee / V		Print Nam	e	Title	(Month, Day, Year)
Comn	ment:					

Ceremonial Role Events	s and Tick	et/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Regio	n (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (N	ame,Title)				
Amy Shrago					
	-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6695	amy.shrago@	acgov.org@		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	ation			_	(
Does the agency have a ticket	policy?	Yes 🗌 No	🗙 Face Value o	f Each Ticket/Pass \$	1550.00
Event Description Warriors vs.	Clippers		Data(a) = 02	, 23 , 17	///
	Provide Title/Explai	nation			//
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder	State Warriors	
				Name of Sou	irce
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Carso	Official's Name (L	ast First)
	· · · · · · · · · · · · · · · · · · ·				
3. Recipients • Use Section A to identify the agency's	department or u	nit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
BOS Dist 5		4		employee for his or h ourage staff developm	er exemplary service to ent.
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
		1 435(63)	Ceremonial Role	Other	Income
				al Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
4. Verification	ions 18944.1 and 1	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.

				Bistilbutions		A Public Documen
1. Ag	jency Name				Date Stamp	California 802
	ameda County			,		ET INCOMPOSITI
Div	ision, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
Во	ard of Supervisors					
Des	signated Agency Contact	(Name, Title)			-	
An	ny Shrago					
Are	a Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
(51	10) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Fu	nction or Event Infor	mation				
	es the agency have a ticke		Yes 🗌 No	Face Value	of Each Ticket/Pass \$ _	800.0
Eve	ent Description Warriors v	vs. Nets Provide Title/Exp	lanation	Date(s)	2 <u>, 25 , 17</u>	//
Tic	ket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of Sou	urce
	s ticket distribution made a agency official?	at the behest	No 🗋 Yes	If yes: Cars	on, Keith Official's Name (L	_ast, First)
	cipients se Section A to identify the agenc	v's department or	unit • Use Ser	ction B to identify an individ	ual a lise Section C to ident	tify an outside exception
Α.	Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
B.	Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
Ca	rson, Keith			Ceremonial Role	Dther 🔀	Income
			4		ility of a facility, its ope iness and contribute to	
				Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income
C.	Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	-					
i. Ve / hai	rification	lations 18944.1 an	d 18942. I have ve	rified that the distribution set i	forth above, is in accordance with	h the requirements.
	-		Amy Shra		Supervisor's Assistant	
	Vesignee		Print Nam		Title	(Month, Day, Year)

Comment: _____

Comment: _

_			cket/Pass	Distributions		A Public Documen
1. Aç	gency Name				Date Stamp	California 802
	ameda County					Form OUZ
Div	rision, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
Во	ard of Supervisors					
	signated Agency Contact	(Name, Title)			4	
An	ny Shrago					
	a Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	10) 272-6695		@acgov.org		Date of Original Filing:	
<u>`</u>	Inction or Event Infor		<u>easierner</u> g			(Month, Day, Year)
	es the agency have a ticke		V [7] N		of Each Ticket/Dage &	1200.00
			Yes 🗌 No		of Each Ticket/Pass \$	
Eve	ent Description Warriors v	Provide Title/Exp	lanation	Date(s)3	3 14 17	//
Tic	ket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of So	urce
	s ticket distribution made a agency official?	at the behest	No 🗌 Yes	If yes: Carso	Official's Name (1	.ast, First)
	cipients					
• Us	se Section A to identify the agenc	y's department or		ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
Α.	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
BC	DS Dist 5		4	To reward a County the public or to enc	y employee for his or h ourage staff developm	er exemplary service to ent
B.	Name of Individua (Last, First)	at	Number of Ticket(s)/		Identify one of the followi	ng:
			Pass(es)			
				Ceremonial Role If checking "Ceremon	Other Ger or "Other" describe below:	Income
<u>;</u>				Ceremonial Role		Income
				in checking Ceremon	ial Role" or "Other" describe below:	
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. Vei I have	rification	ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements
			Amy Shra		Supervisor's Assistant	02/28/17
						11/1/8/17

Ceremonial Role Even	its and Ti	cket/Pas	s Distributions	· · · · · · · · · · · · · · · · · · ·	A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County			_		
Division, Department, or Reg	ion (If Applical	ble)		-	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)	· · · · ·			
Lee Ann Fergerson, Superv	visor's Assist	ant			
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.}
(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	mation				
Does the agency have a ticke	t policy?	Yes 🗇 N	o 🗂 🛛 Face Value	of Each Ticket/Pass \$ _	1,350
Event Description Warr	1055		Dete(e)	2, 23, 17	
	Provida Tille/Ex	lanation	Date(s)		
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🖸 No	lf no:	500	
				Name of So meda County Super	visor Scott Haggerty, D 1
Was ticket distribution made a of agency official?	t the behest	No 🗋 Ye	if yes:	Officiel's Neme (last Fight
Recipients Use Section A to identify the agency	's department o	unit. + Use Se	ection B to identify an individu	al a Lizo Castion C to idea	
A. Name of Agency, Departine		Number of		Ic.purpose made pursuant	tily an outside organization.
The second se		Tickotis)/ (Pass(es)		IIC.PUIPose made pursuant	to the agency's policy
					and the providence of the second s
····					
 Malayer Statistics and a statistical statistics of the statistic statistics. 	tri ministère dur	171 - 272 - 182 - 273 - 274 - 274 - 274 - 274 - 274 - 274 - 274 - 274 - 274 - 274 - 274 - 274 - 274 - 274 - 274	and the standard and the same and the same		
B. Name of Individual		Number of Ticket(s)/ Pass(os)		Identity one of thefollow	09
· · · · · · · · · · · · · · · · · · ·				ance at a county sponsore	
PAT EORMAN		2	to maximize potent	ial county revenue for co	ed event in order no L
NICK DEL PIN	0	Z	parking sales.		
·					
		1	Ceremonial Role	Other describe below:	Income 🔲
			in once in good to be in the		
C. Name of Outside Organia	ation	Number of		c;pu/pose mada purauant;	
(include address) and desc	ripillón)	Number of Ticket(e) Pass(es)		ie purpose meus pursuant.	
· · · · · · · · · · · · · · · · · · ·					
.8-					· · · · ·
444 da 14 - 17 -					
Verification					
	18944.1 and	18942. I have ve	rified that the distribution set for	th above, is in accordance with	the requirements.
		ee Ann Fer		upervisor's Assistant	2-8-17
11. 1		Print Nam	0	Title	(Month, Day, Year)
Comment:					
					FPPC Form 802 (4/12)

1

I. Agency Name			Date Stamp	Collif
Alameda County			Date Startip	California 802
Division, Department, or Region (If Applicab.	le)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			4	
Sarah Oddie				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	@acgov.org	I	Date of Original Filing:	
. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	\$1550 ticket/\$30 park
Event Description Basketball Game Provide Title/Exp		Date(s)02		//
	lanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	
Was ticket distribution made at the behest		🖂 🔐 Chan	Name of So Wilma	urce
of agency official?	No 🗋 Yes	If yes: Chan	Official's Name (I	Last First)
. Recipients	and the state of the state			
 Use Section A to identify the agency's department or 	unit. • Use Ser	ction B to identify an individu	al. • Use Section C to iden	tify an outcide experimetics
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
B. Name of Individual	Number of			
(Last First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
Woods, Brendon		Ceremonial Role	Other I	
	2+p	To promote attenda	ance at a(n) event he	eld at a County facility in
	2+p 2+p	Order to maximize p	ance at a(n) event he potential County reven	eld at a County facility in ue Income
C. Name of Outside Organization (include address and description)		Order to maximize p Ceremonial Role	ance at a(n) event he potential County reven	ue
C. Name of Outside Organization (include address and description)	2+p Number of Ticket(s)/	Order to maximize p Ceremonial Role	ance at a(n) event he potential County reven Other al Role" or "Other" describe below:	ue
(include address and description)	2+p Number of Ticket(s)/	Order to maximize p Ceremonial Role	ance at a(n) event he potential County reven Other al Role" or "Other" describe below:	ue
(include address and description)	2+p Number of Ticket(s)/ Pass(es)	Order to maximize p Ceremonial Role If checking "Ceremoni Describe the publ	ance at a(n) event he potential County reven Other al Role" or "Other" describe below:	UE Income
(include address and description)	2+p Number of Ticket(s)/ Pass(es)	Order to maximize p Ceremonial Role If checking "Ceremonial Describe the publ	ance at a(n) event he potential County revent Other el Role" or "Other" describe below:	UE Income

Agency Report of: Ticket/Dace Distributions С

Agency Name			Date Stamp	California 802
Alameda County				1 earlier
Division, Department, or Region (If Applic	able)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Sarah Oddie				
Area Code/Phone Number E-mail				provide explanation in Part 3.)
(510) 272-6693 sarah.od	die@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Information			· · · · · · · · · · · · · · · · · · ·	ф <u>то</u> го
Does the agency have a ticket policy?	Yes 🔀 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$ -	\$79.50
Event Description Armin Only Embrace	e World Tour	Date(s)2	. 03 _ 17	//
Provide Title,	/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗋 🛛 No 🕻	If no: Golde	n State Warriors	0///08
Meeticket distribution made at the babe	of N T Y	If yes: Char		
Was ticket distribution made at the behe of agency official?	st No 🗌 Yes [X If yes:	Official's Name	(Last, First)
A. Name of Agency, Department or Unit	Ticket(s)/	Describe are pu	olic purpose made pursual	in the last again of a particip
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the follo	wing:
B. Name of Individual (Last, First)	Number of	Ceremonial Role	Other	Income
B. Name of Individual (Last, First)	Number of Ticket(s)/			Income
B. Name of Individual (Last, First)	Number of Ticket(s)/	If checking "Ceremo Ceremonial Role	Other D	Income Income
B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other Other Content describe below Other Other Other Other Other	Income v:
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Other or "Other" describe below Other Other or Other other other other other	Income v:

02.27.2017 Supervisor's Assistant Sarah Oddie (Month, Day, Year) Print Name Title

Comment: _

			Form OUZ For Official Use Only	
	··· - · ·		For Official Use Only	
		Amendment (Must provide e	explanation in Part 3.)	
cgov.org		Date of Original Filing:	onth, Day, Year)	
			¢70.50	
s 🛛 No [\$79.50	
Event Description Armin Only Embrace World Tour Date(s) 02				
ion				
s 🗌 No 🛛	If no: Golder	Name of Source		
	M If yes. Chan	, Wilma		
	A 11 yes	Official's Name (Last, Fi	rst)	
	tion B to identify an individu	ual. • Use Section C to identify an	outside organization.	
Ticket(s)/	Describe the pub	lic purpose made pursuant to the	agency's policy	
Pass(es)			5	
		,		
Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Ceremonial Role	Other	Income	
	If checking "Ceremon	ial Role" or "Other" describe below:		
	Ceremonial Role	Other		
	If checking "Ceremon	ial Role" or "Other" describe below:	9	
Number of				
Ticket(s)/	Describe the pub	plic purpose made pursuant to the	agency's policy	
	To reward a schoo	l or popprofit organization f	or its contributions	
2	to the community	r or nonpront organization i		
	l	<u></u>		
942. I have ve	rified that the distribution set i	forth above, is in accordance with the r	equirements.	
Sarah Oo	ddie	Supervisor's Assistant	02.27.2017	
Print Nam		Title	(Month, Day, Year)	
			FPPC Form 802 (4/12	
	A Tour ion ion is No [io Yes] • Use Sec Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 942. / have ve Sarah Oc	as X No Face Value of Date(s) 02 d Tour Date(s) 02 ion If no: Golden as X No X If no: Golden io Yes X If yes: Chan • Use Section B to identify an individu Number of Ticket(s)/ Describe the put Number of Ticket(s)/ Pass(es) Ceremonial Role If checking "Ceremon If checking "Ceremon Number of Ticket(s)/ Describe the put 2 To reward a schoo to the community	cgov.org Date of Original Filing:(Modelse for the following:	

1.	Agency Name			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, Title)			1	
	Sarah Oddie	Amendment (Must pr			
	Area Code/Phone Number E-mail				
	(510) 272-6693 sarah.oddie@	acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				\$133.75
	Does the agency have a ticket policy?		of Each Ticket/Pass \$		
	Event Description Monster Energy Supercr		Date(s)02	2 _ 04 _ 17	//
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 🛛 No	If no: Oakla	Name of Sol	irce
	Was ticket distribution made at the behest	, Wilma			
	of agency official?	No 🗌 Yes		Official's Name (L	ast, First)
3.	Recipients		1		
	• Use Section A to identify the agency's department or u	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)/			to the agency's policy
		Pass(es)			
		Part of the second s			
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	na:
	(Last, First)	Pass(es)			
			Ceremonial Role	Definition of the first of the	Income
			in chocking coronici		
			Ceremonial Role		Income
			If checking "Ceremon	nial Role" or "Other" describe below:	
	C. Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
	Dig Deep Farms, 16378 E 14th St. #102		To reward a schoo	l or nonprofit organizat	ion for its contributions
	San Leandro, CA 94578	3	to the community		
	Network of integrated food biz provides		· · ·		
	access to healthy food + jobs				
4.	Ve-:fication		· · · · · · · · · · · · · · · · · · ·		
	I hav is 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance wit	h the requirements.
		Sarah O	ddie	Supervisor's Assistant	02.27.2017
	Signature of Agencty Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
	Comment:				
					FPPC Form 802 (4/12

Comment: _

-				Diotributiono		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			o / Medication and		
	Division, Department, or Regio	n (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)				
	Sarah Oddie					
		-mail			. Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@)acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation				
	Does the agency have a ticket	Does the agency have a ticket policy? Yes ⊠ No □ Face Value o				
	Event Description La Arrollado	ora		— Deta(a) 02	<u>, 11 , 17</u>	1 1
	Event Description	Provide Title/Expla		//		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No [If no: Golder	n State Warriors	
			Name of Sou	irce		
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes [If yes: Chan	, vviima Official's Name (L	ast First)
	· · ·					
3.	• Use Section A to Identify the agency's	denartment or u	nit allea Sac	tion B to identify an individu	ual a Use Section C to ident	ify an outside organization
		Number of				
	A. Name of Agency, Department	Ticket(s)/ Pass(es)	Describe the pub	olic 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		
	Flor Crisotomo	Flor Crisotomo			nial Role" or "Other" describe below:	ad avent in anderta
					anceCounty sponsor County revenuecom	
				Ceremonial Role		
			2		nial Role" or "Other" describe below:	
			2			
	-		Number of			
	C. Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	SSCF, 1470 Fruitvale Ave, O	akland CA	,	To reward a schoo	Lor popprofit organizat	ion for its contributions
	94601	anianu, CA	2	to the community	i or horiprofit organizat	
			<u> </u>			
	Help East Bay families impro embrace heritage, develop ci					
4			I			
	-	tions 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance wit	h the requirements.
			Sarah Oo	ddie	Supervisor's Assistant	02.27.2017
	 y Signature of Agency head of Designee 		Print Nam		Title	(Month, Day, Year)

	Agency Name				Date Stamp	California 802
	Alameda County					
ì	Alameda County		Alameda County			1 Cant
	Division, Department, or Region	n (If Applicable)		For Official Use Only		
	Board of Supervisors					
1	Designated Agency Contact (Na	ame, Title)			1	
	Sarah Oddie				Amendment (Must pr	
		-mail	•		_	
	(510) 272-6693 s	arah.oddie@	acgov.org)		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	ation				000
	Does the agency have a ticket p	•	Yes 🛛 No		of Each Ticket/Pass \$	
	Event Description Santa Cruz Warriors v. OK City Blue Date(s) 02			. 12 , 17	//	
				Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🔲 No		Name of Sol	Irce
	Was ticket distribution made at the behest No 🗌 Yes 🔀 If ves: Ch			If yes: Chan	, Wilma	
	of agency official?			11 yes	Official's Name (L	ast, First)
3.	Recipients					
	 Use Section A to identify the agency's 	department or u	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
			1 435(65)	1	Other Other describe below:	Income
					Other Inter Delay of "Other" describe below:	Income
	C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	Jr. Warrior Basketball League, 250 Frank Ogawa Plaza Ste 3330, Oakland 94612		4	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions
	Enhance existing youth leagure providing exciting component					
	Verification I ha lat	tions 18944.1 and	18942. I have ve	erified that the distribution set i	forth above, is in accordance wil	h the requirements.
			Sarah Oo		Supervisor's Assistant	
	-		Print Nam		Title	(Month, Day, Year)

fornia 802 orm 802 or Official Use Only anation in Part 3.)
anation in Part 3.)
anation in Part 3.)
Day, Year)
\$50
·/
/
side organization.
ency's policy
Income
ervice to the
ency's policy
irements.
02.27.2017
(Month, Day, Year)

Comment: _

						All abile Becament	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form 002			
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name,Title)	<u> </u>		1		
	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 Infor	mation			· · · · · ·		
	Does the agency have a ticke	et policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	\$950	
	Event Description Basketbal	I Game		Date(s)2	2 , 01 , 17	1 1	
		Provide Title/Ex	//	//			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors		
					Name of Se	ource	
	Was ticket distribution made at the behest No Yes If yes:				Official's Name	(Last First)	
_	of agency official?				Onicial 3 Name		
3.	Recipients	w'a danastmant a	ual - Llas Sastian C to idea				
	Use Section A to identify the agency's department or unit. Use Section Number of						
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency'		t to the agency's policy	
	Camp Wilmont Sweeney			To provide opportunitieswho are receiving services from Cour			
			1	agencies consistentag		the particular population	
	B. Name of Individual (Lest, First)		Number of				
			Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
			1 455(65)	Ceremonial Role	Other		
	Tafoya, Dale		1	If checking "Ceremor	mial Role" or "Other" describe below:		
			1	To promote attend	ance at a(n) event l	held at a County facility in	
		••••••			potential County reve	nue	
				Ceremonial Role	Dther D nial Role" or "Other" describe below:		
	*		1	n checking bereindi			
	C Name of Outside Organ	nization	Number of	Describe the put	blic purpose made pursuan	t to the granovia nation	
	(include address and de	scription)	Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuan	n to the agency's policy	
4.	Verification					· · · · · · · · · · · · · · · · · · ·	
	l hav	ons 18944.1 a	nd 18942. I have v	erified that the distribution set i	forth above, is in accordance w	vith the requirements.	
	_		Sarah O	ddie	Supervisor's Assistar	nt 02.27.2017	
	Signature of Agency Head or Designe	e	Print Nan	ne	Title	(Month, Day, Year)	
	Comment:						

A Public Document

1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form UUL		
	Division, Department, or Reg	ion (If Applicat		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name,Title)		· · · · · · · · · · · · · · · · · · ·	1	
	Sarah Oddie				· · ·	
	Area Code/Phone Number	E-mail	Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 272-6693	sarah.oddi	e@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation			· · · · ·	
	Does the agency have a ticke	et policy?	Yes 🔀 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$950 ticket/\$30parking
					2 , 01 , 17	
		Provide Title/Ex		/		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
	NA				Name of Sou	UFC 0
	Was ticket distribution made at the behest No Yes If yes: Chan of agency official?			, VVIII I I A Official's Name (L	ast First)	
				···		······································
3.	• Use Section A to identify the agence	v's department o	orunit. •Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	F Describe the mobile		
			Pass(es)			
	B. Name of Individu	Number of Ticket(s)/		Identify one of the follow	ng:	
	(Last, First)		Pass(es)			
	Gregory, Michael				Definition of the second secon	Income
			2+p		ance at a(n) event he potential County reven	eld at a County facility in ue
			2+p	Ceremonial Role If checking *Ceremor	Other Other describe below:	Income
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
4.	Verification					
	11	'ations 18944.1 a	and 18942. I have ve	erified that the distribution set i	forth above, is in accordance wit	th the requirements.
			Sarah Oo	ddio	Supervisor's Assistant	02.27.2017
	_				Supervisor's Assistant	02.27.2017

Comment: _

1.	Agency Name		Date Stamp California				
	Alameda County			Form OUZ			
	Division, Department, or Regi	on (If Applicab	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name,Title)	<u> </u>		-		
	Sarah Oddie						
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation					
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	\$950 ticket/\$30parking			
	Event Description Basketball	Game	Date(s)2	2 <u>, 15 , 17</u>			
		Provide Title/Ex					
	Ticket(s)/Pass(es) provided by	y agency?	n State Warriors Name of S	ource			
	Was ticket distribution made a of agency official?	it the behest	, Wilma Official's Name				
3.	• Use Section A to identify the agency	y's department o	r unit. • Use Secti	ion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme						
	A. Name of Agency, Departme		Ticket(s)/ Pass(es)	Describe the put	public purpose made pursuant to the agency's policy		
						<i>n</i>	
						ř	
	D. New Aletta	Number of					
	B. Name of Individual (Lest, First)		Ticket(s)/ Pass(es)	Identify one of the		following:	
				Ceremonial Role	Other	Income	
	Brill, Fred		2+p	-	nial Role" or "Other" describe below.		
					ance at a(n)… event l potential County reve	held at a County facility in	
	H			Ceremonial Role			
			2		nial Role" or "Other" describe below		
			2+p				
			Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy	
			1 (35(65)				
					<u></u>		
Δ	Ver	 					
•••	l havi	ations 18944.1 a	forth above, is in accordance v	vith the requirements.			
		Sarah Od	die	Supervisor's Assista	nt 02.27.2017		
			Print Name		Title	(Month, Day, Year)	
	Comment:					FPPC Form 802 (4/12	

-			Neur uss	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					HIC MANAGE
	Division, Department, or Reg	ion (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Sarah Oddie					
	Area Code/Phone Number	E-mail		·	. Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation			• • • • • • • • • • • • • • • • • • •	
	Does the agency have a ticke	et policy?	Yes 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$ _	\$950 ticket
	Event Description Basketbal	I Game Provide Title/Exp	planation	Date(s)2		////
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Golder	n State Warriors Name of Sou	urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Chan	, Wilma Official's Name (L	.ast, First)
3.	Recipients					
	Use Section A to identify the agence		Number of			
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)				lic purpose made pursuant	to the agency's policy
					()	
			Number of			
	B. Name of Individu (Lest, First)	al	Ticket(s)/ Pass(es)	· · · · · · · · · · · · · · · · · · ·	Identify one of the follow	ng:
	Cheng, Jason		•	Ceremonial Role		Income
	Cherig, Jason		2		ial Role" or "Other" describe below: 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 Orga	nization	Number of			
	(include address and de		Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy
4.	Verification			· · -		
	l ha	tions 18944.1 an	nd 18942. I have ve	rified that the distribution set f	forth above, is in accordance wit	th the requirements.
	+		Sarah Oc		Supervisor's Assistant	
V			Print Nam	е.	Title	(Month, Day, Year)

A Public Document

		Biotinbutionio		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County			and a second sec		
Division, Department, or Region (If	Applicable)			For Official Use Only	
Board of Supervisors					
•	Designated Agency Contact (Name, Title)				
Sarah Oddie					
Area Code/Phone Number E-ma			Amendment (Must pr	ovide explanation in Part 3.)	
	h.oddie@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2. Function or Event Information	on		<u> </u>		
Does the agency have a ticket polic	y? Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$1550 ticket/\$30 park	
Event Description Basketball Gam	e	02	2 , 23 , 17		
Event Description	le Title/Explanation	Date(s)		//	
Ticket(s)/Pass(es) provided by ager	ncy? Yes 🗌 No	If no: Golder	n State Warriors		
······(-)···() F········,			Name of Sou	Irce	
Was ticket distribution made at the l	behest No 🗖 Yes	If yes: Chan	, Wilma		
of agency official?			Official's Name (L	.ast, First)	
3. Recipients					
Use Section A to identify the agency's departure		ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Department or U		Describe the pub	olic purpose made pursuant	to the agency's policy	
	Pass(es)				
B. Name of Individual	Number of				
Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
		Ceremonial Role	Other	Income	
Brown, Fred	2+p		ial Role" or "Other" describe below:		
				County facility in order	
			ial County revenuec		
		Ceremonial Role	Other describe below:	income	
	2+p	3			
C. Name of Outside Organization	Number of	Describe the set			
(include address and descriptio		Describe the put	blic purpose made pursuant	to the agency's policy	
		· .			
1 A. Manifikatian		-			
4. Verification	18944.1 and 18942 I have ve	arified that the distribution set t	forth above, is in accordance wit	h the requirements	
	Sarah O		Supervisor's Assistant	,	

	Sarah Oddie	Supervisor's Assistant	02.27.2017
· · ·	Print Name	Title	(Month, Day, Year)

Comment: ____

Oeremonial Re		cheur ass	Distributions		A Public Document			
1. Agency Name				Date Stamp	California 802			
Alameda County					Form OUZ			
Division, Departm	ent, or Region (If Applicab	ole)			For Official Use Only			
Board of Supervi	sors							
•	cy Contact (Name, Title)	-						
Sarah Oddie								
Area Code/Phone	Number E-mail	Amendment (Must p	rovide explanation in Part 3.)					
(510) 272-6693	sarah.oddi	e@acgov.org		Date of Original Filing:	(Month, Day, Year)			
2. Function or Ev	/ent Information							
	Does the agency have a ticket policy? Yes X No Face Value				\$1550 ticket			
Event Description	Basketball Game Provide Title/Ex	planation	Date(s)		//			
Ticket(s)/Pass(es)	provided by agency?	Yes 🗌 No	Jenno. Golde	n State Warriors				
	provided by ageney.	Name of So	urce					
	tion made at the behest	No 🗌 Yes	If yes: Char	n, Wilma				
of agency official	?			Official's Name (Last, First)			
3. 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.							
Use Section A to ide	ntify the agency's department o	lual. • Use Section C to iden	tify an outside organization.					
A. Name of Age	ncy, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy			
B. Nar	ne of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:			
<u></u>			Ceremonial Role	Other				
Peck, Kim		2	If checking "Ceremo	nial Role" or "Other" describe below:				
		2		lanceevent held at a tial County revenuec	County facility in order concession sales			
			Ceremonial Role	Other				
÷		2	If checking "Ceremo	nial Role" or "Other" describe below:				
	C. Name of Outside Organization (include address and description)		Describe the pu	blic purpose made pursuant to the agency's policy				
		Pass(es)						
4. Verification	1							
l have	ılations 18944.1 a			forth above, is in accordance wi				
		Sarah Oo		Supervisor's Assistan				
\$ignature of Agency	Head or Designee	Print Nam	Ie .	Title	(Month, Day, Year)			

Comment: _

						AT ashe boountent
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					·
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pl	rovide explanation in Part 3.)
	(510) 272-6693		@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	L	<u> </u>			(Month, Day, Year)
	Does the agency have a ticke		Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	\$800
	- ,					
	Event Description Basketball	Provide Title/Exp	lanation	Date(s)	25 17	//
	Ticket(s)/Pass(es) provided by	v agenev2		If no. Golder	n State Warriors	
		y agency:	Yes 🗌 No		Name of So	urce
	Was ticket distribution made a	at the behest	No 🔲 Yes	If yes: Chan	, Wilma	
	of agency official?				Official's Name (I	Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or		tion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
	B. Name of Individua	al	Number of			
	Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ing:
	-			Ceremonial Role	Other	Income
	Boskovich, Alex		2	-	ial Role" or "Other" describe below:	
			-		anceevent held at a ial County revenuec	County facility in order
	Lord-Hausman, Audrey			Ceremonial Role If checking "Ceremon	L Other L ial Role" or "Other" describe below:	Income
			2		unity volunteer for his	or her service to the
				public	,	
	C. Name of Outside Organ	ization	Number of	Describe the pub	lic purpose made pursuant	
	(include address and des	scription)	Ticket(s)/ Pass(es)	Describe tile pub	ne purpose made pursuant	to the agency's policy
			-		·	· ··· ·· ···
4	Verification					
τ.		ilations 18944.1 an	d 18942. I have ve	erified that the distribution set for	orth above, is in accordance wit	th the requirements.
						·
	Signature of Agency Head or Designed	,	Print Nam		Title	(Month, Day, Year)
L	Signature of Agency Head or Designee	,	Sarah Oo Print Nam		Supervisor's Assistant Title	<u>. </u>

A Public Document

						AT abile bocament
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable	;)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)	-			
	Nancy Sa					rovide ovelenation in Dert 2.)
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	icgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation			<u> </u>	
	Does the agency have a ticket	policy?	Yes 🛛 No [Face Value c	f Each Ticket/Pass \$ _	79.50
	Event Description Armin Only	VEmbrace W		Date(s)	. 03 , 17	///
	Ticket(s)/Pass(es) provided by		Yes 🔲 No [If no: Golder	n State Warriors	
				_	Name of So	
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes [If yes: Valle,	Richard- Supervisor	Last, First)
3.	Recipients				· · · · · · · · · · · · · · · · · · ·	
	Use Section A to identify the agency	's department or		tion B to identify an individu	ual. • Use Section C to iden	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
			Number of			
	B. Name of Individua (Lasi, First)	1	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role If checking "Ceremon	Other describe below:	Income
				Ceremonial Role If checking "Ceremon	Other D	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Union City Kids Zone; 725 V Road, Union City CA 94587		4	To reward a non pr community.	ofit organization for its	s contributions to the
	Promotes "cradle to career" engaging and empowering o					
4.	Verification					
			18942. I have ve	rified that the distribution set f	iorth above, is in accordance wi	th the requirements.
٠			Nancy S		Supervisor's Assistan	
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)

Comment: ___

_					
1.	Agency Name			Date Stamp	California Q12
	Alameda County				Form 002
	Division, Department, or Region (If Applicab	le)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			1	
	Nancy Sa				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692 nancy.sa@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	133.75
	Event Description Monster Energy Super			2 4 17	1 1
	Provide Title/Exp	planation	Date(s)		//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors	
				Name of Sc	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name (Last, First)
3.	Recipients • Use Section A to identify the agency's department o	r unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of		olic purpose made pursuan	
		Ticket(s)/ Pass(es)	Describe the put	ne purpose made pursuam	to the agency's policy
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
		Pass(es)	O companyi di Dala		
			Ceremonial Role If checking "Ceremor	Definition of the second secon	Income
			Ceremonial Role		Income
			ir checking Ceremon	tial Role" or "Other" describe below:	
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant	to the agency's policy
	(include address and description)	Pass(es)			
	Union City Kids Zone; 725 Whipple Road, Union City CA 94587	4	To reward a non pr community.	rofit organization for its	s contributions to the
	Promotes "cradle to career" success by				
4	engaging and empowering children			··· _	
4.		nd 18942. I have ve	rified that the distribution set t	forth above, is in accordance w	th the requirements
2					
	Signature of Agency Head or Designee	Print Name		Supervisor's Assistan	t 2/27/17 (Month, Day, Year)
	· -				(
	Comment:				
					FPPC Form 802 (4/12)

1.	Agency Name				Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Region (If A	pplicable)	-			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, 7	itle)				
	Nancy Sa					
	Area Code/Phone Number E-mai	I			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692 nanc	y.sa@acgov.or	g		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informatio	n				
	Does the agency have a ticket policy	/? Yes 🛛	No	Face Value o	f Each Ticket/Pass \$ _	125
	Event Description La Arrolladora			Date(s) 02	, 11 , 17	///
	Provide	Title/Explanation				
	Ticket(s)/Pass(es) provided by agen	cy? Yes 🗌	No	If no: Golder	n State Warriors	
	Was ticket distribution made at the b	oboot			Name of So Richard, Supervisor	
	of agency official?	ehest No 🗌	Yes	If yes:	Richard- Supervisor	Last, First)
3.	Recipients Use Section A to identify the agency's depa 	rtment or unit. • U	se Sec	tion B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or U	nit Number Ticket		Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual	Numbo	:(s)/		Identify one of the follow	ing:
		Pass(es)	Ceremonial Role	Other 🛛	
	Mendoz, Eleazar				ial Role" or "Other" describe below:	Income
	·	4		To reward a commo public.	unity member for his o	contributions to the
				Ceremonial Role	Other	
		4		lf checking "Ceremoni	al Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description) Numbe Ticket Pass((s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
4.	Verification				<u></u>	
/	11	3944.1 and 18942. I h	ave ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.
	_		ncy S		Supervisor's Assistan	t 2/27/17
	orginature of Agency freed of Dearginee	Pr	int Nam	e	Title	(Month, Day, Year)
	Comment:					EPPC Form 802 (4/12)

A Public Document

-						A i abilo Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail	<u>.</u>			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 o	of Each Ticket/Pass \$ _	78.75
	Event Description WWE Live	Road to Wre		Date(s)2	2 <u>13 17</u>	//
	Ticket(s)/Pass(es) provided by		Yes 🗌 No	If no: Golde	n State Warriors	11700
	Was ticket distribution made a	it the behast		valle		
	of agency official?	it the beneat	No 🗌 Yes	If yes:	, Richard- Supervisor Official's Name (i	Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or		tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
			Number of			
	B. Name of Individua (Lost. First)	1	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Cisneros, Arturo		4	If checking "Ceremor To reward a comm	Other Other of Other Other Other Other Other Other Other I describe below:	Income
				public. Ceremonial Role	Other D	
			4		ial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
4.	Verification					
	I have read and understand EDDO Down	' 100 14.1 and	d 18942. I have ve	rified that the distribution set i	forth above, is in accordance wi	th the requirements.
		-	Nancy S	Sa	Supervisor's Assistant	t 2/27/17
		<u>e</u>	Print Nam	e	Title	(Month, Day, Year)

Comment: ____

						itt anne Boodmont	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Regi	on (If Applicabl	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			4		
	Nancy Sa						
	Area Code/Phone Number	E-mail	·		Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6692	nancy.sa@	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation			I		
	Does the agency have a ticke	t policy?	Yes 🛛 No	_ Face Value of	of Each Ticket/Pass \$ _	50	
	Event Description Monster Ja	am		Data(s) = 02	2 , 18 , 17		
		Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No [If no: Oakla	nd Athletics		
		4 4 h - 1 1 1			Name of Sc Richard Supervisor		
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: <u>valle</u>	, Richard- Supervisor Official's Name (Last. First)	
2	Recipients						
	Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.						
	A. Name of Agency, Departme		Number of Ticket(s)/		olic purpose made pursuan		
			Pass(es)		F F F		
	· · · · · · · · · · · · · · · ·						
	R Name of Individua		Number of				
	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ling:	
				Ceremonial Role	Other 🔀	Income	
	McVoy, Zion		4	-	nial Role" or "Other" describe below:		
				public.	unity member for his o	contributions to the	
			-	Ceremonial Role	Other D		
					nial Role" or "Other" describe below:		
			4				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy	
	· · · · · · · · · · · · · · · · · · ·		Pass(es)				
	<u> </u>						
4	Verification						
τ.	TUINCadOll	44.1 ar	nd 18942. I have ve	rified that the distribution set 1	forth above, is in accordance w	ith the requirements.	
/			Nancy S		Supervisor's Assistan		
-	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	

						TTT Gone Boodinon
. Age	ency Name				Date Stamp	California 802
	neda County					Form OOZ For Official Use Only
Divisi	ion, Department, or Regi	on (If Applicable	e)			Tor Onicial Use Only
	rd of Supervisors					
Desiç	gnated Agency Contact (Name, Title)				
	cy Sa				Amendment (Must r	provide explanation in Part 3.)
	Code/Phone Number	E-mail		·		
• ·) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
	ction or Event Inform		_			800
	the agency have a ticker		Yes 🛛 No		of Each Ticket/Pass \$ _	
Event	t Description Warriors v	S. Charlotte F	lornets	Date(s)02	<u> </u>	//
Tieke	st/a) (Daga (ag) may side d by			- Golder	n State Warriors	
пске	et(s)/Pass(es) provided by	y agency?	Yes 🗌 No		Name of Sc	ource
	ticket distribution made a	t the behest	No 🗖 Yes	If yes: Valle,	Richard- Supervisor	District 2
of ag	gency official?				Official's Name ((Last, First)
	ipients					
	Use Section A to identify the agency's department or		Number of	ction B to identify an individu	al. • Use Section C to iden	itify an outside organization.
А.	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
		10 A.A. A.				
			Number of			
В.	Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
			1 40-5(00)	Ceremonial Role	Other 🛛	Income
Dege	eus, Duane		2		ial Role" or "Other" describe below:	
				To reward a comme	unity member for his o	contributions to the
Cast	tillo, Patricia			Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
			2		unity member for her	contributions to the
				public.		
C.	Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy
	(Pass(es)			
Veri	fiection					
, vern	ncation	944.1 ani	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	ith the requirements.
/				_		
<i>P</i> ,			Print Nam		Title	(Month, Day, Year)
	Includes 1 narkin	a nace at the	value of ear) each		
. Verif	fication includes 1 parkin		Nancy Print Nam	Sa	orth above, is in accordance wi Supervisor's Assistan _{Title}	ıt

	Agan av Nons				
Ί.	Agency Name			Date Stamp	California 802
	Alameda County				Form OOZ For Official Use Only
	Division, Department, or Region (If Applicable	e)			
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			1	
	Nancy Sa				
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692 nancy.sa@a	acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				(
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	1200
	Event Description Warriors vs. Chicago Bu	ulls	— — 02	2 8 17	
	Provide Title/Expl		Date(s)		//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	
	Mosticket distribution made at the bab act	_		Name of Sou	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle	, Richard- Supervisor D	ast. First)
-					
ა.	• Use Section A to identify the agency's department or	unit e Lise Ser	ction B to identify an individ	ual Allea Saction C to identi	fr an outcide organization
		Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
					i
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	
	(Last First)	Pass(es)			ig.
	Gael, Antonio		Ceremonial Role	Other 🔀	Income
	Gael, Antonio	2		nial Role" or "Other" describe below:	ontwike dia na ta tha
			public.	unity member for his co	ontributions to the
			Ceremonial Role	Other 🛛	
	Fajardo, Carlos			nial Role" or "Other" describe below:	income
		2	To reward a comm	unity member for his co	ontributions to the
			public.		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant t	to the agency's policy
		Pass(es)			· · · · · · · · · · · · · · · · · · ·
4.	Verification	18942. I have ve	arified that the distribution set t	forth above, is in accordance with	the requirements
			_		
	Signature of Agency Head or Designee	Print Name		Supervisor's Assistant	2/27/17 (Month, Day, Year)
					(monut, Day, real)
	Comment: Includes 1 parking pass at the	value of \$30) each		
				FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

1.	Agency Name			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, Title)			4	
	Nancy Sa			Amondmont (16)	rovide explanation in Part 3.)
	Area Code/Phone Number E-mail				rovide explanation in Part 3.)
_	(510) 272-6692 nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				000
	Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	800
	Event Description Warriors vs. Sacramento		Date(s)2	2 , 15 , 17	//
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of So	
	Was ticket distribution made at the behest	No 🗌 Yes	Valle, Valle	, Richard- Supervisor	
	of agency official?	NOL Yes	If yes:	Official's Name (Last, First)
3.	• Use Section A to identify the agency's department or u	unit. ● Use Sec	tion B to identify an individu	ual Ise Section C to idem	tifu an outside organization
	A. Name of Agency, Department or Unit	Number of			
	A. Name of Agency, Department of Omt	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
		Number of			
	B. Name of Individual (Last. First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	· · · · · · · · · · · · · · · · · · ·	Fass(es)	Ceremonial Role		
				nial Role" or "Other" describe below:	
	·				
			Ceremonial Role If checking "Ceremon	Dial Role" or "Other" describe below:	
			_		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	Rotary Club of Newark; 4978 Swindon Place, Newark CA 94560	4	To reward a non pr community.	rofit organization for its	contributions to the
				<u></u>	
	Empowers and improves the community through community service projects				
4	Verification				
Τ.		18942. I have ve	erified that the distribution set f	forth above, is in accordance wi	th the requirements.
2		Nancy S		Supervisor's Assistan	
	Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
	Commont. Includes 1 parking pass at the	value of \$30) each		
	Comment:				FPPC Form 802 (4/12)
				FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-7772)

~

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	i on (If Applicable	ə)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$	1350
	Event Description Warriors v	s. LA Clipper	S	Date(s)02		1 1
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No [If no: Golder	1 State Warriors	
	Was ticket distribution made a	at the hehest		valle.		
	of agency official?	at the benest	No 🗌 Yes [If yes: <u>Faile</u> ,	Richard- Supervisor [Official's Name (L	ast, First)
3.	Recipients		·····	-		
	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
					<u></u>	
	B. Name of Individua		Number of			
	(Last First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Germany, Burlin			Ceremonial Role		Income
	Germany, Durin		4		ial Role" or "Other" describe below: Nunity volunteer for his	service to the public
					anity volunteer for his	service to the public.
				Ceremonial Role	Other	
			4	If checking "Ceremoni	ial Role" or "Other" describe below:	
	C Name of Outside Organ	ization	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	,				· · · · · · · · · · · · · · · · · · ·	
4.	Verification					
		3944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.
/			Nancy S	Sa	Supervisor's Assistant	2/27/17
	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)
	Comment:					

1.	Agency Name				Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	1100
	Event Description Warriors ve	s. Brooklyn N	lets	Date(s) = 02	2 _ 25 _ 17	1 1
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Golder	n State Warriors	
	Was ticket distribution made a	*****	_		Name of So Richard Supervisor	
	of agency official?	t the benest	No 🗌 Yes	If yes:	, Richard- Supervisor	(Last, First)
3	Recipients			<u> </u>		
Ο.	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
			F 433(C3)			
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
	Collett Chand			Ceremonial Role		
	Collett, Cheryl		4		ial Role" or "Other" describe below:	er service to the public.
					funity volunteer for he	a service to the public.
				Ceremonial Role	Other	
			4	If checking "Ceremon	ial Role" or "Other" describe below:	
	Name of Outside Organ		Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
						<u> </u>
4.	Verification					
		944.1 an	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance w	ith the requirements.
/		_	Nancy S	Sa	Supervisor's Assistan	nt 2/27/17
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
	Comment: Includes 1 parkin	g pass at the	value of \$30	each.		

.

1	eremonial Role Events and Ti				A Public Documen
	. Agency Name			Dale Stamp	California 203
	Alameda County				Form
	Division, Department, or Region (If Applicat	ole)		-	For Olficial Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Tille)				
	Lee Ann Fergerson, Supervisor's Assist	ant		Amandmant (Mys)	arovide explanation in Part 3.)
	Area Code/Phone Number E-mail				
		erson@acg	ov.org	Date of Original Filing:	(Monih, Day, Year)
2.	Function or Event Information				(IT))
	Does the agency have a ticket policy?			of Each Ticket/Pass \$_	000
	Event Description Warriers / 96	ers	Date(s)		
	4		- 65	W	
	Ticket(s)/Pass(es) provided by agency?	Yes 🖸 No		Name of So	urce
	Was ticket distribution made at the behest	No 🗌 Yes	If yes:		lsor Scott Haggerty, D 1
	of agency official?			Official's Nama (i	Last, First)
	• Use Section A to identify the agency's department of		ation & to identify an individ	uai e lles Saclies C te ident	life an autoide emperadantes
	• Ose Section A to talentity and againcy's dependent of	Number of			an ouchur organizonun.
	A. Namerof Agency (Dapartment on Unit	Tickous)/		ilicipulopad usperpulsuant	no ma saguer é boite?
	J.				
			To obtain over	sight of facilities or eve	ents that have
				ity funding or support	
1		SI TAURISHIEL	a contract contract of the basis of the		
				明白語をしていた時間になってもなっていた。	elline tales de la section de la companya elline de la
	B. Name of Individual	Number of Ticket(s)/ Papelos):		Identify one of therfollow	
	B. Nemerol Individual	Tickous)/ ::::::::::::::::::::::::::::::::::::	1	Identify one of thereilow	ne 🗔
	B. Neme:50/74/04/04	Tickous) Tickous)	To promote	dentify proof thereilow attendance at a courder to maximize pot	nty sponsored
	B. Neme of Individual	TCK0187	To promote event in or	attendance at a cou	nty sponsored ^{no}
	B. Neme Dural Walker	TICKOHS/	To promote event in or	attendance at a cou der to maximize pot	nty sponsored ^{no}
	B Name of June (Walking States)	TRADECORD	To promote event in or revenue f	attendance at a cou der to maximize pot or concession and p	nty sponsored ential county arking sales
	B Name of Individual	TICKOHS/	To promote event in or revenue f	attendance at a cou der to maximize pot or concession and p	nty sponsored ential county arking sales
		<u>19 11:19 20 20 20 20 20 20 20 20 20 20 20 20 20 </u>	To promote event in or revenue f Coramonial Role If checking "Caremonia	attendance at a cou der to maximize pot or concession and p olher al Rolp ⁻ or "Olher" describe below:	nty sponsored ential county arking sales
	B Name Of Individual	NUTONOOCOT	To promote event in or revenue f Coramonial Role If checking "Caremonia	attendance at a cou der to maximize pot or concession and p olher al Rolp ⁻ or "Olher" describe below:	nty sponsored ential county arking sales
		<u>19 11:19 20 20 20 20 20 20 20 20 20 20 20 20 20 </u>	To promote event in or revenue f Coramonial Role If checking "Caremonia	attendance at a cou der to maximize pot or concession and p	nty sponsored ential county arking sales
	C. Namo of Outside Organization	NUTONOOCOT	To promote event in or revenue f Coramonial Role If checking "Ceremon Describe Unit Public Describe Unit Public To reward a so	attendance at a cour der to maximize pot or concession and p olher al Role" or "Other" describe balance le purpose made pursuant;	Inty sponsored ential county arking sales
	C. Nation of Outside Organization Inneural addression description Livermore Downtown, Inc 22 S, L. Street	NUTONOOCOT	To promote event in or revenue f Coramonial Role If checking "Ceremon Describe Unit Public Describe Unit Public To reward a so	attendance at a cour der to maximize pot or concession and p olher al Role" or "Other" describe below:	Inty sponsored ential county arking sales
	C. Natio of Oliside Organization Matter of Oliside Organization Minimum address and description Livermore Downtown, Inc Da S. L. Street Livermore CA	NUTONOOCOT	To promote event in or revenue f Coramonial Role If checking "Ceremon Describe Unit Public Describe Unit Public To reward a so	attendance at a cour der to maximize pot or concession and p olher al Role" or "Other" describe balance le purpose made pursuant;	Inty sponsored ential county arking sales
4	C. Nation of Outside Organization Infocurse address and description Livermore Downtown, Inc 22 S. L. Street Livermore CA 94550 Verification		To promote event in or revenue f Coramonial Role If checking 'Ceremon Describe trie pills To reward a so its cont	attendance at a cour der to maximize pot or concession and p olher al Role" or "Other" describe below: Is: purpose made pursuant bool or non-profit org ributions to the comm	Inty sponsored ential county arking sales
4	C. Natio of Outside Organization Information address and description Livermore Downtown, Inc 22 S. L. Street Livermore cA 34555 Verification	: <u>Nuīno pinofi</u> . <u>Nuīno pinofi</u> . <u>Tidka Koji</u>	To promote event in or revenue f Coramonial Role If checking 'Ceremony To reward a so its cont	attendance at a cour der to maximize pot or concession and p other a Rolp" or "Other" describe below: lepurpose made pursuant hool or non-profit org ributions to the comm	Inty sponsored ential county arking sales
4	C. Natio of Outside Organization Information address and description Livermore Downtown, Inc 22 S. L. Street Livermore cA 34555 Verification		To promote event in or revenue f Coramonial Role If checking 'Ceremon Describe the plub To reward a so its cont affied that the distribution set fo gerson	attendance at a cour der to maximize pot or concession and p olher al Role" or "Other" describe below: Is: purpose made pursuant bool or non-profit org ributions to the comm	Inty sponsored ential county arking sales Income

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

.

Ceremonial Role Events and Ti	cket/Pass D	istributions		A Public Documen
1. Agency Name			Dale Stamp	Callifornia 002
Alameda County				Form
Division, Department, or Region (If Applicat	le)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Tille)		<u> </u>		
Lee Ann Fergerson, Supervisor's Assist	ant		alle det bester som at soldte förstande state soldte soldte soldte soldte soldte soldte soldte soldte soldte s	
Area Code/Phone Number E-mail			Amendment (Must)	orovide explanation in Part 3.)
(510) 272-6691 leeann.ferg	erson@acgov.o	rg	Date of Original Filing:	(Monih, Day, Year)
2. Function or Event Information		والمتعارفة المتعارفة والمتعارفة والمتعارفة والمتعارفة والمتعارفة والمتعارفة والمتعارفة والمتعارفة والمتعارفة وا		CAROD
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$_	000
Event Description	- Holer	Date(s)	S, H, IT	
Provida Tilla/Exp	lanation		21.)	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🗍	If no:	Name of So	
Was ticket distribution made at the behest		Ala	meda County Superv	lisor Scott Haggerty, D 1
of agency official?	No 🗌 Yes 🗌	If yes:	Official's Nerne (·
3. Recipients			an a	an ann an Araban an Araban ann an an an an an Araban ann an Araban a Araban a Bharann Barth Sacanna a ann an an
Use Section A to identify the agency's department or				
A. Nemerof Agency, Department or Unit	Number of		licpurpeso madelpursuant	lo the agoncy's policy
	J Pass(es).			
			sight of facilities or eve	ents that have
		received Coun	ity funding or support	
B. Name 57./ndlvidual	Numbar pll. Tickattei			
	Tickous)/ Pabelos):		(Identify one of their olow)	
MITS Amore	9	To promote	attendance at a cou	nty sponsored
Milson Brooks	6	event in or	der to maximize pot	ential county
		revenue fo	or concession and p	arking sales
	1	Ceremonial Role	Other	Incoma 🔲
		If checking "Caremonia	al Role" or "Other" describe below:	
	NUMBER			
C. Namoof Outside Organization	Numbenof Ticket(e)/ Pass(os)	Describe the public	cipurpose made pursuant:	to the agency's policy
			hool or non-profit org	
		its conti	ributions to the comm	nunity
	al and a second s		######################################	29297000174
1			rlh ebova, Is in accordanco with	the requirements.
	ee Ann Ferger	ion <u>8</u>	Supervisor's Assistant	<u>- 2-15-17</u>
	Print Name		1726	(Moniñ, Day, Yosi)
Comment:	فالكافل والالال والمسترين والمسترين والمستر			
		F	PPC Toll-Free Helpilne: 86	FPPC Form 802 (4/12) 56/ASK-FPPC (866/276-7772)

...

Seremonial Role Event	s and Tic	cket/Pas	s Distributions		A Public Documer
Agency Name			· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 802
Alameda County					1 Ontin
Division, Department, or Regio	n (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (N	ame, Title)				
Lee Ann Fergerson, Supervis	or's Assista	nt			
Area Code/Phone Number	E-mail			Amendment (Must)	provide explenation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	ation				
Does the agency have a ticket	oolicy?	Yes 🔲 No	Face Value o	of Each Ticket/Pass \$ _	1,200
Event Description Warry	ars		Data(a) Z	-18,17	
Event Description	Provide Title/Expl	lanalion	Date(s)		
Ticket(s)/Pass(es) provided by a	agency?	Yes 🔲 No	if no:		
				Name of So Meda County Superv	urce isor Scott Haggerty, D
Was ticket distribution made at in of agency official?	ine behest	No 🗖 Yes	If yes:	Officiel's Name (ast fimil
Recipients					-001, i nay
. Use Section A to Identify the agency's	department or	unit. 🔹 Use Se	action B to identify an Individu	al. • Use Section C to ident	ifu an outside organization
A. Name of Agency, Department		. Number of		licipurgose made pursuant	
		Tickot(s)/ (Pass(es)		ic purpose insce pursuant	to the agency's policy
1.					
in the first of the second second second second second	12 April Court of Marine - David Mich.				
B. Name of Individual		Number of Tickous) Pase(05)		Identify one of the followi	
<u>na ana amin' kaominina mpikambana am</u> in'ny fi	NECTA MARKAGE	(1) (7496(09)			
Doug Mathen	\mathcal{A}	2	to maximize potenti	ince at a county sponsore al county revenue for cor	deventinorder me L
" JIIWIVICI		6	parking sales.		
	<u> </u>				
			Ceremonial Role		Income
	-		If checking "Ceremonia	i Role" or "Other" describe below:	
	1				
C. Name of Outside Organiza		Number of			
1. (Include address and descrip	illon)	Number of Ticket(s)/ Pass(gs)	Describe the publi	c,purpose made purevant t	o the agency's policy
				 Constraint of the second state of	ana ani any amandra amin'ny fisia
			<u> </u>	10	
V					
h Vetio	ns 18944.1 and 1	8942. I have ve	rified that the distribution set for	th above, is in accordance with	the requirements.
		ee Ann Ferg		upervisor's Assistant	2-10-17
2		Print Name	Contraction of the second s	Title	(Month, Day, Year)

×

. Agency Name				Date Stamp	California 802
Alameda County					Form OU2 For Official Use Only
Division, Department, or Region (If Applicable)					For Onidat Ose Only
Board of Supervisors					
Designated Agency Contac	ct (Name, Title)				
Lee Ann Fergerson, Supe	ervisor's Assist				
Area Code/Phone Number				Amendment (Mus	t provide explanation in Part 3.)
(510) 272-6691		jerson@acgo	v.org	Date of Original Filing	(Month, Day, Year)
. Function or Event Info					E0.00
Does the agency have a tic		Yes 🗹 No	Face Valu	e of Each Ticket/Pass \$	50.00
Event Description	rster Ja	m	Date(s)	2, 18, 17	
2	Provida Title/Ex	planațion		GSW	
Ticket(s)/Pass(es) provided	by agency?	Yes 🔟 No 🛛		Name of S	lauraa
Was ticket distribution made	at the behest	No 🗋 Yes (A If yes	lameda County Super	visor Scott Haggerty, D
of agency official?			🖉 If yes:	Official's Name	(Lest, First)
Recipients	·····				
• Use Section A to Identify the age	ncy's department of		tion B to identify an Indiv	Idual. • Use Section C to Ide	ntify an outside organization.
A. Name of Agency, Depart	nent on Unit	Number of STICKOUS)	Describe the p	ublic purpose made pursuar	it to the agency's policy
		Pase(es)			ander
		5 (1. Rass(es)			ander <u>e en dialecte de la constante de la cons</u> tante de la constante de la constante de la constante de la const La constante de la constante de
		<u>_trill(Raga(es)</u>			and and <u>a standard a la standard a</u>
		2 Rase(ees)			and and a second and a second seco
B. Nameofingive		Mumberiof.			
B. Namesolingivia	vaj	Numberiof.	To promote atter	Identify one of the follow Indance at a county sponsor	Ing red event in order no [
	vaj	Numberiof.	To promote atter to maximize pote	Identify one of the follow	Ing red event in order no [
B. Namesolingivia	vaj	Numberiof.	To promote atter	Identify one of the follow Indance at a county sponsor	Ing red event in order no [
B. Namesolingivia	vaj	Numberiof.	To promote atter to maximize pote parking sales.	identify cherof therfollow adance at a county sponso ntial county revenue for co	red event in order ne D Dincession and
B. Namesolingivia	vaj	Numberiof.	To promote atter to maximize pote parking sales. Ceremonial Role	identify one of therfollow adance at a county sponsor ntial county revenue for co	Ing red event in order no [
B. Namesolingivia	vaj	Numberiof.	To promote atter to maximize pote parking sales. Ceremonial Role	Identify one of therfoliov adance at a county sponsor ntial county revenue for co	red event in order ne D Dincession and
B Name:officient Jim McGr	rail	Numberiof. Tickousy Trase(os)	To promote atter to maximize pote parking sales. Ceremonial Role	Identify crie of the follow adance at a county sponsor ntial county revenue for co Other onlal Role" or "Other" describe below:	red event in order ne Concession and
B. Namesolingivia	rail	Numberiof. Tickousy Trase(os)	To promote atter to maximize pote parking sales. Ceremonial Role if checking "Cerem	Identify one of therfolion adance at a county sponsor ntial county revenue for co onial Role [*] or "Other" describe below:	red event in order no Concession and Income
B Name:of/inglvia Jim McGr	rail	Numberiof.	To promote atter to maximize pote parking sales. Ceremonial Role if checking "Cerem	Identify crie of the follow adance at a county sponsor ntial county revenue for co Other onlal Role" or "Other" describe below:	red event in order no Concession and Income
B Name:of/inglvia Jim McGr	rail	Numberiof. Tickousy Trase(os)	To promote atter to maximize pote parking sales. Ceremonial Role if checking "Cerem	Identify one of therfolion adance at a county sponsor ntial county revenue for co onial Role [*] or "Other" describe below:	red event in order no Concession and Income
B Name:of/inglvia Jim McGr	rail	Numberiof. Tickousy Trase(os)	To promote atter to maximize pote parking sales. Ceremonial Role if checking "Cerem	Identify one of therfolion adance at a county sponsor ntial county revenue for co onial Role [*] or "Other" describe below:	red event in order no Concession and Income
B Name:of/inglvia Jim McGr	rail	Numberiof. Tickousy Trase(os)	To promote atter to maximize pote parking sales. Ceremonial Role if checking "Cerem	Identify one of therfolion adance at a county sponsor ntial county revenue for co onial Role [*] or "Other" describe below:	red event in order no Concession and Income
B. Name of Individ Jim McGr	rail	Numberiof. Tickousy Trase(os)	To promote atter to maximize pote parking sales. Ceremonial Role if checking "Cerem	Identify one of therfolion adance at a county sponsor ntial county revenue for co onial Role [*] or "Other" describe below:	red event in order no [oncession and Income [
B Name:of/inglvia Jim McGr	rail	Number of	To promote atter to maximize pote parking sales. Ceremonial Role if checking "Cerem Describe the p	Identify one of the follow adance at a county sponsor ntial county revenue for co onla County revenue for co Other onla Role" or "Other" describe below:	red event in order no Concession and Income
B. Name of Individ Jim McGr	Ida ail rail mizaton critition 8944.1 and	Number of	To promote atter to maximize pote parking sales. Ceremonial Role if checking 'Cerem Describe distribution sel	Identify one of therfolion adance at a county sponsor ntial county revenue for co onial Role [*] or "Other" describe below:	h the requirements.

 \mathbf{X}

A Public Document

 \mathbf{X}

1	Agency Name					A Public Docum
	Alameda County				Date Stamp	California 80
	Division, Department, or Reg	ion //f Applicat				For Official Use Only
		Ion (II Applicat				
	Board of Supervisors	· · · · · · · · · · · · · · · · · · ·				
	Designated Agency Contact (Name,Title)				
	Lee Ann Fergerson, Supervisor's Assistant					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.}
	(510) 272-6691		erson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform					127-11
	Does the agency have a ticket	t policy?	Yes 🛱 No	Face Value o	f Each Ticket/Pass \$	55.15
	Event Description	eros		Date(s)	14,17	
	(Provida Title/Exp	lanation	C	511	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔯 No	If no:	Name of So	
	Was ticket distribution made at	t the behest	No 🖂 Yes	Alar	neda County Superv	isor Scott Haggerty,
	of agency official?			she If yes:	Official's Name (
	Recipients					
	· Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an Individu	al. • Use Section C to Ident	lfy an outside organization.
	A. Name of Agency, Departmen	ît on Unit	Number of Tickol(s)/		C purpose madelourspant	
,			(Pass(es).			
			ļ			
1			Numberof	· 你们不能帮助你。"""		du des dé les éstics recentrations ser
2011 C	B. Name of Individual		Number of Stricket(s)/ Pape (os)		Identify one of the followi	19:
	Brandon Bale	Iwa	4	To promote attenda	nce at a county sponsore	deventin order ne
	13 Tarvour Jone		Т	to maximize potentia	al county revenue for cor	ncession and
				parking sales.		
•				Ceremonial Rote	Other	
					Role" or "Other" describe below:	Income
C	Name of Outside Organiz	ation	Number of Ticket(9)/ Pass(es)	Describe the public	; purpose made pursuant t	o the agency's policy
		生物也不可能的	Pass(es).			
-	· · ·				<u></u>	
	•				80°	
-						
-		64 4 m-d	190/2 /	if ad that the distribution and the		4.
				rified that the distribution set fort		0 9 17
	Signature of Abancy Hazd of Designee	- <u> </u>	ee Ann Ferg	and a second sec	upervisor's Assistant	8-8-17
	Signature of Agency Hazd of Posigneo	Pr <u></u>	Print Name		Tibe	(Month, Day

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

					A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County	an the second				Form 002 For Official Use Only
Division, Department, or Reg	ion (If Applicab	le)			Por Onicial Ose Only
Board of Supervisors					
Designated Agency Contact					
Lee Ann Fergerson, Superv	visor's Assista	ant		Amendment (Must or	ovide explanation in Part 3.)
Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
(510) 272-6691	-	erson@acgo	ov.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event inform		\sim			125.00
Does the agency have a ticke	(1 - 1	Yes 🗗 No	Face Value o	f Each Ticket/Pass \$	12 1200
Event Description	rollado	ra	Date(s) 📿	<u>, ((, (^)</u>	
8	Provida Title/Exp	lanalion	· · · · · · · · · · · · · · · · · · ·	(ma)	
Ticket(s)/Pass(es) provided by	y agency?	Yes 🔁 No		Name of Sou	rca
Was ticket distribution made a	t the behest	No 🗖 Yes	Alan	neda County Supervi	sor Scott Haggerty, D 1
of agency official?			11 yes.	Official's Name (Le	
3. Recipients				_	
 Use Section A to identify the agency 	's department or		ction B to identify an Individua	al. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department	ñt on Unit	Number of Tickot(s)/	Describe the publ	t insustuq ebem seogruq 2	o the agency's policy
<u>於此後,後</u> 後,並稱國家的時間間		(Pass(es)			
- A					
<u> </u>					
R		Number of			
B. Name of Individual		Number of Tickolov Pase(03)		Identify one of thefollowin	9
Atonso Garcia		L L	To promote attendar	nce at a county sponsored	levent in order 🛛 🗖
Mijon 20 Colom	N		to maximize potentia parking sales.	al county revenue for cond	cession and
			parking suics.		
			Ceremonial Role	Other	Income
				Role" or "Other" describe below:	
	LESS MARTINE ALC: NO.		and specific the second second second second	100 Colombia Station of anti-	
C. Name of Outside Organiz	allon ripilon)	Number of Ticket(s)/ Pass(es)	Describe the public	Purpose made pursuant to	the agency's policy
· · · · · · · · · · · · · · · · · · ·					
()					
·•	14.1 and	18942. I have ver	fied that the distribution set forti	h above, is in accordance with t	te requirements.
(ee Ann Ferg		upervisor's Assistant	2-8-17
		Print Name	and a second	Title	(Month, Day, Year)
Comment:					

1. Agency Name			Date Stamp	California 802
Alameda County				For Official Use Only
Division, Department, or Region (#	Applicable)			i di dinata deb ding
Board of Supervisors				
Designated Agency Contact (Name,	Title)			
Anna Gee			Amondmont (liter)	provide explanation in Part 3.)
Area Code/Phone Number E-ma	11			orovide explanation in Fait 3.)
510-891-5585 anna	a.gee@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informatic	on			ndan
Does the agency have a ticket polic	y? Yes 🛛 No 🕻	Face Value	of Each Ticket/Pass \$	204.80
Event Description	Game	Date(s)	1,2,17	1,4,17
Provid	e Title/Explanation		1. () (.)	Δ.
Ticket(s)/Pass(es) provided by ager	ncy? Yes 🗖 No [If no: Gold	ACH State V Name of Se	Jurce
Was ticket distribution made at the t of agency official?	pehest No 🗌 Yes 🛛	If yes: Mile	y, Nate Official's Name	'Last, First)
3. Recipients				
Use Section A to identify the agency's depa	irtment or unit. + Use Sec	tion 8 to identify an individ	dual. • Use Section C to iden	tliv an outside organization.
A. Name of Agency, Department or U	nit Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
305 District 4 Stage	5 2	To reward a	to the sul	die die
		exemplany	f ^{rand}	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
Spencer, Michael	2	Ceremonial Role If checking "Ceremo	Other Definition of "Other" describe below:	Income
<u>. </u>		To promo	te attendance at an e	event
		held at a	County facility in orde	er to
			e potential revenue fi	
		parking	g and concession sale	S.
C. Name of Outside Organization (include address and description		Describe the pu	blic purpose made pursuan	t to the agency's policy
In Valley met 5000 picesantin Are #	220 4	To reward of their con	non prift or tributions to	ganization for the community
YOUTH PROBRAMS				/
4. Verification				
I have read and understand FPPC Regulations 1	8944.1 and 18942. I have ve	rified that the distribution set	forth above, is in accordance w	ith the requirements.
-	Anna Ge	ee	Executive Assistant	2/1/17
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)

A Public Document

						A Public De	Joument
•	Agency Name	, <u>1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19</u>			Date Stamp	California	802
	Alameda County		Form	002			
Ī	Division, Department, or Regi		For Official L	lse Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			-		
		,					
	Anna Gee Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in	Part 3.)
	510-891-5585	anna.gee@a			Date of Original Filing:		
			acyov.org		Ū Ū	(Month, Day, Yea	7)
	Function or Event Infor				of Each Ticket/Pass \$ _	264.80	
1	Does the agency have a ticke		Yes 🔀 No	Face value o	TEach Hicket/Pass \$ _	1 1-	.7
	Event Description	Provide Title/Expl	Ianation	Date(s)	<u>_6,1+</u>		17
-	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	If no: 670	Name of Sci	Durce	
١	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Miley	, Nate Official's Name	l ast Eirst)	
		and an and a state of the state			Cinicial S Mallie		
	Recipients	de alemana a	NAME AND ADDRESS	the Discharge in a star	a the Brade of the	1986 - 1997 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 - 1996 -	
-	 Use Section A to identify the agency 		Number of	ction B to identify an individu			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's po	ticy
ī	Inthcare Services		I Haofeat	to reward a	Country employ	a for they	baser
ſ	Har Man Con Con Mar		2	Aprilio to 1	he sublic		
(City of Plasartin		2	To promoto at	ttondance at an eve	nt	
1 444	B. Name of Individua (187 Prot	0	Number of Ticket(s)/ Pass(os)	held at a Cou	ttendance at an event nty facility in order to ptential revenue from		
	Harnison, Watha	mier	(As		d concession sales.		Income
•		•		Ceremonial Role	Other		Income
	Harnison, Wall,	muel	4	If checking "Ceremon	If obecking "Ceremonial Role" or "Other" describe below: To promote health and wellness to	ss to	
1	Name of Outside Organ	ization	Number of	vulnerable	populations such as f	foster	lion
1	(include address and des	SHOW DO CHECKING	Ticket(s)/ Pass(es)	kids and se	niors that receive co	ounty ^{ney's pe}	ннзу
			_		services.	Panaloceo, Justiniana	
						· · · · · · · · · · · · · · · · · · ·	
	-						
	(
	Verification			1	19 <u> </u>		
	have read and understand FPPC Requ	ations 18944.1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.	
_			Anna G	ee	Executive Assistant	2/11	17
•		•	Print Nam		Title		Day, Year)
		1	1. 1.				
	Comment: MAMSON VI	und	1110 th	0.			

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

		Diotributione		A Fublic Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Regio	on (If Applicable)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (/	lame, Title)			
Anna Gee			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail			provide explanation in r art o.)
510-891-5585	anna.gee@acgov.org	•	Date of Original Filing	(Month, Day. Year)
2. Function or Event Inform	nation	•		part an
Does the agency have a ticket	policy? Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	509.80
Event Description	Provide Title/Explanation	Date(s)	1,12,17	1,16,17
Ticket(s)/Pass(es) provided by		If no:	den State I Name of S	Nov YINZ
Was ticket distribution made at	the behest No 🗌 Yes	s 🔀 If yes: Miley	/, Nate	
of agency official?			Official's Name	(Last, First)
. Recipients			····· • • • • •	
Use Section A to identify the agency	's department or unit. • Use Se	ection B to identify an individ	Iual. • Use Section C to ide	ntify an outside organization.
A. (Name of Agency, Department	nt or Unit Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
· · · ·		J		•
*				
B. Name of Indevidua (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
Miley, Molan	2		D Other A niel Role" or "Other" describe below	
			attendance at an ev	/ent
Kulling Complex.		1 Juldata Co	ounty facility in orde	1.0
Milley, Sarah			notential revenue in	0.00
		parking	and concession sale	S.
C. Name of Outside Organi (include address and deso			blic purpose made pursual	
				•
(
. Verification				
I have read and understand FPPC Regula	ations 18944.1 and 18942. I have t	verified that the distribution set		
<	Anna (Executive Assistan	
Signature of Agency Head or Designee	Print Na	nme	Title	(Month, Day, Year)
Comment: Weiller Yell	und the tim	0		



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 agend	cy's policy
		4	
B, Name of Individual	Number of Ticket(s)/ Pass(os)	Identify one of the following:	
Walter, christiana	4	Ceremonial Role D Other Ceremonial Role Other Ceremonial Role" or "Other" describe below:	Income
		held at a County facility in order to maximize potential revenue from parking and concession sales.	Income 🔲
		Ceremonial Role D Other D	Income
		Ceremonial Role D Other D	income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agend	cy's policy
		······	