Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Ap	oplicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Tit	tie)		-	
Sarah Oddie				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6693 sarah	.oddie@acgov.org		Date of Original Filing: _	(Month, Day, Year)
Function or Event Information	<u>ו</u>			ft 100 ticket/#20 ports
Does the agency have a ticket policy?		Face Value	of Each Ticket/Pass \$	\$1400 ticket/#30 park
Event Description Basketball Game		Date(s)	03 , 08 , 17	//
Provide	Title/Explanation			
Ticket(s)/Pass(es) provided by agend	y? Yes 🗌 No	If no: Gold	en State Warriors	
		Cha	Name of Sou	irce
Was ticket distribution made at the be of agency official?	ehest No 🗌 Yes	If yes: Cha	Official's Name (L	ast, First)
			• •	
• Use Section A to identify the agency's depart	tment or unit. ● Use Sec	ction B to identify an indivi	dual. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Department or Uni	Number of		ublic purpose made pursuant	
A. Name of Agency, Department of Off	, interesting .	Describe the p	iblic purpose made pursuant	to the agency's policy
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:
B. Name of Individual (Last First) Wong, Ryan	Number of	Ceremonial Role		ng:
iLast First)	Number of Ticket(s)/	If checking "Cerem To promote atten	• Other	Income
iLast First)	Number of Ticket(s)/	If checking "Cerem To promote atten to maximize pote Ceremonial Role	Other     onial Role" or "Other" describe below: danceevent held at a	Income
iLast First)	Number of Ticket(s)/ Pass(es)	If checking "Cerem To promote atten to maximize pote Ceremonial Role If checking "Cerem		Income
Wong, Ryan	Number of Ticket(s)/ Pass(es)	If checking "Cerem To promote atten to maximize pote Ceremonial Role If checking "Cerem Describe the p		Income
C. Name of Outside Organization (include address and description) Self-Help for the Elderly, 731 Sans	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Some CA 2+p	If checking "Cerem To promote atten to maximize pote Ceremonial Role If checking "Cerem Describe the p To reward a school	Other	Income
C. Name of Outside Organization (include address and description) Self-Help for the Elderly, 731 Sans Street, Suite 100, San Francisco, ( Provides devoted care for seniors promote their independence Verification	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Some CA 2+p to	If checking "Cerem To promote atten to maximize pote Ceremonial Role If checking "Cerem Describe the p To reward a scho to the community	Other	Income County facility in order oncession sales Income Concession sales
C. Name of Outside Organization (include address and description) Self-Help for the Elderly, 731 Sans Street, Suite 100, San Francisco, ( Provides devoted care for seniors promote their independence Verification	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Some CA 2+p to	If checking "Cerem To promote atten to maximize pote Ceremonial Role If checking "Cerem Describe the p To reward a scho to the community	<ul> <li>Other</li></ul>	Income County facility in order oncession sales Income Concession sales

Agency Name				Date Stamp	California Q02
Alameda County					Form OUZ
Division, Department, or Regio	n (If Applicabl	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (N	lame, Title)	- 10			
Sarah Oddie					A new side available time in Dart 21
Area Code/Phone Number	E-mail		<u> </u>		t provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	g:(Month, Day, Year)
Function or Event Inform	nation				ft 1000 ticket/ft 20 perts
Does the agency have a ticket	-	Yes 🛛 No	<b></b>	e of Each Ticket/Pass \$	
Event Description Basketball	Game	`	Date(s)	03 , 14 , 17	//
Event Description	Provide Title/Ex	planation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Gol	den State Warriors Name of	
					Source
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: CI	an, Wilma Official's Nam	e (Last, First)
• Use Section A to identify the agency'	's denartment o	r unit i ● Use Sec	tion B to identify an indi	vidual. • Use Section C to id	lentify an outside organization.
		Number of		public purpose made pursu	
A. Name of Agency, Departmen	nt of Unit	Ticket(s)/ Pass(es)	Describe the	public purpose made pursu	and to the agency's poncy
B. Name of Individual (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the foll	owing:
B. Name of Individual (Last, First) Dean, Velma	1	Ticket(s)/ Pass(es)	Ceremonial R If checking "Cere		Income
(Ləst, Frət)	1	Ticket(s)/	If checking "Cen To promote atte	ole D Other D	Income [ w: t a County facility in order
(Ləst, Frət)	1	Ticket(s)/ Pass(es)	If checking "Cen To promote atte	ole Dother D emonial Role" or "Other" describe belo ndanceevent held a ential County revenue.	Income [ w: t a County facility in order
(Ləst, Frət)	1	Ticket(s)/ Pass(es)	If checking "Cerr To promote atte to maximize pot Ceremonial R	ole Dother D emonial Role" or "Other" describe belo ndanceevent held a ential County revenue.	Income [ w: t a County facility in order concession sales Income [
(Ləst, Frət)	1	Ticket(s)/ Pass(es) 2+p 2+p	If checking "Cerr To promote atte to maximize pot Ceremonial R	ole Dother Damonial Role" or "Other" describe belo ndanceevent held a ential County revenue.	Income [ ow: t a County facility in order concession sales Income
(Ləst, Frət)	ization	Ticket(s)/ Pass(es) 2+p	If checking "Cen To promote atte to maximize pot Ceremonial R If checking "Cen	ole Dother Damonial Role" or "Other" describe belo ndanceevent held a ential County revenue.	Income ( t a County facility in order concession sales Income (
(Last, First) Dean, Velma	ization	Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/	If checking "Cen To promote atte to maximize pot Ceremonial R If checking "Cen	ole Dother Dother or "Other" describe belo ndanceevent held a ential County revenue. ole Dother Dother describe belo	Income t a County facility in order concession sales Income
(Last, First) Dean, Velma	ization	Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/	If checking "Cen To promote atte to maximize pot Ceremonial R If checking "Cen	ole Dother Dother or "Other" describe belo ndanceevent held a ential County revenue. ole Dother Dother describe belo	Income t a County facility in order concession sales Income
(Last, First) Dean, Velma	ization cription)	Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/ Pass(es)	If checking "Cent To promote atte to maximize pot Ceremonial R If checking "Cent Describe the	ple Deter De	Income t a County facility in order concession sales Income ow:
C. Name of Outside Organi (include address and desc	ization cription)	Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/ Pass(es)	If checking "Cent To promote atte to maximize pot Ceremonial R If checking "Cent Describe the	ole Dother Dother or "Other" describe belo ndanceevent held a ential County revenue. ole Dother Dother describe belo	Income
C. Name of Outside Organi (include address and dest	ization cription)	Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/ Pass(es)	If checking "Cen To promote atte to maximize pot Ceremonial R If checking "Cen Describe the	ple Deter De	Income [ concession sales Income [ come ] ant to the agency's policy e with the requirements.

Agency Name				Date Stamp	California 802
Alameda County					Form OUZ For Official Use Only
Division, Department, or Reg	ion (If Applicabl	e)			r or Onicial Ose Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Sarah Oddie					provide explanation in Part 3.)
Area Code/Phone Number	E-mail			<b>]</b>	
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation				\$1200 ticket
Does the agency have a ticke		Yes 🛛 No		of Each Ticket/Pass \$ _	-
Event Description Basketbal	ll Game		Date(s)	3 <u>14 17</u>	//
	Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of So	ource
	at the babaat		If yes: Char	n. Wilma	
Was ticket distribution made of agency official?	at the benest	No 🗌 Yes	If yes: Onder	Official's Name	(Last, First)
	<u> </u>		C 161		
• Use Section A to identify the agend	cy's department o	r unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
,		Pass(es)			
B. Name of Individu	Jal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
B. Name of Individu (Last, First) Gonzales, Courtney	ы	Ticket(s)/ Pass(es)	Ceremonial Role		
(Last, First)	Jal	Ticket(s)/	If checking "Ceremo To promote attend	D Other nial Role" or "Other" describe below:	Income [ a County facility in order
(Last, First)	Ial	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend to maximize poten	Dether Deher	Income [ a County facility in order concession sales
(Last, First)	Jal	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend to maximize poten Ceremonial Role	Dether D nial Role" or "Other" describe below: anceevent held at a tial County revenue	Income [ a County facility in order concession sales Income [
(Last, First)	mization	Ticket(s)/ Pass(es) 2	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo	Other      Other      other      other      other      describe below:     denceevent held at a     tial County revenue     Other	Income ( a County facility in order concession sales Income
Gonzales, Courtney	mization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo	Other  nial Role" or "Other" describe below: Ianceevent held at a tial County revenue Other  other  other	Income [ a County facility in order concession sales Income [
C. Name of Outside Orga (include address and de	anization escription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo Describe the pu	Other      Inial Role" or "Other" describe below: Ianceevent held at a tial County revenue     Other      Other      inial Role" or "Other" describe below. blic purpose made pursuar	Income
Gonzales, Courtney C. Name of Outside Orga (include address and de	anization escription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo Describe the pu	Cother C	Income
C. Name of Outside Orga (include address and de	anization ascription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo Describe the pu erified that the distribution set ddie	Other      Inial Role" or "Other" describe below: Ianceevent held at a tial County revenue     Other      Other      inial Role" or "Other" describe below. blic purpose made pursuar	Income

						A Public Document
1. Ag	ency Name				Date Stamp	California 802
Ala	meda County					Form OOZ
Divi	ision, Department, or Reg	ion (If Applicable	e)			For Official Use Only
Boa	ard of Supervisors					
Des	ignated Agency Contact	(Name, Title)			1	
Sai	rah Oddie					
Are	a Code/Phone Number	E-mail			Amendment (Mus	t provide explanation in Part 3.)
(51	0) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
2. Fu	nction or Event Infor	mation	3	9.		
Doe	es the agency have a ticke	et policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$	\$1200 ticket/\$30 park
Eve	ent Description Basketbal	l Game		Date(s) = 0	3 <u>, 16 , 17</u>	/
L		Provide Title/Exp	lanation			
Ticl	ket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	en State Warriors Name of	Source
\^/-	a tiakat diatributian mada.	at the heheat		If yes: Char		
	s ticket distribution made agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name	e (Last, First)
3 Re	cipients		6			
	se Section A to identify the agend	cy's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to id	entify an outside organization.
Α.	Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	ant to the agency's policy
			Number of			
В.	Name of Individu (Last, First)	191	Ticket(s)/ Pass(es)		Identify one of the follo	owing:
Le	slie, Barbara		0.1-	Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe belo	Income
			2+p		danceevent held at ntial County revenue.	a County facility in order concession sales
			2+p		Other Donial Role" or "Other" describe belo	Income [
C.	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursu	ant to the agency's policy
4. V	vification					,
I h.		ons 18944.1 ar	nd 18942. I have v Sarah O		t forth above, is in accordance Supervisor's Assista	
_	Signature of Agency Head-or Designed	ee	Print Nar		Title	(Month, Day, Year)

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1						The second
••	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applical	ble)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddi	ie@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🗵 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$	\$1200 ticket
	Event Description Basketball	l Game		Data(s) = 03	3,16,17	//
	Event Description	Provide Title/E	xplanation	Date(s)	/	//
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No [	If no: Golde	n State Warriors	
		,,			Name of So	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Char	I, WIIMA Official's Name (I	act Eirst
	of agency official?				Official s Name (I	
3.	Recipients				unt - Une Contine C to idea	life an autoida amonization
	Use Section A to identify the agence	y's department	Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ing:
	B. Name of Individu (Last, First)	al		Caremonial Rola		
	B. Name of Individu (Last, First) Summers, Jim	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo		
	(Last, First)	al	Ticket(s)/	If checking "Ceremo To promote attend	Dther D nial Role" or "Other" describe below: anceevent held at a	Income
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend	Other nial Role" or "Other" describe below:	Income
	(Last, First)	al	Ticket(s)/ Pass(es)	It checking "Caramo To promote attend to maximize poten Ceremonial Role	Other     Other     or "Other" describe below:     anceevent held at a     tial County revenuec     Other	Income County facility in order
	(Last, First)	al	Ticket(s)/ Pass(es)	It checking "Caramo To promote attend to maximize poten Ceremonial Role	Dether Deher Deher Deher Deher Deher Deher Deher Deher describe below: anceevent held at a tata tial County revenuec	Income C County facility in order concession sales
	(Last, First)	al	Ticket(s)/ Pass(es) 2	It checking "Caramo To promote attend to maximize poten Ceremonial Role	Other     Other     or "Other" describe below:     anceevent held at a     tial County revenuec     Other	Income C County facility in order concession sales
	(Last, First)		Ticket(s)/ Pass(es) 2 2 2 Number of	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo	Other  inal Role" or "Other" describe below: anceevent held at a tial County revenuec  Other  Other  Nial Role" or "Other" describe below:	Income
	(Last, First)	nization	Ticket(s)/ Pass(es) 2 2	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo	Other     Other     or "Other" describe below:     anceevent held at a     tial County revenuec     Other	Income
	(Last, First) Summers, Jim Name of Outside Orga	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo	Other  inal Role" or "Other" describe below: anceevent held at a tial County revenuec  Other  Other  Nial Role" or "Other" describe below:	Income
	(Last, First) Summers, Jim Name of Outside Orga	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo	Other  inal Role" or "Other" describe below: anceevent held at a tial County revenuec  Other  Other  Nial Role" or "Other" describe below:	Income
	(Last, First) Summers, Jim Name of Outside Orga	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo	Other  inal Role" or "Other" describe below: anceevent held at a tial County revenuec  Other  Other  Nial Role" or "Other" describe below:	Income
	(Last, First) Summers, Jim Name of Outside Orga	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo	Other  inal Role" or "Other" describe below: anceevent held at a tial County revenuec  Other  Other  Nial Role" or "Other" describe below:	Income
4	(Last, First) Summers, Jim Name of Outside Orga	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo	Other  inal Role" or "Other" describe below: anceevent held at a tial County revenuec  Other  Other  Nial Role" or "Other" describe below:	Income
4.	(Last, First) Summers, Jim C. Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo Describe the pu	Other  inal Role" or "Other" describe below: anceevent held at a tial County revenuec  Other  Other  Nial Role" or "Other" describe below:	Income
4.	(Last, First) Summers, Jim C. Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo Describe the pu	Other	Income County facility in order concession sales Income

Comment: \_\_\_

#### Agency Report of: С

Ceremonial Role Events and 1	licket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form OOZ For Official Use Only
Division, Department, or Region (If Applic	able)		1	For Official Ose Offiy
Board of Supervisors				
Designated Agency Contact (Name, Title)	· · · · · · · · · · · · · · · · · · ·			
Sarah Oddie				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693 sarah.od	die@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No 🕻	Face Value of	of Each Ticket/Pass \$ _	\$950 ticket/\$30 park
Event Description Basketball Game		Date(s)3	3 / 24 / 17	
Provide Title	/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors Name of So	
		- Char		arte
Was ticket distribution made at the behe of agency official?	st No□Yes	If yes: Char	Official's Name (	Last, First)
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's departme</li> </ul>	ntorunit. ●Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	Number of		blic purpose made pursuant	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Deacribe the pu	bile parpoor induo paronani	
	Number of			
B. Name of Individual	Ticket(s)/		Identify one of the follow	ving:
	Pass(es)	Ceremonial Role	Other	Income
Arden, Kristin		If checking "Ceremo	nnial Role" or "Other" describe below:	
	2	To promote attend	anceevent held at a	County facility in order
<u></u>		to maximize poter	tial County revenue	concession sales
		Ceremonial Role	Donial Role" or "Other" L	Income
	2	in checking Ceremic	marnale of other describe bolow.	
C. Name of Outside Organization	Number of		L P.	the the economic policy
(include address and description)	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
Alameda Boys and Girls Club, 1900	3rd	To reward a school	ol or nonprofit organiza	ation for its contributions
St, Alameda, CA 94501	2+p	to the community		
Inspire + enable youth to realize thei	r full			
potential as productive, caring citizer				

Verification 4.

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

Sarah Oddie	Supervisor's Assistant	03.27.2017
Print Name	Title	(Month, Day, Year)

Comment: ....

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						the strength of the second sec
. Agen	cy Name				Date Stamp	California 802
Alame	eda County					Form 002
Divisio	n, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
Board	of Supervisors					
	nated Agency Contact	(Name, Title)		<u> </u>	-	
Sarah	Oddie					
Area C	ode/Phone Number	E-mail	······ , ··	<u>. u "</u>	Amendment (Must pro	
(510) :	272-6693	sarah.oddi	e@acgov.org		Date of Original Filing: _	(Month, Day, Year)
. Func	tion or Event Infor	mation				
Does th	he agency have a ticke	et policy?	Yes 🛛 No	Face Value of Face Value of Face Value	of Each Ticket/Pass \$	\$1200 ticket/\$30 park
Event I	Description Basketbal	I Game		Date(s) 03	3 <u>, 26 , 17</u>	1 1
LVenti		Provide Title/Ex	planation	Dut(()		
Ticket(	s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of Sou	
	-1	- 4 4 h - 1 - 1 - 1				100
	cket distribution made a ency official?	at the benest	No 🗌 Yes	If yes: Char	Official's Name (La	ast, First)
<ul> <li>Recip</li> <li>Use Se</li> </ul>		cy's department o	or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	ify an outside organization.
	Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant t	
В.	Name of Individu	ial	Number of Ticket(s)/		Identify one of the followi	ng
В.	Name of Individu (Last, First)	ial	Number of Ticket(s)/ Pass(es)		Identify one of the followin	
-	(Last, Firstj	ial	Ticket(s)/	Ceremonial Role	Other	
-		ial	Ticket(s)/	If checking "Ceremo To promote attend		Income
-	(Last, Firstj	ıal	Ticket(s)/ Pass(es)	If checking "Cèremo To promote attend to maximize poten Ceremonial Role	Dether D nial Role" or "Other" describe below: anceevent held at a	Income County facility in order
-	(Last, Firstj	nization	Ticket(s)/ Pass(es) 4+p	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo	Other     Other     other     other     describe below:     anceevent held at a     tial County revenueco     Other	Income
Dryer,	(Last, First) , Laurie Name of Outside Orga	nization	Ticket(s)/ Pass(es) 4+p 4+p Number of Ticket(s)/	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo	Other     other     describe below:     anceevent held at a     tial County revenueco     Other     other     other	Income
Dryer,	(Last, First) , Laurie Name of Outside Orga	nization scription)	Ticket(s)/ Pass(es) 4+p 4+p Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo Describe the pu	Cher Cher Cher Conter	Income
Dryer,	(Last, First) , Laurie Name of Outside Orga	nization scription)	Ticket(s)/ Pass(es) 4+p 4+p Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend to maximize poten Ceremonial Role If checking "Ceremo Describe the pu	Other     other     describe below:     anceevent held at a     tial County revenueco     Other     other     other	Income County facility in order oncession sales Income to the agency's policy

Comment: \_\_

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0				Biotingationo		A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form UUZ
	Division, Department, or Reg	ion (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation				\$1200 ticket/\$20 park
	Does the agency have a ticke		Yes 🗵 No 🛛	Face Value c	of Each Ticket/Pass \$ .	\$1200 ticket/\$30 park
	Event Description Basketbal	l Game		Date(s)3	3 , 26 , 17	//
		Provide Title/Expl	anətion			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🕻	If no: Golde	n State Warriors Name of S	Rource
	187 Colors How I Common 1					
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes [	If yes: <u>Chan</u>	Official's Name	(Last, First)
		. *			SS	
3.	• Use Section A to identify the agend	v's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm		Number of		olic purpose made pursua	
	A. Name of Agency, Departin	ent or offic	Ticket(s)/ Pass(es)	Describe the par	ne purpose muse pareas	in to the egone, o panel
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		· _ · _ ·	F 455(53)	Ceremonial Role		Income
	Cravalho, Brian		3+p	To promote attend		a County facility in order
					tial County revenue	
			3+p		Other Other  nial Role" or "Other" describe below	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy
-						
4		8944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.
			Sarah Or		Supervisor's Assista	

 Sarah Oddie
 Supervisor's Assistant
 03.27.2017

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

Comment: \_\_

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					1	The second secon
. A	gency Name				Date Stamp	California 802
	lameda County					Form OUZ For Official Use Only
Di	vision, Department, or Reg	ion (If Applicabl	e)			For Onicial Use Only
В	oard of Supervisors					
	esignated Agency Contact	(Name, Title)		μ	1	
s	arah Oddie				Amondmont (160	t provide overlandian in Rod 2 )
A	rea Code/Phone Number	E-mail				t provide explanation in Part 3.)
(5	510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
. F	unction or Event Infor	mation				\$1200 ticket/\$20 park
	oes the agency have a ticke		Yes 🛛 No		of Each Ticket/Pass \$	
E١	vent Description Basketbal	I Game Provide Title/Exp	planation	Date(s)	3 <u>,</u> 26 <u>,</u> 17	//
Ti	cket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	Source
						<i></i>
	/as ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Char	Official's Name	e (Last, First)
	Recipients					·····
	Use Section A to identify the agence	sy's department o	r unit. 🔹 Use Sec	tion B to identify an individ	ual. • Use Section C to id	entify an outside organization.
	Name of Agency, Departm	ent or Linit	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	ant to the agency's policy
-			Pass(es)			
_						
_	<ol> <li>Name of Individu (Lost First)</li> </ol>		Pass(es)		Identify one of the follo	owing:
	Name of Individu		Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role		Income
	3. Name of Individu		Pass(es)	Ceremonial Role If checking "Ceremo To promote attend	Other	Income [ w: t a County facility in order
	3. Name of Individu		Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend to maximize poter Ceremonial Role	Dother describe belo unial Role" or "Other" describe belo lanceevent held at	Income [ w: t a County facility in order concession sales income [
	3. Name of Individu	nization	Pass(es) Number of Ticket(s)/ Pass(es) 2+p	Ceremonial Role If checking "Ceremo To promote attend to maximize poter Ceremonial Role If checking "Ceremo	Other  Inial Role" or "Other" describe belo  Ianceevent held at Itial County revenue.  Other  O	Income [ w: t a County facility in order concession sales income [
	3. Name of Individu (Last First) Chang, Emily Name of Outside Orga	nization	Pass(es) Number of Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/	Ceremonial Role If checking "Ceremo To promote attend to maximize poter Ceremonial Role If checking "Ceremo	Other  Inial Role" or "Other" describe belo  Ianceevent held at Itial County revenue.  Other  O	Income [ w: t a County facility in order concession sales income [
	3. Name of Individu (Last First) Chang, Emily Name of Outside Orga	nization escription)	Pass(es) Number of Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend to maximize poter Ceremonial Role If checking "Ceremo Describe the pu	Other  Inial Role" or "Other" describe belo  Ianceevent held al  Atial County revenue.  Other  Other  other  blic purpose made pursu	Income [ concession sales income [ w: ant to the agency's policy
	<ul> <li>Name of Individu (Last First)</li> <li>Chang, Emily</li> <li>Name of Outside Orga (include address and details)</li> </ul>	nization escription)	Pass(es) Number of Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend to maximize poter Ceremonial Role If checking "Ceremo Describe the pu	Other  Inial Role" or "Other" describe belo  Ianceevent held at Itial County revenue.  Other  O	Income [

Comment: \_\_\_

#### **A Public Document**

					AT usite Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form OOL
Division, Department, or Region (	(If Applicable)		. <u> </u>		For Official Use Only
Board of Supervisors					
Designated Agency Contact (Nam	e, Title)				
Sarah Oddie					1
Area Code/Phone Number E-n	nail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6693 sa	rah.oddie@acgov.o	org		Date of Original Filing: -	(Month, Day, Year)
2. Function or Event Informat	ion			L	
Does the agency have a ticket po		No 🗌	Face Value o	f Each Ticket/Pass \$	\$1200 ticket
Event Description Basketball Ga			Data(a) 03	, 26 , 17	//
Event Description	vide Title/Explanation		_ Date(s)	· · ·	//
Ticket(s)/Pass(es) provided by ag	ency? Yes 🗌		lf no: Golder	1 State Warriors	
				Name of Sou	Irce
Was ticket distribution made at the	e behest 🛛 No 🗔 🗅	res 🛛	If yes: Chan	, Wilma	
of agency official?				Official's Name (L	ast, First)
Use Section A to identify the agency's d     A. Name of Agency, Department o	Number	of s)/		ual. • Use Section C to ident lic purpose made pursuant	
B. Name of Individual	Number Ticket(s			Identify one of the followi	ng.
(Lost Freit)	Pass(e	s)	Ceremonial Role	Other	
Kubo, Theresa				ial Role" or "Other" describe below:	
	2			anceevent held at a ial County revenuec	County facility in order oncession sales
Geisner, Benjamin	2		o promote attenda	ial Role" or "Other" describe below:	Income County facility in order oncession sales
C. Name of Outside Organizat (include address and descrip		s)/	Describe the pub	olic purpose made pursuant	to the agency's policy

#### 4. Verification

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

03.27.2017 Sarah Oddie Supervisor's Assistant Signature of Agency Head or Designee Print Name Title (Month, Day, Year) Comment: \_

						A 11
•	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)		<u></u> .	-	
	Sarah Oddie					I
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform	mation		b		<b>*</b> 4 0 0 0 1''   1   1
	Does the agency have a ticke		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$1200 ticket
	Event Description Basketball	Game		Date(s) 0	3 , 26 , 17	//
		Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Golde	en State Warriors Name of So	
					Name or So	purce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Cha	Official's Name	(Last, First)
			5			
5.	• Use Section A to identify the agenc	v's department o	r unit. ∣● Use Sec	tion B to identify an indivis	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		blic purpose made pursuan	
			Pass(es)	ł		
			Pass(es)			
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving;
	B. Name of Individu (Last, First)	al	Number of	Ceremonial Role		
	B. Name of Individu (Lest, First) Delgado, Francesca	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem		Income
	(Last, First)	al	Number of Ticket(s)/	If checking "Cerem	Other	Income
	(Last, First)	al	Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr	Other D onial Role" or "Other" describe below: nunity volunteer for his	Income
	(Last, First)	al	Number of Ticket(s)/ Pass(es) 2	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem	Other	Income
	(Levt, First) Delgado, Francesca	al	Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem To promote attend	Other	Income
	(Law, First) Delgado, Francesca Baltrush, Katie		Number of Ticket(s)/ Pass(es) 2 2 Number of	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem To promote attend to maximize poter	Other	Income
	(Levt, First) Delgado, Francesca	nization	Number of Ticket(s)/ Pass(es) 2 2	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem To promote attend to maximize poter	Other	Income
	(Lawt, First) Delgado, Francesca Baltrush, Katie	nization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem To promote attend to maximize poter	Other	Income [ s or her service to the Income [ a County facility in order concession sales
	(Lawt, First) Delgado, Francesca Baltrush, Katie	nization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem To promote attend to maximize poter	Other	Income
	(Lawt, First) Delgado, Francesca Baltrush, Katie	nization	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem To promote attend to maximize poter	Other	Income [ s or her service to the Income [ a County facility in order concession sales
4.	(Lawt, First) Delgado, Francesca Baltrush, Katie	nization scription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem To promote attend to maximize poter Describe the pu	Other	Income [ s or her service to the Income [ a County facility in order concession sales at to the agency's policy
1.	(Lawt, First) Delgado, Francesca Baltrush, Katie	nization scription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem To promote attend to maximize poter Describe the pu	Other	Income

					AT ubile Bocullient
Agency Name		Date Stamp	California 802		
Alameda County					Form OOZ
Division, Department, or Region	(If Applicabl	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Nan	ne, Title)			•	
Sarah Oddie					
	mail			Amendment (Must provide explanation in Part 3.)	
		Macqov org		Date of Original Filing:	
(510) 272-6693 sarah.oddie@acgov.org Function or Event Information				(Month, Day, Year)	
				of Each Ticket/Pass \$ _	\$1200 ticket
Does the agency have a ticket policy? Yes					
Event Description Basketball Ga	ame		Date(s)3	<u>, 26 , 17</u>	///
Provide Title/Explanation			Calda	- Choka Warriana	
Ticket(s)/Pass(es) provided by agency?		Yes 🗌 No	If no: Golder	n State Warriors Name of So	urce
Was ticket distribution made at th	o hohost		If yes: Chan	Wilma	
of agency official?	ie benest	No 🗌 Yes	If yes:	Official's Name (	Last, First)
	·····	K 4			· · · · · · · · · · · · · · · · · · ·
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's of</li> </ul>	lepartment or	unit.  ● Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department of		Number of	-	lic purpose made pursuant	-
A. Name of Agency, Department (		Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuam	to the agency's policy
B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing:
****	· · ·	Pass(es)	Ceremonial Role	nial Role" or "Other" describe below:	
Rivera, Leticia		3	-		
		Ŭ		anceevent held at a ial County revenuec	County facility in order
		3		L Cuter	income L
C. Name of Outside Organization (include address and description)		Number of			to the exercute rolling
(include address and descrip	tion otion)	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	t to the agency's policy
(include address and descrip	tion ption)	Ticket(s)/	Describe the put	olic purpose made pursuani	to the agency's policy
(include address and descrip	tion stion)	Ticket(s)/	Describe the put	olic purpose made pursuani	to the agency's policy
(include address and descrip	tion stion)	Ticket(s)/	Describe the put	olic purpose made pursuani	to the agency's policy
. Verification	otion)	Ticket(s)/ Pass(es)		forth above, is in accordance wi	
. Verification	otion)	Ticket(s)/ Pass(es)	rified that the distribution set f		th the requirements.
. Verification	otion)	d 18942. / have ve	rified that the distribution set f	iorth above, is in accordance wi	th the requirements.

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						a collegender of the second se
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Region (	(If Applicable)		. <u></u>		For Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact (Name	e,Title)				
	Sarah Oddie					
	Area Code/Phone Number E-m	nail			Amendment (Musi	t provide explanation in Part 3.)
		rah.oddie@	)acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Informat	ion				¢7с
	Does the agency have a ticket pol		of Each Ticket/Pass \$	\$75		
	Event Description DOI: Worlds of	f Enchantm	nent	Date(s) 0	3 , 01 , 17	//
	Event Description	vide Title/Explar				
	Ticket(s)/Pass(es) provided by age	ency?	n State Warriors	Source		
			Yes 🔲 🛛 No [			Source
	Was ticket distribution made at the	e behest	No 🗋 Yes [	If yes: Char	Official's Name	e (Last. First)
_	of agency official?		«			
<u> </u>	Recipients					- tife an autoida arganization
3.			with a line Con			
3.	Use Section A to identify the agency's de	epartment or u				
3.	Use Section A to identify the agency's de     A. Name of Agency, Department or		nit. • Use Sec Number of Ticket(s)/ Pass(es)		blic purpose made pursua	
3.	A. Name of Agency, Department or		Number of Ticket(s)/ Pass(es)		blic purpose made pursua	ant to the agency's policy
3.	A. Name of Agency, Department or		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	ant to the agency's policy owing:
3.	A. Name of Agency, Department or B. Name of Individual (Last First)		Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Describe the pu	blic purpose made pursua Identify one of the folk	ant to the agency's policy owing:
3.	A. Name of Agency, Department or B. Name of Individual		Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Describe the pu Ceremonial Role	blic purpose made pursua ldentify one of the follo	owing:
3.	A. Name of Agency, Department or B. Name of Individual (Last First)		Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pu Ceremonial Role If checking "Ceremon To promote attend	blic purpose made pursua ldentify one of the follo	owing:
3.	A. Name of Agency, Department or B. Name of Individual (Last First)		Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe the pu Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role	blic purpose made pursua Identify one of the folk	owing: Income t held at a County facility in renue
3.	A. Name of Agency, Department or B. Name of Individual (Last First)	rUnit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Describe the pu Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	blic purpose made pursua Identify one of the follo Cther onial Role" or "Other" describe belo dance at a(n) event potential County rev Other Other onial Role" or "Other" describe belo	owing: Income t held at a County facility in renue
3.	A. Name of Agency, Department or B. Name of Individual (Last First) Geisner, Benjamin C. Name of Outside Organizati	ion stion)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Describe the pu Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	blic purpose made pursua Identify one of the follo Cher onial Role" or "Other" describe belo dance at a(n) event potential County rev Other onial Role" or "Other" describe belo	owing: Income t held at a County facility in renue Income

Sarah OddieSupervisor's Assistant03.27.2017Print NameTitle(Month, Day, Year)

Comment: \_\_\_\_

#### Agency Report of: Ceremonial Role F ce Distributions I Tiak +/D

. ... -

1	Agency Name				Date Stamp	California 802
	Alameda County					Tom
Ī	Division, Department, or Region	(If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	me, Title)			-	
	Sarah Oddie					
		-mail			Amendment (Must p	provide explanation in Part 3.)
		arah.oddie@	)acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	ation		¢75		
	Does the agency have a ticket p	olicy?	Yes 🗵 No 🕻	Face Value	of Each Ticket/Pass \$ _	\$75
	DOI: Worlds	of Enchantn	nent	Data(s) 0	3 <u>, 02 , 17</u>	1 1
	Event Description	rovide Title/Expla				( <u></u>
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗖 🛛 No 🕻	If no: Golde	n State Warriors	
					Name of Se	ource
	Was ticket distribution made at t	he behest	No 🗌 Yes 🕻	If yes: Char	Official's Name	(last First)
	of agency official?			e	Omerans Ivanie	
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	R Name of Individual		Number of Ticket(s)/		Identify one of the follow	wing:
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	
			Ticket(s)/	Ceremonial Role If checking *Ceremo		Income
			Ticket(s)/	If checking "Ceremo	Other	Income
			Ticket(s)/	If checking "Ceremo Ceremonial Roie If checking "Ceremo	Other	Income Income
	C. Name of Outside Organiz	ription) ub, 401	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Other	Income Income

Comment: \_

and the second						
Agency Nan	gency Name					California 802
Alameda Cou	nty					Form OUZ
Division, Depar	rtment, or Regi	on (If Applicabl	e)			For Official Use Only
Board of Supe	ervisors					
Designated Ag		Name, Title)				
Sarah Oddie	Sarah Oddie					
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
(510) 272-669		sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or	Function or Event Information				1	(1107107, 203), 1007
	Does the agency have a ticket policy?		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$75
Event Descripti	•				3 , 03 , 17	/
Event Descripti	ion <u>Pointtein</u>	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass/	(es) provided by	v agency2	Yes 🗌 No	If no. Golde	n State Warriors	
noncer(o)/i abor	Ticket(s)/Pass(es) provided by agency?			Land.	Name of S	Source
Was ticket distr		it the behest	No 🗌 Yes	If yes: Chan	, Wilma	
of agency official	cial?				Official's Name	e (Last, First)
Recipients						
Use Section A to	identify the agency	y's department o	unit. • Use Sec	tion B to Identify an individ	ual. • Use Section C to ide	entify an outside organization.
A. Name of A	Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	ant to the agency's policy
В.	Name of Individua (Lesi, First)	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role		Income
В.		al	Ticket(s)/	If checking *Ceremo Ceremonial Role	Other D	income [
C. Name		īzatīon	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other	income [ w: income [
C. Name (include Lorenzo Man	(Less, First)	nization scription) 18250	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other  inial Role" or "Other" describe below  Other  Other  nial Role" or "Other" describe below  blic purpose made pursua	income [ w: income [
C. Name (include Lorenzo Man Bengal Ave, I	(Lest, First) e of Outside Orgar e address and des or Head Start,	nization scription) 18250 94541	Ticket(s)/ Pass(es)         Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pu To reward a schoo	Other  inial Role" or "Other" describe below  Other  Other  nial Role" or "Other" describe below  blic purpose made pursua	income [ w: w: ant to the agency's policy
C. Name (include Lorenzo Man Bengal Ave, I Provides pre-	(Lest, First) e of Outside Orgar e address and des or Head Start, Hayward, CA S -K programs to	nization scription) 18250 94541	Ticket(s)/ Pass(es)         Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pu To reward a schoo	Other  inial Role" or "Other" describe below  Other  Other  nial Role" or "Other" describe below  blic purpose made pursua	income [ w: w: ant to the agency's policy
C. Name (include Lorenzo Man Bengal Ave, I Provides pre- youth	(Lest, First) e of Outside Orgar e address and des or Head Start, Hayward, CA S -K programs to	nization scription) 18250 94541 o low-income	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         4	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pu To reward a schoo	Other	income [ income [ income [ w: ant to the agency's policy zation for its contributions
C. Name (include Lorenzo Man Bengal Ave, I Provides pre- youth	(Lest, First) e of Outside Orgar e address and des or Head Start, Hayward, CA S -K programs to	nization scription) 18250 94541 o low-income	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         4	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Other	income [ w: income [ w: ant to the agency's policy zation for its contributions with the requirements.

A Public Document

					AT doile Becamen
I. Agency Name				Date Stamp	California 802
Alameda County					Form OOZ
Division, Department, or Regi	on (If Applicable	•)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)			-	
Sarah Oddie					
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	nation				
Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$75
Event Description DOI: World	ds of Enchant	ment	Data(s) = 0	3 , 04 , 17	///
Event Description	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided by	v agencv?	Yes 🔲 No	If no: Golde	en State Warriors	urce
	,				urce
Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Chai	n, Wilma Official's Name (	(act First)
of agency official?					
3. Recipients					
Use Section A to identify the agency	y's department or	Number of			
A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	t to the agency's policy
		-			
B. Name of Individu.	al	Number of Ticket(s)/		Identify one of the follow	ing:
		Pass(es)	Ceremonial Role	Other	Income
Brown, Maddie				onial Role" or "Other" describe below:	
		4		danceCounty sponso aximize potential Cour	
			Ceremonial Role	Other	Income
		4	If checking "Cerem	onial Role" or "Other" describe below:	
C. Name of Outside Organ		Number of Ticket(s)/	Describe the pu	ublic purpose made pursuan	t to the agency's policy
(include address and dea	scription)	Pass(es)			
4. Verification	180 <i>44 1</i> ar	d 18942 / have v	erified that the distribution se	t forth above, is in accordance w	ith the requirements
1.11	10344.1 81				
_		Sarah O		Supervisor's Assistar	(Month, Day, Year)

Comment: \_\_\_

	Agency Name				Date Stamp	California 802
	Alameda County					Form UU2
٢	Division, Department, or Regi	on (If Applicable	)			For Official Use Only
1	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
1	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie(	@acgov.org		Date of Original Filing:	(Month, Day, Year)
)	Function or Event Inform	nation				
٦	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	\$75
,	Event Description DOI: World	ds of Enchanti			, 05 , 17	//
E	_vent Description	Provide Title/Expl	anation	Date(s)		//
-	Ticket(s)/Pass(es) provided by agency? Yes D No X If no: Golder			n State Warriors		
		, agonoy.			Name of So	urce
١	Was ticket distribution made a	t the behest	No 🗌 Yes	🛛 Ifyes: <u>Chan</u>	, Wilma	Look Clark
	of agency official?				Official's Name (l	Last, First)
	Recipients					
-	<ul> <li>Use Section A to identify the agency</li> </ul>	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1			
-						
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	B. Name of Individua (Last, First)	91	Ticket(s)/	Ceremonial Role If checking "Ceremor		-
	B. Name of Individua (Last, First)	91	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other in the series of the ser	ing: Income [ Income [
	(Ləsi, Fusi)		Ticket(s)/	If checking "Ceremor Ceremonial Role If checking "Ceremor	Cther  Ial Role" or "Other" describe below:  Other  Other  Ial Role" or "Other" describe below:	Income [
	B. Name of Individua (Last, First) C. Name of Outside Organ (include address and des	nization	Ticket(s)/ Pass(es)	If checking "Ceremor Ceremonial Role If checking "Ceremor	Other  ial Role" or "Other" describe below: Other Other	Income
	(Lasi, Firsi)	nization scription) 1724 Santa	Ticket(s)/ Pass(es)	If checking "Ceremor Ceremonial Role If checking "Ceremor Describe the put	Other  A Role" or "Other" describe below:  Other  Other  Nail Role" or "Other" describe below:  Dic purpose made pursuant	Income [
	C. Name of Outside Orgar (include address and des Girls Inc. of the Island City,	nization scription) 1724 Santa 501	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo	Other  A Role" or "Other" describe below:  Other  Other  Nail Role" or "Other" describe below:  Dic purpose made pursuant	Income
	C. Name of Outside Organ (include address and des Girls Inc. of the Island City, Clara Ave, Alameda, CA 94 Encourage girls to be strong bold	nization scription) 1724 Santa 501 g, smart, and	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         4	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Other  Ial Role" or "Other" describe below:  Other  Other  Ial Role" or "Other" describe below:  Olic purpose made pursuant  or nonprofit organiza	Income
	C. Name of Outside Orgar (include address and des Girls Inc. of the Island City, Clara Ave, Alameda, CA 94 Encourage girls to be strong bold	nization scription) 1724 Santa 501 g, smart, and	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         4         4         18942. I have very	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Conter C	Income
	C. Name of Outside Organ (include address and des Girls Inc. of the Island City, Clara Ave, Alameda, CA 94 Encourage girls to be strong bold	nization scription) 1724 Santa 501 g, smart, and	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         4	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community enified that the distribution set	Other  Ial Role" or "Other" describe below:  Other  Other  Ial Role" or "Other" describe below:  Olic purpose made pursuant  or nonprofit organiza	Income

	eremonial Role Event	S and no		Distributions		A Public Documen
Í.	Agency Name				Date Stamp	California 802
	Alameda County					Tom
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie(	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2	Function or Event Inform					
	Does the agency have a ticke		Yes 🛛 No [	Face Value o	f Each Ticket/Pass \$	\$75
					i , 10 , 17	///
	Event Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No 🛙	d If no: Golde	n State Warriors	
		, agonoj .			Name of Sol	Irce
		s ticket distribution made at the behest No 🗌 Yes 🛛 🛛 If yes: Chan				ast, First)
	of agency official?				Unicial's Name (2	
	• Use Section A to identify the agence					
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	na:
	(Lest. First)		Pass(es)		identity one of the follow	ing.
					The second se	
					Other     Other     describe below:	income
				If checking "Ceremon Ceremonial Role	_	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
		ng, 3075	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	nial Role" or "Other" describe below:	Income

						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regio	n (If Applicable)	<u> </u>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)			1	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pro	
	(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	policy?	Yes 🗵 🛛 No 🛛	Face Value o	of Each Ticket/Pass \$	\$75
	Event Description Charlie Wils	on		Date(s) 03	3 <u>11 17</u>	1 1
	Event Description	Provide Title/Explar	nation	Date(3)		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No [	If no: Golde	n State Warriors	
					Name of Sou	rce
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	🛛 If yes: <u>Chan</u>	Official's Name (Li	ast, First)
				¢		
3.	• Use Section A to identify the agency'	s department or u	nit.  ● Use Sec	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
			Number of		plic purpose made pursuant	
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the put	one purpose made pursuant	to the agency's policy
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	ng:
	(LUSI, PRSI)		Pass(es)		□□	Income
				Ceremonial Role If checking "Ceremon	nial Role" or "Other" describe below:	income L
				Ceremonial Role		Income
				if checking "Ceremo.	nial Role" or "Other" describe below:	
	C Name of Outside Organi	zation	Number of			······································
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	Oakland Community Organizations, 7200			To reward a school	ol or nonprofit organizat	ion for its contributions
	Bancroft Ave # 2, Oakland, (		2	to the community	a or nonprone organizat	
	1					
	Federation of congregations allied comm orgs, rep familie					
1	Verification		l			
4.	I have	ions 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	03.27.2017
			Print Nan		Title	(Month, Day, Year)

A Public Document

1.	Agency Name	Date Stamp	California 802		
	Alameda County				Form OOL
Ī	Division, Department, or Region (If Applicable	2)			For Official Use Only
	Board of Supervisors				
1	Designated Agency Contact (Name, Title)			-	
	Sarah Oddie				
_	rea Code/Phone Number E-mail			<b>Amendment</b> (Must p	rovide explanation in Part 3.)
	(510) 272-6693 sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	. <u></u>			
	Does the agency have a ticket policy?	of Each Ticket/Pass \$ _	\$75		
	Event Description Charlie Wilson	Yes 🛛 No [		3 , 11 , 17	//
	_vent Description Provide Title/Exp		//		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [	M If no: Golde	en State Warriors	
				Name of So	purce
,	Was ticket distribution made at the behest	No 🗌 Yes [	If yes: Chai	n, Wilma Official's Name (	( and Einel)
_	of agency official?			Omciar's Name (	
	Recipients				
	Use Section A to identify the agency's department or	unit. • Use Sec Number of	tion B to identify an individ	dual. • Use Section C to iden	itify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following:	
	(Last, Firet)	Pass(es)			
			Ceremonial Role	e  Other Oth	Income
			in checking Cerem	unarrold of other desense below.	
			Ceremonial Role	Other	Income
				onial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuan	t to the agency's policy
		Pass(es)			
	Center for Employment Opportunities,	2		ol or nonprofit organiza	tion for its contributions
	464 7th, Oakland, CA 94607		to the community	·	
	Employment + wrap around services to				
	formerly incarcerated individuals				
4.	Verification				10 H
4.		od 18942. I have ve Sarah Oo		et forth above, is in accordance w Supervisor's Assistar	

Comment: \_\_

	jency Name				Date Stamp	California 000
_	Alameda County					Form 802
	ision, Department, or Regi	on (If Applicabl	ə)		-	For Official Use Only
Bo	ard of Supervisors					
	signated Agency Contact (	Name, Title)			-	
	irah Oddie	,				
	a Code/Phone Number			Amendment (Must p	rovide explanation in Part 3.)	
	10) 272-6693	<b>E-mail</b> sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
	Inction or Event Inform		<u></u>	(month), Day, roary		
	Does the agency have a ticket policy? Yes 🛛 No			Face Value o	of Each Ticket/Pass \$	\$500
Fvi	ent Description Red Hot C	hili Peppers			3 , 12 , 17	///////
		Provide Title/Exp	lanation			
Tic	Ticket(s)/Pass(es) provided by agency? Yes		Yes 🔲 No	If no: Golde	n State Warriors Name of So	purce
Wa	as ticket distribution made a	t the behest	No 🗌 Yes	If yes:		
	f agency official?			⊠ in yes	Official's Name (	Last, First)
A.	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
В.	Name of Individua (Last, Fasi)	ai	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
Li,	, Rosanna		4	Ť	nial Role" or "Other" describe below:	
					anceCounty sponso I County revenuecor	
			4		Other nial Role" or "Other" describe below:	Income [
C.	Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
_						
	<i></i>					
	erification /	ons 18944.1 ai	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
		งกร 18944.1 ai			forth above, is in accordance w Supervisor's Assistar	
		ons 18944.1 ai	nd 18942. I have ve Sarah O Print Nan	ddie	forth above, is in accordance w Supervisor's Assistan Title	

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$250 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_\_\_\_ Yes 🛛 No 🗌 Event Description Panic! At the Disco Date(s) \_\_\_\_\_ 25 / 17 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🔀 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Β. Name of Individual Identify one of the following: Ticket(s)/ (Last First) Pass(es) Ceremonial Role Other Income Brown, Siena If checking "Ceremonial Role" or "Other" describe below. 4 To promote attendance...County sponsored event...in order to maximize potential County revenue...concession sales Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 4. Verification 11 rulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sarah Oddie Supervisor's Assistant 03.27.2017 Print Name Title . (Month, Day, Year) ..ee

Comment: \_

		Date Stamp	California 802
le)		1	For Official Use Only
	<u> </u>	-	
		Amendment (Must	provide explanation in Part 3.)
@acgov.org		Date of Original Filing	(Month, Day, Year)
Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ -	950.00
	Date(s)	4 , 10 , 17	//
planation			
Yes 🗌 No	If no: Golde	n State Warriors	ource
	K If yos. Carso		
	⊠ inyes	Official's Name	(Last, First)
	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	at to the agency's policy
		. a	
Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Income
2			
	public	anty volumeer for ma	
	Ceremonial Role	Other 🛛	Income
2			
		unity volunteer for his	or her service to the
Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	t to the agency's policy
d 400 40 1 5 - 1			
d 18942. I have ve Amy Shr		orth above, is in accordance w. Supervisor's Assistan	
	Yes No Planation Yes No No Yes r unit. • Use Se Number of Ticket(s)/ Pass(es) 2 2 Number of	D@acgov.org         Yes □       No ⊠       Face Value of Date(s)         planation       Date(s)       Date(s)         Yes □       No ⊠       If no: Golde         No □       Yes ⊠       If yes: Carse         r unit.       • Use Section B to identify an individ         Number of Ticket(s)/ Pass(es)       Describe the put         Number of Ticket(s)/ Pass(es)       Ceremonial Role         l	Image:

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

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					i orim	
	Division, Department, or Reg	ion (If Applicable	ə)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acaov.ora		Date of Original Filing:		
2	Function or Event Infor			· . · · ·		(Month, Day, Year)	
	Does the agency have a ticke		Yes 🗌 No	Eace Value o	f Each Ticket/Pass \$ _	1200.00	
		. ,			,		
	Event Description Warriors v	Provide Title/Expl	anation	Date(s)		//	
	T 1 1/ MD / N 11 11		State Warriors				
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Golde				n State Warriors Name of Sou	Irce	
	Was ticket distribution made a	at the behest		If yes: Carsc	on, Keith		
	Was ticket distribution made at the behest No $\square$ Yes $\boxtimes$ If yes: $\square$ of agency official?				Official's Name (L	.ast, First)	
3.	Recipients						
	Use Section A to identify the agence	y's department or	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	public purpose made pursuant to the agency's policy		
		Pass(es)			to the ugency o policy		
	BOS Dist 5	4	To reward a County	employee for his or h	er exemplary service to		
			· · · · · · · · · · · · · · · · · · ·	the public or to encourage staff development			
	B. Name of Individua	al	Number of				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role	Other	Income	
				If checking "Ceremoni	al Role" or "Other" describe below:		
				Ceremonial Role	Other L al Role" or "Other" describe below:	Income	
				Ç r			
	C. Name of Outside Organ	ization	Number of Ticket(s)/	Describe the publ	ie purpese mede aurouet	· · · · · · · · · · · · · · · · · · ·	
	(include address and des	cription)	Pass(es)		ic purpose made pursuant	to the agency's policy	
4.	Verification						
		lations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance witl	the requirements.	
	signee		Print Name		Title		
	I hav Regu		Amy Shra	ago s	rth above, is in accordance with Supervisor's Assistant <sub>Title</sub>		

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

# Agency Report of: C 1.

C	eremonial Role Even	ts and Ho	cket/Pass	Distributions		A Public Document
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)	•		-	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			•	
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	1200.00
	Event Description Warriors v			Date(s)	4 <u>, 04 , 17</u>	//
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 Na			If no: Golde	n State Warriors Name of So	urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Carse	on, Keith Official's Name (i	Last, First)
	A. Name of Agency, Departme	punty   partment, or Region (If Applicable)   pervisors   Agency Contact (Name, Title)   ohone Number   695   amy.shrago@acgov.org   or Event Information   ency have a ticket policy?   potion   Warriors vs. Timberwolves   potion   Warriors vs. Timberwolves   potion   Warriors vs. Timberwolves   potion   Warriors vs. Timberwolves   provide Title/Explanation   s(es) provided by agency?   Yes   No   Yes   fficial?   b   b   name of individual   (Last, First)   Number of Ticket(s)/ Pass(es)   Number of Ticket(s)/ Pass(es) Chnical High School - PTA	Describe the put	olic purpose made pursuant	to the agency's policy	
		al	Ticket(s)/		Identify one of the follow	ing:
				Ceremonial Role If checking "Ceremon	Other D	Income
				Ceremonial Role If checking "Ceremor	Other is Oth	Income
			Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
	Oakland Technical High Scl 4351 Broadway, Oakland, C		4	To reward a schoo to the community.	l or nonprofit organizat	ion for its contributions

#### 4. Verification

1 h

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

			Amy Shrago	Supervisor's Assistant	03/15/17
• / •	<b>U</b> -	_ ,	Print Name	Title	(Month, Day, Year)
Comment:					

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shraqo Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information 800.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_\_\_\_ Yes 🗌 No 🛛 Event Description Warriors vs. Pelicans 08 , 17 04 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) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other 🔀 Ceremonial Role Income Carson, Keith If checking "Ceremonial Role" or "Other" describe below: 4 To promote tourism as a form of economic development. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

#### 4. Verification

I have the interview of the interview of

1. Agency Name					A Public Documen
Alameda County		Date Stamp	California 802 Form		
Division, Department, or Reg	ion (If Applicab	-	For Official Use Only		
	,				
Board of Supervisors					
Designated Agency Contact	(Name,Title)				
Amy Shrago				Amondmont (Atusta	rovide explanation in Part 3.)
Area Code/Phone Number	E-mail				roviαe explanation in Part 3.)
(510) 272-6695		@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Infor					
Does the agency have a ticke		Yes 🗌 No	🔀 🛛 Face Value	of Each Ticket/Pass \$ _	1200.00
Event Description Warriors v	/s. Lakers		$D_{ata}(a) = 0^4$	4 <u>12</u> 17	
	Provide Title/Exp	planation	Date(s)	/	//
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
				Name of So	urce
Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carse	on, Keith	
of agency official?				Official's Name (L	.ast, First)
3. Recipients					
Use Section A to identify the agency's department or unit.     Use Section B to identify an individ				ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
		Pass(es)			
D Name of Individu		Number of			
B. Name of Individua (Last, First)	aı	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other 🔀	Income
Simpson, Sam				nial Role" or "Other" describe below:	income L
		4	To reward a studer	nt for outstanding schol	lastic achievement.
			Ceremonial Role	Other	Income
			If checking "Ceremon	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
		+			
I. Verification				orth above, is in accordance with	

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

						A Public Documen	
-	ency Name		Date Stamp	California 802			
-	meda County			The out in the			
Divi	sion, Department, or Reg	i <b>on</b> (If Applicabl		For Official Use Only			
Boa	ard of Supervisors						
Des	Designated Agency Contact (Name, Title)				-		
Am	y Shrago						
Area	a Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(510	0) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
. Fur	nction or Event Infor	mation				(Wohth, Day, Year)	
Doe	s the agency have a ticke	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	1200.00		
Ever	nt Description <u>Warriors</u> v	lanation		3 <u>16 17</u>	//		
	et(s)/Pass(es) provided by		Yes 🗌 No	If no: Golde	n State Warriors Name of So	urce	
	ticket distribution made a agency official?	t the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name (I	.ast, First)	
. Rec	cipients						
• Use	e Section A to identify the agency	's department or	ual. • Use Section C to ident	ify an outside organization.			
Α.	Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	he public purpose made pursuant to the agency's policy		
<u></u>	Name of Individua		Number of				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
					Other D ial Role" or "Other" describe below:	Income	
	<u> </u>			Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income	
C.	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Pete 461	er Pan Cooperative Nurs 8 Allendale Ave., Oaklan	ery School d CA 94619	4	To reward a school to the community	or nonprofit organizati	on for its contributions	
Vori	fication						
I h.	PC Regula	ntions 18944.1 and	18942. I have vei	rified that the distribution set fo	orth above, is in accordance with	the requirements.	

Comment: \_\_\_\_

_	eremonial Role Events an	d licket/Pass	Distributions		A Public Documen			
1.	Agency Name	Date Stamp	California 802					
	Alameda County			,	Form 002			
	Division, Department, or Region (#A		For Official Use Only					
	Board of Supervisors							
	Designated Agency Contact (Name, The Contact (Name,	itle)		-				
	Amy Shrago							
	Area Code/Phone Number E-mail	· · · · · · · · · · · · · · · · · · ·			provide explanation in Part 3.)			
	(510) 272-6695 amy.s	shrago@acgov.org		Date of Original Filing:	(Month Day Yoar)			
2.	Function or Event Information	n			(wonur, Day, Year)			
	Does the agency have a ticket policy	? Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	950.00			
	Event Description Warriors vs. King				/			
	Event Description		//					
	Ticket(s)/Pass(es) provided by agend	n State Warriors						
		Name of Sc	burce					
	Was ticket distribution made at the be of agency official?	ehest No 🗌 Yes	If yes: Carso	on, Keith Official's Name (				
_				Official s Name (	Last, First)			
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
		Number of	Number of					
	A. Name of Agency, Department or Un	it Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy			
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:			
	(Last, First)	Pass(es)						
	Carson, Keith		Ceremonial Role		Income			
		4		ial Role" or "Other" describe below: or events that may red	quire County funding or			
			support in the near	future or to gather infi	ormation about the operation			
			Ceremonial Role					
			If checking "Ceremon	ial Role" or "Other" describe below:				
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy			
		Pass(es)						
			·					
	Verification							
	They -PPC Regulations 185			orth above, is in accordance wit				
	l or Designee	Amy Shra		Supervisor's Assistant	03/15/17			
	tor Designee	Print Name	9	Title	(Month, Day, Year)			

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

on (If Applicabl			Date Stamp	California 802	
on (If Applicabl					
on (If Applicabl	Alameda County Division, Department, or Region (If Applicable)				
Varne, Title)			-		
E-mail			Amendment (Must p	provide explanation in Part 3.)	
amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
nation				(Mohin, Day, Year)	
policy?	Yes 🗖 No	Face Value o	of Each Ticket/Pass \$ _	785.00	
lce					
Provide Title/Exp	lanation	Date(s)	<u> </u>	/	
agency?		In If no. Golde	n State Warriors		
			Name of So	Durce	
t the behest	No 🗌 Yes	If yes: Carso	on, Keith		
			Official's Name (	Last, First)	
's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	4	To reward a County the public or to enc	ard a County employee for his or her exemplary servic lic or to encourage staff development		
	Number of				
	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Income	
				Income	
	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
tions 18944 1 and	18942 / have vo	rified that the distribution act f	orth above is in executives.	ih the equipment of	
			Supervisor's Assistant	(Month, Day, Year)	
	nation policy? lce Provide Title/Exp agency? t the behest 's department or nt or Unit zation ription)	amy.shrago@acgov.org nation policy? Yes   No lce Provide Title/Explanation agency? Yes   No the behest No   Yes 's department or unit. • Use See nt or Unit Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es) 2 zation zation sription) Number of Ticket(s)/ Pass(es)	amy.shrago@acgov.org         nation         : policy?       Yes □       No ⊠       Face Value of Date(s)	amy.shrago@acgov.org       Date of Original Filing:         anation	

_		is and ne	JNCUP 455	Distributions		A Public Documer
1.	Agency Name				Date Stamp	California 802
	Alameda County			i onni e e e		
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			-	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrage	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor			·····		(Month, Day, Year)
	Does the agency have a ticke	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	75.00	
			_			
	Event Description Disney on Ice Date(s) Date(s)				<u> </u>	//
	Ticket(s)/Pass(es) provided by		If no. Golde	n State Warriors		
		Yes 🗌 No		Name of So	urce	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?			-	Official's Name (I	Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or		ction B to identify an Individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)		· · ·	
						••••••••••••••••••••••••••••••••••••••
	R Name of Individua		Number of			
	B. Name of Individua (Lest, First)	1	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other	Income
				If checking "Ceremor	nial Role" or "Other" describe below:	
					<u> </u>	
				Ceremonial Role	L Other L nial Role" or "Other" describe below:	Income
	C Name of Outside Organ	ization	Number of	Describe the web		
	(include address and des	cription)	Pass(es)	Describe the put	nic purpose made pursuant	to the agency's policy
	Progressive Missionary Bap	tist Church		To reward a school	or nonprofit organizat	ion for its contributions
	3301 King St, Berkeley, CA	94703	4	to the community	·····	
4.	Verification				· · · · · · · · · · · · · · · · · · ·	
		ations 18944.1 an	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance wit	h the requirements.
	signee		Print Nam		Title	(Month, Day, Year)
	v					
	(include address and des     Progressive Missionary Bap     3301 King St, Berkeley, CA     Verification     Ihε Regul	cription) otist Church 94703	Ticket(s)/ Pass(es) 4 d 18942. I have ve Amy Shra	To reward a school to the community rified that the distribution set f ago	Supervisor's Assistant	tion for its contribut

			Distributions		A Public Documen		
1. Agency Name		Date Stamp	California 802				
Alameda County	Alameda County Division, Department, or Region (If Applicable)				For Official Use Only		
		9)					
Board of Supervisors							
Designated Agency Co	ntact (Name, Title)						
Amy Shrago					provide explanation in Part 3.)		
Area Code/Phone Num							
(510) 272-6695		@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event					75.00		
Does the agency have	a ticket policy?	Yes 🗌 No		of Each Ticket/Pass \$ _	75.00		
Event Description Disr	ey on Ice		Date(s)03	8 _ 04 _ 17	030517		
	Provide Title/Exp	lanation					
Ticket(s)/Pass(es) prov	ided by agency?	Yes 🔲 No	If no: Golder	n State Warriors Name of So			
Was ticket distribution r	made at the behast		Sa Carso		urce		
of agency official?	hade at the beliest	No 🗌 Yes	If yes: Carso	Official's Name (	Last, First)		
3. Recipients	<u> </u>						
Use Section A to identify th	e agency's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.		
A. Name of Agency, D		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant			
BOS Dist 5		4	To reward a County employee for his or her exemplary service to the public or to encourage staff development				
BOS Dist 5		4		y employee for his or l ourage staff developn	ner exemplary service to nent		
B. Name of la (Last,		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
			Ceremonial Role If checking "Ceremon	Other Cher Cher" describe below:	Income		
- <u></u>				Other describe below:	Income		
C. Name of Outsid (include address		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
4. Verification	egulations 18944.1 and	d 18942. I have ve		orth above, is in accordance wi			

Comment: \_

Agency Name			A Public Documen				
Agency Name		Date Stamp	California 802				
Alameda County Division, Department, or Re	nion (If Appliable		Form OUZ For Official Use Only				
		e)					
Board of Supervisors							
Designated Agency Contact	. (Name, Title)						
Amy Shrago							
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)		
(510) 272-6695		@acgov.org		Date of Original Filing:	(Month, Day, Year)		
. Function or Event Info							
Does the agency have a tick		Yes 🗌 No	🗙 Face Value o	f Each Ticket/Pass \$ _			
Event Description Charlie W	/ilson		Date(s) 03	, 11 , 17	////		
	lanation	Date(s)		//			
Ticket(s)/Pass(es) provided t	Ticket(s)/Pass(es) provided by agency?			State Warriors			
Mon ticket distributions t	Ticket(s)/Pass(es) provided by agency? Yes No 🛛 If no: Golde			Name of So	urce		
Was ticket distribution made of agency official?	No 🗌 Yes	If yes: Carso	n, Keith Official's Name (i	act Fimt)			
					_aoi, FIIO()		
Recipients <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> <li>Use Section C to identify an outside organization.</li> </ul>							
A. Name of Agency, Department or Unit		Number of					
A. Name of Agency, Departm	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy			
BOS Dist 5	BOS Dist 5			employee for his or h	er exemplary service to		
		4	the public or to encourage staff development				
B. Name of Individu		Number of					
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
			Ceremonial Role	Other	Income		
			If checking "Ceremonia	al Role" or "Other" describe below:			
			Ceremonial Role	Other [] al Role" or "Other" describe below:	Income		
			in the starting benchmented	The of other describe below.			
C. Name of Outside Organ	nization	Number of	Describe the tri				
(include address and dea	scription)	Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy		
Verification		<u> </u>					
	lations 18944.1 and	18942. I have ver	ified that the distribution set for	th above, is in accordance with	the requirements		
		Amy Shra		upervisor's Assistant	03/15/17		

		Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County					
Division, Department, or Region (If Applicable,	)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Amy Shrago			Amendment (Must p	rovide explanation in Part 3.)	
Area Code/Phone Number E-mail	_			,	
(510) 272-6695 amy.shrago@	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information					
Does the agency have a ticket policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$ _	500.00	
Event Description Red Hot Chili Pepper	Event Description Red Hot Chili Pepper Date(s)				
Provide Title/Expla	12 , 17	//			
Ticket(s)/Pass(es) provided by agency?	n State Warriors				
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Olde				
Was ticket distribution made at the behest					
of agency official?	_		Official's Name (i	Last, First)	
3. Recipients					
Use Section A to identify the agency's department or u	al. • Use Section C to iden	tify 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)			to the ugency a policy	
	· · · · ·				
B. Name of Individual	Number of				
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
		Ceremonial Role	Other		
		If checking "Ceremoni	al Role" or "Other" describe below:		
		Ceremonial Role	Other	Income	
		If checking "Ceremoni	al Role" or "Other" describe below:		
	Number				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy	
	Pass(es)				
Peter Pan Cooperative Nursery School	4		or nonprofit organizat	ion for its contributions	
4618 Allendale Avenue, Oakland, CA 94	+	to the community.	-	-	
4. Verification					
I have read and understand EPCC Regulations 18944.1 and	18012 10000	rifind that the district of a	with a feature of the second		

A Public Document 1. Agency Name Date Stamp California Alameda County Form For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 250.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_\_\_\_ Yes 🗌 No 🖾 Event Description Panic at the Disco Date(s) 03 \_ 25 \_ 17 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 В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 4. C2PC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 1 hours and

_		its and Tro	cket/Pass	Distributions		A Public Documen		
	gency Name		Date Stamp	California 802				
	ameda County			Form OUZ For Official Use Only				
DIV	rision, Department, or Reg	<b>ion</b> (If Applicabl	le)			r or Official Ose Offiy		
	ard of Supervisors							
De	signated Agency Contact	(Name, Title)						
An	ny Shrago							
Are	ea Code/Phone Number	E-mail			_ [_] Amendment (Must p	provide explanation in Part 3.)		
(51	10) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Fu	Inction or Event Infor	mation		· · · · · · · · · · · · · · · · · · ·				
Do	es the agency have a ticke	et policy?	Yes 🗌 No	🔀 Face Value d	of Each Ticket/Pass \$ _	75.00		
Ev.	ent Description Disney on	Ice			3 , 01 , 17	//		
L V (		Provide Title/Exp	lanation	Date(s)		/		
Tic	ket(s)/Pass(es) provided b	Yes 🗌 No	IX If no: Golde	n State Warriors				
					Name of So	ource		
	s ticket distribution made a agency official?	at the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name (			
						Last, First)		
	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
A.		Number of						
А.	Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
BC	DS Dist 5		To reward a County employee for his or her exemplary service					
		4	the public or to encourage staff development					
В.	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the following:			
			Pass(es)					
					ial Role" or "Other" describe below:	Income		
	<u> </u>			Ceremonial Role	Other			
					ial Role" or "Other" describe below:	Income		
_		Number of						
C.	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy			
			Fass(es)					
<u> </u>								
4. Vei Thav	rification	ations 100111 -	110010 14-					
i nav	egui	auons 18944,1 and			orth above, is in accordance wit			
	5		Amy Shra		Supervisor's Assistant	03/15/17		
	inee ynee		Print Name	e	Title	(Month, Day, Year)		
Cor	nment:							
		to and me		Distributions		A Public Document		
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1. Agency N	ame				Date Stamp	California 802		
Alameda C	ounty							
Division, De	partment, or Reg	ion (If Applicabl	-	For Official Use Only				
Board of Su	upervisors							
	Agency Contact	(Name, Title)			-			
Amy Shrag	o							
	hone Number	E-mail			Amendment (Must pl	rovide explanation in Part 3.)		
(510) 272-6	695	amy.shrago	@acgov.org	s.	Date of Original Filing:	(Month, Day, Year)		
2. Function	or Event Infor	mation				(110111, 049, 1047)		
Does the ag	ency have a ticke	t policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$ _	75.00		
Event Deeer	iption <u>Disney on</u>	lce			3 <u>02 17</u>	1 1		
Event Descr		Provide Title/Exp	lanation	Date(s)		//		
Ticket(s)/Pa	ss(es) provided b	v agencv?	Yes 🗌 No	Ist If no: Golde	en State Warriors			
					Name of So	urce		
Was ticket d of agency of	istribution made a	at the behest	No 🗌 Yes	If yes: Cars	on, Keith			
					Official's Name (I	.ast, First)		
3. Recipient		v'e department er	unit a Llos Cor	ation D to identify on individ	lual. • Use Section C to ident	14 · · · · · · · · · · · · · · · · · · ·		
			Number of					
A. Name	of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy		
		<u> </u>						
В.	Name of Individu	al	Number of Ticket(s)/		Identify one of the followi	na:		
	(Last, First)		Pass(es)					
Hong, Ailee	n			Ceremonial Role	nial Role" or "Other" describe below:	Income		
			4	, v	ance at a County spon	sored event or event		
				held at a County fa	acility in order to maxim	ize potential County rev		
-				Ceremonial Role	Other			
				If checking "Ceremo	nial Role" or "Other" describe below:			
			Number					
	me of Outside Organ ude address and des		Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy		
			Pass(es)					
	·							
<b>4. V</b> ( <sup>ε</sup> ·································		lations 180// /	d 18012 1 hours	rified that the distribution of	forth above 1-1-1-1			
1 / 16	ro Regu	iauuns 10944.1 an			forth above, is in accordance with			
	- 0(		Amy Shr		Supervisor's Assistant	03/15/17		
	r Designee V		Print Nam	ю	Title	(Month, Day, Year)		

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Ceremonial Role Events and Ticket/Pass Distribution	S A Public Documen
1. Agency Name	Date Stamp California
Alameda County	Form
Division, Department, or Region (If Applicable)	For Olficial Use Only
Board of Supervisors	
Designated Agency Contact (Name, Tille)	
Lee Ann Fergerson, Supervisor's Assistant	Amendment (Must provide explanation in Part 3.)
Area Code/Phone Number E-mail	
(510) 272-6691 leeann.fergerson@acgov.org	Dale of Original Filing:(Month Day, Year)
2. Function or Event Information	
	ue of Each Ticket/Pass \$
Event Description Kanl at the DISCO Date(s)	3 12517
Provida Tiuarexpranațion	35(1)
Ticket(s)/Pass(es) provided by agency? Yes W No I If no:	Name of Source
Was ticket distribution made at the behest No 🖂 Yes	Alameda County Supervisor Scott Haggerty, D 1
of agency official?	Officiel's Nerne (Lest, First)
3. Recipients	na presto de transferio en la franta el presto presto de la constructiona de la constructiona de la construcció
Use Section A to identify the agency's department or unit.      Use Section B to identify an indi	ividual. • Use Section C to identify an outside organization.
A. Name of Agency, Department on Unit Trackous)	public:puppese madelpursuant to the agoncy's policy
ter dat even generatet hen fredersk var far saktiger. Santrageren e hanne henne henne henne henne henne henne h	<u>, na provinsk prostovalska stalika stali soviče prostavska sa stali je</u>
	versight of facilities or events that have
	······································
B. Name of Individual and Article Page of Arti	(dentily one of therrollowing)
	bte attendance at a county sponsored $\prod_{n=1}^{\infty}$
	order to maximize potential county e for concession and parking sales
Coramonial Rol I sherking 'Conse	ile 🔲 Olher 🛄 Income 🛄 monial Role" or "Other" doscriba balow:
C. Name of Outside Organization Ticki (a) Describe the provident of the providence o	il bilc purpose mada purevant to the agency's polloy
To reward a	school or non-profit organization for
	ontributions to the community
1 and 18942. I have verified that the distribution se	el forth ebove, is in accordanco with the requirements.
Lee Ann Fergerson	Supervisor's Assistant 3/27/15
Pdnt Namo	Til'o (Mogth, Day, Yogt)
	' /
Comment:	FPPC Form 802 (4/12) EPPC Toll-Free Helpline: 866/ASK-FPPC (855/275-7772)

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

and the second se	and the second se		s Distributi		A Public Documer
. Agencý Name				Date Stamp	Core christle
Alameda County	_				ROKIN CAU
Division, Department, or Reg	ilon (If Applica	ble)			For Olficial Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Tille)				
Lee Ann Fergerson, Superv	lsor's Assist	ant			
Area Code/Phone Number	E-mail			Amonoment (A:	us) provida explanation in Part 3.)
(510) 272-6691	-	erson@acg	ov.org	Date of Original Fill	ng:(Konih, Day, Year)
. Function or Event inform					JEM
Does the agency have a licke	t policy?	, Yes A-N	Face '	Value of Each Tickel/Pass	\$
Event Description	<u> </u>	CE	Date(s	3117	
	Provida Tille/Exj	olanaljon		CEDT	
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Was ticket distribution made a	Lihe bebest	No El Ye		Alameda County Supe	Frvisor Scott Haggerty, D
of agency official?			if yes:	Officiel's Nan	nə (Lasi, Firsi)
Recipients	in all yours in the present of it was at the	no den 15 meret - sen di pare		and a second statement of the product of the second statement of the second statem	<u></u>
<ul> <li>Use Section A to identify the agency</li> </ul>		unll. • Uso Se	the second s		
A. Nemerof Agency, Departified	n os Unit	L. Nimbor of Tickolls)/ L. TEROIS	Describe	្រាប់ អូល ក្នុងព្រៃ (សារស្រ្តី និង សារស្រ្ត អូល ក្នុងព្រៃ (សារស្រ្ត និង សារស្រ្ត (សារស្រ្ត សារស្រ្ត (សារស្រ្ត (សារស្រ្	ធិពិដែលដាំម៉ាញបីពសូវទី គួលវ៉ៃទីស្តី
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and off	rie		exemplarγ	service to the public o	r to encourage
Board		14	staff devel	opment	_
B. Name of Individual		INIUMDATION TICKOLON Rappiesh		dentiliy on of the following t	oving:
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				d a school or non-profit ( contributions to the cor	
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Verification	150 44 4	(1)023 ( baus	nifed that the distribution	on set forth eboun is in according of	with the requirements
				on sel forth ebovo, is in accordance Supervisoria Accieta	2117
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FPPC Toll-Froe Holpline: 866/ASK-FPPC (866/275-7772)

Ceremonial Role Events an	IU HICKEUFAS	S DISCINGUOUS		A Public Documen
. Agency Name			Dale Stamp	California
Alameda County				Form
Division, Department, or Region (If A	(pplicable)			For Olficial Use Only
Board of Supervisors				
Designated Agency Contact (Name, T	ille)			
Lee Ann Fergerson, Supervisor's A	Assistant			
Area Code/Phone Number E-mai	Ī			provida explanation in Parl 3.)
(510) 272-6691 leean	n.fergerson@acg	lov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			n Chrysleyn yw yn	<u>na na ang ang ang ang ang ang ang ang an</u>
Does the agency have a ticket policy	The same in the	$\mathbf{v}$	of Each Ticket/Pass \$ _	
Event Description Provipa	on ) ce	Date(s)	3,2,17	//
Ticket(s)/Pass(es) provided by agenc			SIN	
nekellasin asalesi providen by agent	cy? Yes 🗖 No		Name of So	Urco
Was ticket distribution made at the be	ehest No 🗖 Ye	s If yes:	Official's Neme (	risor Scott Haggerty, D
of agency official?	and a second state of the second of		Officiel's Neme (	Last, Hrsi)
Recipients     Use Soction A to Identify the agency's depart	ment or unit. • Use Si	ection B to Identify an Indivi	dual. • Uso Section C to Iden	lify an outside omanization.
A. Namerol Agency, Department or Uni	Pass(es)			
		To obtain ove	ersight of facilities or ev	ents that have
		received Cou	inty funding or support	
	Ses skill (Numbario)			
B.	Numbarof Tickaus) Papelool		(Identify, one of theffollow)	
Healler MCC.		To promote	e attendance at a cou	Inty sponsored
Heather McGr	any	event in c	order to maximize pot	ential county
	ţ.	revenue	for concession and p	arking sales
		Coromonial Role		Income 🗌
		If checking 'Ceremo	nial Role" or "Other" describe below:	
	A CALER NUMBER			
Namo of Outside Organization It (Include address) and description).	Numberof Tickol(a) Pass(as)	Describe Una pu	Blicpurpose made pursuant:	to the agency's policy
		]		
			chool or non-profit org	
•		Its con	tributions to the comn	nunity
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				# ·
	ROD COMPANY TO THE PACE OF			and a state of the
Verification	.1 and 18942. I have ve Lee Ann Fer		forth ebove, is in accordanco with Supervisor's Assistant	the requirements

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

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Ceremonial Role Events and T	icket/Pass Dist	ributions		A Public Document		
1. Agency Name	n an		Date Stamp	California QO2		
Alameda County						
Division, Department, or Region (If Application	ble)			For Olficial Use Only		
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name, Tille)						
Lee Ann Fergerson, Supervisor's Assist	ant	-	Amendment (Must p			
Area Code/Phone Number E-mail	·····			юмов вхранавол и нап 5.5		
	jerson@acgov.org		Date of Original Filing: .	(Month, Day, Year)		
2. Function or Event Information				25.00		
Does lhe agency have a ticket policy?	Yes No	Face Value of I	Each Ticket/Pass \$			
Event Description Provide Tillo/Ex	<u>C</u>	Date(s)	1214			
		1 65	1N			
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🗍	If no:	Name of Sou	inco		
Was ticket distribution made at the behest	No 🗖 Yes 🗖	If yes:	Official's Name (L	sor Scott Haggerty, D 1		
of agency official?	an an den se de service se sub de la constant de service de service de service de service de service de service	a Sana ana amin'ny fisia dia mampika di	Officiel's Nama (L	asi, Firsi)		
3. Recipients • Use Soction A to identify the agency's department of	r unit. • Use Section B to	identify an Individual.	• Use Section C to Identi	fy an outside organization.		
A. Nomeof Agency, Department or Unit			puppeo madeipursuanti			
Dy Local -	т То	reward a Coun	ty employee for hi	s or her		
VISTRICE I	exe	emplary service	to the public or to			
	t sta	ff development				
B. Name plindviduat	Number of . Tickets/ Rabilos)		dentily che of theffollowin	9		
		event in ord	ttendance at a cou er to maximize pot concession and p	ential county		
		Ceremonial Role	Other	Іпсолта 🔲		
		lf checking 'Ceremonial R	als" or "Other" describe below:			
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C. Nama of Cutside Organization ((Actual address and description)	Numberoji Tičku (a)/ Hass(asi					
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· · ·			ool or non-profit orga utions to the comm			
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£	d 18942. I have verified that t	he distribution set forth	ebove, is in accordance with	(he requirements. 👔 📔 🔒		
	Lee Ann Fergerson		pervisor's Assistant	3/1/17		
	Print Namo		Tito	(Modih, Day, Yeas)		
				1 V		
Comment:		<u></u>		FPPC Form 802 (4/12)		

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

Ceremonial Role Events and Ticket/Pa	ss Distributions		A Public Documen
1. Agency Name		Date Stamp	California 202
Alameda County			Form
Division, Department, or Region (If Applicable)			For Olficial Use Only
Board of Supervisors			
Designated Agency Contact (Name, Title)		-	
Lee Ann Fergerson, Supervisor's Assistant			
Area Code/Phone Number E-mail		_ [_] Amendment (Must	provide explanation in Part 3.)
(510) 272-6691 leeann.fergerson@ac	gov.org	Date of Original Filing:	(Month Day, Year)
2. Function or Event Information			
Does the agency have a ticket policy? Yes 💟	No 🔲 🛛 Face Value (	of Each Ticket/Pass \$ _	
Event Description <u>PIS. On Ice</u>	Date(s)	3,4,12	) I
Provida Title/Explanațion	Date(s)		
Ticket(s)/Pass(es) provided by agency? Yes 🔲 N	No 🗍 If no:	Name of Sc	
	Ala	meda County Superv	isor Scott Haggerty D 1
Was ticket distribution made at the behest No 🛄 Ya of agency official?	es 🔲 If yes:	Official's Name (	Lasi, Firsi)
3. Recipients	an be be a management of the set of the service of Mahamata based. Now a	A man a fan an a	
• Use Section A to identify the agency's department or unit. • Use	Section B to identify an individu	ual. • Use Section C to Iden	tify an outside organization.
A. Nameror Agency. Department or Unit	Describeute pub	្រះក្រុមព្រំទទួល ក្រាតចុចប្រមានប្រតាព	lo.the agoncy's policy
		sight of facilities or ev	ents that have
	received Cour	ity funding or support	
B. Number B		lideritily one of therrollow	19 19
Jennifer Lillard 4		attendance at a cou	
October Der Werter	event in or	der to maximize pot	ential county
	revenue fe	or concession and p	arking sales
	Coremonial Role	Olher	Incoma 🔲
	V checking "Caremoni	al Role" or "Other" describe below:	
	na stronger for the state of the		
C. Name of Outside Organization Traker(o) Traker(o) Include address and description.	Describe the publ	c purpose mada pursuant	to the agency's policy
		and a sharked a meeting with the could fill a frequency of	
		hool or non-profit org	
1   9)	— its conti	ributions to the comn	nunity
	*******		• • • =
Verifixation	<u>อากไหล่งหมายสารสารสารสารสารสารสารสารสาร</u> สารสาร		<u>, , , , , , , , , , , , , , , , , , , </u>
18944.1 and 18942. I have	verified that the distribution set for	rth ebove, is in accordance with	the requirements.
Lee Ann Fe		Supervisor's Assistant	2/20/17
Signature of Agency Hostiger Contignets Print Ne	ano	Ti!'0	(Month, Day, Your)
Comment:			
		PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12)

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

Ceremonial Role Eve	nts and Ti	cket/Pas	s Distributions	•	A Public Documen
1. Agency Name	a ana ang sa	Dale Stamp	California 902		
Alameda County					Form
Division, Department, or Re	egion (If Applicab		For Official Use Only		
Board of Supervisors	100				
Designated Agency Contac	t (Name, Tille)				
Lee Ann Fergerson, Supe	rvisor's Assista	ant			
Area Code/Phone Number	E-mail		provide explanation in Part 3.)		
(510) 272-6691	leeann.ferg	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Info		<i>(</i>			75.00
Does the agency have a ticl	ket policy?	Yes 🔲 No	Face Value	of Each Ticket/Pass \$_	19.00
Event Description	neyon	Ice	Date(s)	5,5,17	······
	Provida Tilla/Exp	lanațion	G	510)	
Ticket(s)/Pass(es) provided	by agency?	Yes 🖾 No		Name of Sc	UCO
Was ticket distribution made	at the behest	No 🗌 Yes	Ala If yes:		visor Scott Haggerty, D 1
of agency official?			11 yes	Official's Nama (	Last, First)
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DISTRICT	1	4	To reward a Co	unty employee for h	is or her
	exemplary servi		ice to the public or t	o encourage	
			staff developm	ent	
B. Name of Individ		Number of . Tickeys)/ Papelos):		Identity one of theffollow	ng:
			To promote event in c	e attendance at a co order to maximize po for concession and	unty sponsored <sup>10</sup> Itential county
an a			Coromonial Role	Other	Income
			If checking 'Ceremor	al Rolo" or "Other" describe below:	
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C. Name of Outside Orga	nization scription)	Numberof fildket(o)/ Pass(os)	Describe the pub	lic;purposo mada pursuant	to the agency spolicy
	an cind a second that is the se	100012002020202020	an and an	an an the constraints and a manufacture of the second state of the	
				chool or non-profit org	
	-		its con	tributions to the comm	nunity
			·		
4. Verification				- <u> </u>	anan da kanan k
	1944,1 and	18942. I have ve	rified that the distribution set f	orth ebove, is in accordance will	the requirements.
	. <u> </u>	ee Ann Fer	<u></u>	Supervisor's Assistant	3-2-17
		Print Norm	0	17150	(Month, Day, Yeat)
Comment:	) 			• • • • • • • • • • • • • • • • • • •	
	-3			FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

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			s Distributions		A Public Documer
Agency Name				Dale Stamp	California R02
Alameda County					Form
Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (	(Name, Tille)				
Lee Ann Fergerson, Superv	isor's Assista	nt			
Area Code/Phone Number	E-mail			Amenoment (Music)	provide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acg	ov.org	Date of Original Filing:	(Monih, Day, Year)
Function or Event Inform	mation		n an		
Does the agency have a ticke	t policy?	Yes D No	Face Value of	of Each Ticket/Pass \$_	
Event Description	DUNG	AM	Date(s) <u></u>	,10,17	
	Provida Tille/Expl	lanalion			
Ticket(s)/Pass(es) provided by	agency?	Yes 😰 No		W Name of Sc	01/700
Was ticket distribution made a	t the heheet	- 	Ala		visor Scott Haggerty, D
of agency official?		No 🗌 Yes	K If yes:	Officiel's Nama (	
Recipients		na an ann an Anna Anna Anna Anna Anna A		an a	
· Use Section A to identify the agency	's department or	unit. • Uso Se	ction B to Identify an Individu	ial. • Uso Section C to Iden	tify an outside organization.
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				sight of facilities or ev	ents that have
			received Coun	ty funding or support	
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FICHIPICTIC V	(19.1	4		der to maximize pot	
		1			ential county
			revenue to	or concession and p	
			Coromonial Role		
			Ceromonial Role		arking sales
			Ceromonial Role	Olher	arking sales
	E. Paragrafiant etc. 1999		Caramonizi Role [ If checking "Caremoni	Diher	noorme []
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Nomoof/Culsitle Organiz ([ rcjude]addressand@osc	alion Helloni	Nurobanof Tickuloj Passioni	Caramonial Role [ If checking 'Caremonia Doscribes'/raipubli	Diher	arking sales
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C. Namo of Cuiside Organia (Ilocuide) address and dosc	15 18944.1 and	16942. I hava va	Coromonial Role [ If checking 'Coremonial Describe (notput) To reward a sc its contr	Other	arking sales Income
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FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

eremonial Role Events	s and Tic	cket/Pass Di	stributions	•	A Public Documen
Agency Name	<u>A MA A LA A</u> Angenada Ing	and a second construction of the second s		Dale Stamp	California 202
Alameda County					e form
Division, Department, or Regio	n (If Applicabl	le)			For Official Use Only
Board of Supervisors	2				
Designated Agency Contact (N	ame,Tille)				
Lee Ann Fergerson, Supervis	or's Assista	nt			
Area Code/Phone Number E	-mail	۵۰	<u></u>		provide explanation in Part 3.)
(510) 272-6691	eeann.ferge	erson@acgov.org	3	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	ation	na na shekariya ka Mana kayangan da ku ta ka sa	n na han san sa kana kana kana sa kana sa kana kan	n an	م میں بی میں میں اور
Does the agency have a ticket p	olicy?	Yes 🗗 No 🗆	Face Value o	of Each Ticket/Pass \$ -	
Event Description Charl		son	. $Date(s) $	, 11, 17	
F	rovida Tilla/Expl	lanetion			
Ticket(s)/Pass(es) provided by a	igency?	Ye No	lf no:	Name of Se	
Africa Malente all'adollari di su ancada dat t	heheboot	(	Alar	meda County Superv	/isor Scott Haggerty, D 1
Nas ticket distribution made at t of agency official?	ne penesi	No 🗀 Yes 📴	if yes;	Officiel's Name	Last, Firsi)
Recipients		nationala ana ang ang ang ang ang ang ang ang an			n an
<ul> <li>Use Socian A to identify the agency's</li> </ul>	department or	unit. 🔹 Use Section B	to identify an individu	al. • Use Section C to Ider	llfy an outside organization.
A. Name of Agency, Department	or Unit	Number of Tickot(s)	Describe the pub	lic:pumpse madelpursuan	l lo lhe egoncy s pollcy
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				inty employee for h	
			taff developme	ce to the public or t	o encourage
		5	tan developme	111	
Namo pli individual		Nunberol Tickousi Papelosi		(identify one of thereijow	
		Capelool:			
Anthony Hoo	Low			attendance at a co	
1.00	n cr	4		rder to maximize po	
			revenue	for concession and	parking sales
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	-		If checking 'Caremonia	al Rols" or "Other" describe below:	
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Name of Oulside Organiza		Numberofi fickol(p)/ (Pass(es)		cpurpose mada pursuant	to the sinency site of the
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a a second and the second s		ala ang ang ang ang ang ang ang ang ang an			
				rth ebove, Is in accordance wit	$\gamma$ $\eta$ $(7)$
		ee Ann Fergerso	<u> </u>	Supervisor's Assistant	(Month, Day, Year)
· ( )/ /		r nn Nanis			
	<i>\</i>				EDDO E 005 /4/44
-	)		F	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Ticl	ket/Pass Dis	tributions		A Public Document			
1. Agency Name			Date Stamp	California 202			
Alameda County				Form For Olficial Use Only			
Division, Department, or Region (If Applicable)	Board of Supervisors						
•							
Designated Agency Contact (Name, Tille)							
Lee Ann Fergerson, Supervisor's Assistan	t		D Amandmant (Husto	rovide explanation in Part 3.)			
Area Code/Phone Number E-mail				novida explanadon in Part 3.)			
(510) 272-6691 leeann.ferger	son@acgov.org		Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information							
	Yes 🖾 No 🗆	Face Value o	of Each Ticket/Pass \$				
Event Description Red Hot Chill	Peppers	Date(s) <u></u>	,12,17				
Provida Title/Explar	alion		- 4.)				
Ticket(s)/Pass(es) provided by agency?	/es 🛛 No 🗖	lf no: 92	Name of Sol	1000			
Was ticket distribution made at the behest		Ala	meda County Superv	isor Scott Haggerty, D 1			
of agency official?	No 🗖 Yes <table-cell></table-cell>	If yes:	Official's Nerne (L	.asi, Firsi)			
3. Recipients			te – New York, bei ein geleind og sen kriss procediere i sinder for ein software i einer som som som som som s	anna an Barra a' anna a' airte an ann an ann an an an an an an an an a			
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			ity funding of support				
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OCANI O IBVICUI			der to maximize pote or concession and pa				
		Ceremonial Role	Other al Role" or "Other" describe below:	incoma			
(34)							
C. Name of Outside Organization	Number of Tickol(p)/ [Pass(os)	Describe their ub	icipurpose made pursuant t	o the agency spolley			
(Include addrees) and description)	Fass(os)						
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<u>.</u>			hool or non-profit org ributions to the comm				
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				and the second secon			
1894d 1 and 16	942. I have verified that	the distribution set fo	rth ebove, is in accordance with	the requirements.			
	e Ann Fergerson		Supervisor's Assistant	2-13-17			
	Print Name		1/20	(Monih, Day, Year)			
ч <u> </u>							
Comment:	·····	المامة اليلة باليانية (مسالحة مسارحة التاريخ <mark>من من</mark>	مېر د مېرون و مېرون و مېرو و ورو و ورو و و و و و و و و و و و و	FPPC Form 802 (4/12)			

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

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Α	P	ub	lic	Do	cur	nent
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0	eremonial Role Lyents and Tich	<b>NGUI 433</b>	Distributions		A Public Document		
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)			-			
	Nancy Sa						
	Area Code/Phone Number E-mail	-					
	(510) 272-6692 nancy.sa@ad	cgov.org		Date of Original Filing: _	(Month, Day, Year)		
2	Function or Event Information		n land hig sina bayan an ing sana ang sina ang s				
		Yes 🖪 No	Face Value of	of Each Ticket/Pass \$	800		
	Warriors vs. Philadelphia						
	Event Description		Date(s)	/	/		
	Ticket(s)/Pass(es) provided by agency?	Yes 🖸 No	Golde	n State Warriors			
	novel(s) rass(es) provided by agency:		Name of Sou				
	Was ticket distribution made at the behest No O Yes I Yes: Valle			, Richard- Supervisor D	District 2		
	of agency official?	Official's Name (L	ast, First)				
3.	Recipients						
	• Use Section A to identify the agency's department or u	ual. • Use Section C to identi	ify an outside organization.				
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	·						
		Number of		1278.30			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:		
		Fass(es)	Ceremonial Role	Other	Income		
				nial Role" or "Other" describe below:			
	·			Press Press			
			Ceremonial Role	L Other L nial Role" or "Other" describe below:	Income		
	C. Name of Outside Organization	Number of	Describe the put	olic purpose made pursuant	to the agency's policy		
	(include address and description)	Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuant	to the agency's policy		
	The Sunol Business Guild; PO Box 208,	4		ofit organization for its	contributions to the		
	Sunol, CA 94568	4	community.				
	Improves and maintains the town of sunol, supports local non profits						
4	Verification						
		18942. I have ve	erified that the distribution set i	forth above, is in accordance with	the requirements.		
		Nancy	Sa	Supervisor's Assistant	03/31/17		

Comment: \_

## **Agency Report of:** C

C	eremonial Role Events and	d Ticket/Pass		A Public Document	
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form GOZ
	Division, Department, or Region (If Ap	pplicable)			
	Board of Supervisors				
	Designated Agency Contact (Name, Tit	tle)			
	Nancy Sa				provide explanation in Part 3.)
	Area Code/Phone Number E-mail				
	(510) 272-6692 nancy	.sa@acgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Information				1,350
	Does the agency have a ticket policy'	? Yes 🖾 No	<b>D</b> Face Value	of Each Ticket/Pass \$ _	.,
	Warriors vs. Bost	on Celtics	Date(s)	3 08 17	/
	Event Description	Title/Explanation			
	Ticket(s)/Pass(es) provided by agence	y? Yes 🖸 No	Golde	n State Warriors	
	Valle Disbard Superviser District 2				
	Was ticket distribution made at the be of agency official?	ehest No 🖸 Yes	If yes: Valle	Official's Name	(Last, First)
3.	Recipients				
	• Use Section A to identify the agency's depart		ection B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Uni	it Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	t to the agency's policy
-					
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Lindsey, Tommy		Ceremonial Role		Income
	Linusey, forminy	4	If checking "Ceremo To reward a comm	nial Role" or "Other" describe below nunity volunteer for his	service to the public.
			Ceremonial Role	Other	Income
		4	If checking "Ceremo	nial Role" or "Other" describe below	:
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy

#### 4. Verification

	-	 	 -	
	I h			

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

/		Nancy Sa	Supervisor's Assistant	03/31/17
-	Signature of Agency riseau of Designee	Print Name	Title	(Month, Day, Year)

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

Comment: \_\_

A Public Document

0						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					rom
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only
	Board of Supervisors					
	•	Designated Agency Contact (Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				197 50
	Does the agency have a ticke	t policy?	Yes 🚺 No	Face Value of	of Each Ticket/Pass \$	187.50
	Charlie W	ilson		Dete(a) 00	3 , 11 , 17	1 1
	Event Description	Provide Title/Exp	lanation	Date(s)	//	/
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🖸 No		n State Warriors	
		y agonoy.			Name of Sou	
Was ticket distribution made at the behest No 🖸 Yes 🗐 If yes: Valle, Richard- Su		, Richard- Supervisor L	District 2			
	of agency official?	cy official? Official's Name (Last, First)				
3.	Recipients			di su Prista i di sudi di si di s	unt - Une Section C to ident	the an autolida argonization
	Use Section A to identify the agence	y's department or	Number of			
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the followi	ng:
	(Last, First)		Pass(es)			
	Rowe, Darryl		2	Ceremonial Role If checking "Ceremo To reward a comm	Dether X nial Role" or "Other" describe below: unity volunteer for his s	Income L
				Ceremonial Role	Other 🔀	Income
	Bossett, Charles		2	If checking "Ceremo	nial Role" or "Other" describe below:	
			-	To reward a comm	unity volunteer for his s	service to the public.
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)			
4.	Verification		L	L		
	Regi	ılations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance with	
			Nancy S	Sa	Supervisor's Assistant	03/31/17
	signed	9	Print Nam	10	Title	(Month, Day, Year)

A Public Document

U		to and no	Nour ass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicable	)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Nancy Sa					avide evelopetion in Dert 21	
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation				75	
	Does the agency have a ticke	et policy?	Yes 🚺 No	Face Value c	of Each Ticket/Pass \$		
	Disney on Event Description	Ice		03 Date(s)	3 1 17	03	
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🖸 No		n State Warriors		
					Name of Sou		
	Was ticket distribution made a of agency official?	at the behest	No 🖸 Yes	lf yes: <u>valle</u> ,	Richard- Supervisor District 2 Official's Name (Last, First)		
3.	Recipients <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> <li>Use Section C to identify an outside organization.</li> </ul>						
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	Mendoz, Eleazar			Ceremonial Role	Other 🔀	Income	
			4	If checking "Ceremon To reward a comm	ial Role" or "Other" describe below: unity volunteer for his s	service to the public.	
				Ceremonial Role	Other 🔀	Income	
	Mu, Wei Jie		4	If checking "Ceremon To reward a commu	ial Role" or "Other" describe below: unity volunteer for her		
				To reward a comm			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	Describe the public purpose made pursuant to the agency		
	(include address and de	scription)	Pass(es)		- Failesse mane briedant	te ma againay a policy	
4.	Verification						

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

	Nancy Sa	Supervisor's Assistant	03/31/17
Signature of Agency Head or Design	nee Print Name	Title	(Month, Day, Year)

Comment: \_



#### Agency Name

Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:
(Last, First) Ramirez, Soraya	Pass(es) 4	Ceremonial Role Dother March Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
Hernandez, Ana	4	Ceremonial Role Other Molecular Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
Pena, Adriel	4	Ceremonial Role Dother X income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
		Ceremonial Role Dother Market Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

**A Public Document** 

1.	Agency Name			Date Stamp	California 802	
	Alameda County				For Official Use Only	
	Division, Department, or Region (If Applicable)				For Onicial Use Only	
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Nancy Sa			Amendment (Must pro	Must provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			····,	
	(510) 272-6692	nancy.sa@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation			1200	
	Does the agency have a ticke	et policy? Yes 🖬 No 🖸	Face Value o	f Each Ticket/Pass \$		
		rs. Houston Rockets	03	31 17	1 1	
	Event Description	Provide Title/Explanation	Date(s)			
	Ticket(s)/Pass(es) provided b	y agency? Yes 🖸 No 菌	Golder	1 State Warriors Name of Sour	ce	
	Was ticket distribution made a	at the behest 🛛 No 🖸 Yes 菌	If year. Valle,	Richard- Supervisor D	istrict 2	
	of agency official?		II yes	Official's Name (La	st, First)	
3.	Recipients					

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County Public Health	8	To reward a County employee for his exemplary service to the public
Alameda County Probation	2	To reward a County employee for his exemplary service to the public.
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Bremond, Kevin	1	Ceremonial Role Conter Market Income Income Conter to the public.
Dees, Harold	1	Ceremonial Role Other Management Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification

I have seed and seedend CODO Doowlat	ions 18944.1 and 18942. I have verified that the distrib	ution set forth above, is in accordance with the red	quirements.
-	Nancy Sa	Supervisor's Assistant	03/31/17

	Print Name	Title	(Month, Day, Year)

Includes 4 parking passes at the value of \$30 each.



#### Agency Name

Alameda County

#### 3. Recipients

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

Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Pass(es)	Identify one of the following:
1	Ceremonial Role Other March Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
1	Ceremonial Role Conter Solution Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
2	Ceremonial Role Cother Ceremonial Role Cother Ceremonial Role" or "Other" Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
2	Ceremonial Role Conter Ceremonial Role" or "Other Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Ticket(s)/ Pass(es)         Number of Ticket(s)/ Pass(es)         1         1         2         2         Number of Ticket(s)/

# Agency Report of:

)ocumei	A Public [		inputions	curass D	its and no	eremonial Role Even	
802	California	Date Stamp				Agency Name	1.
002	Form					Alameda County	
Use Only	For Officia				<b>jion</b> (If Applicable,	Division, Department, or Reg	
						Board of Supervisors	
					(Name, Title)	Designated Agency Contact	
1 Part 3.)	ovide explanation i	Amendment (Must pro			E-mail	Nancy Sa Area Code/Phone Number	
25)	(Month, Day, Ye	Date of Original Filing: _		aov.ora	nancy.sa@a	(510) 272-6692	
	(Monui, Day, Te			33	-	Function or Event Infor	2
75		f Each Ticket/Pass \$	Face Value of	/es 🙆 No 🖸		Does the agency have a ticke	<b>Ľ.</b>
						Jeff Dunha	
_/	/		03 Date(s)	ation	Provide Title/Expla	Event Description	
		n State Warriors	Golden			Ticket(s)/Pass(es) provided b	
		Name of Sou		/es 🖸 No 🔯	by agency?	Tickel(s)/Pass(es) provided b	
	District 2	Richard- Supervisor D Official's Name (La	If yes: Valle,	No 🖸 Yes 📓	at the behest	Was ticket distribution made a	
	.ast, First)	Official's Name (La	-			of agency official?	
				Pass(es)			
	ng:	Identify one of the followin		Number of Ticket(s)/ Pass(es)	al	B. Name of Individu	
Income		Other	Ceremonial Role	Fass(es)			
	service to the	ial Role" or "Other" describe below: unity volunteer for his s				Isais, Antonio	
Income		Other 🐱 ial Role" or "Other" describe below:	Ceremonial Role				
olicy	to the agency's	lic purpose made pursuant t	Describe the publ	Number of Ticket(s)/ Pass(es)		C. Name of Outside Organ (include address and dea	
10	to the agency's j	lic purpose made pursuant t	Describe the publ	Ticket(s)/			

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

	Nancy Sa	Supervisor's Assistant	03/31/17
Signature of Agency Head or Designee	Print Name	Titie	(Month, Day, Year)
Comment:			

Agency Name   Alameda County   Division, Department, or Region (// Applicable)   Board of Supervisors   Designated Agency Contact (Name, Title)   Nancy Sa   Area Code/Phone Number   [510] 272-6892   nancy.sa@acgov.org   2. Function or Event Information   Does the agency have a tickle policy?   Yes @ No ]   Warriors vs. Sacramentol Kings   Event Description   Provide TitleEptematon   Ticket(s)/Pass(es) provided by agency?   Yes @ No ]   Was ticket distribution made at the behest No ] Yes @   Name of agency name (ast, First)   Was ticket distribution made at the behest No ] Yes @   If no:   California   B. Name of agency. Department or Unit   Name of agency. Department or Unit   Name of agency. Department or Unit   Number of pass(es)   Pass(es)   Caudillo, Anthony   4   C. Neme of Outside Organization   Yes existing   Locard a diverse and description   A mane of agency information   C. Neme of Outside Organization   A. Name of agency adepartment or Unit   Number of free/pass(es)   C. Neme of Outside Organization   A. Name of agency back   Mamber of free/pass and description)   Number of free/pass(es)   Caudillo, Anthony   4   C. Neme of Outside Organization   Yes existion   A name of Outside Organization   Ye	С	eremonial Role Ever	its and Tic	ket/Pass	Distributions		A Public Document
Attended County       For Official Use Only         Division. Department, or Region (If Applicable)       For Official Use Only         Board of Supervisors       Designated Agency Contact (Name, Title)         Nares Code/Phone Number       E-mail         Area Code/Phone Number       E-mail         (510) 272-6992       Inancy.sa@ acgov.org         Description       Warriors vs. Sacramento: Kings         Provide TableSuppandon       Date of Orginal Filing::	1.	Agency Name				Date Stamp	
Division, Department, or Region (if Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Nancy Sa         Area Code/Phone Number (510) 272-6692         E-mail (510) 272-6692         E-mail (510) 272-6692         E-mail (510) 272-6692         Event Information Does the agency have a ticket policy? Provide Title/Explanation         Warriors vs. Sacaramento Kings Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?         No @ Yes @ No @ Was ticket distribution made at the behest of agency official?         • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section A to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         B. Name of individual Mumber of Medical Amene (Latt)       Number of Ticket(s)/ Pass(es)         A. Name of Cubicle Organization (module address and description)       Number of Ticket(s)/ Pass(es)         C. Name of Outside Organization (module address and description)       Number of Ticket(s)/ Pass(es)         A currentification       Number of Ticket(s)/ Pass(es)       Identify one of the following: Module Currentification the agency's policy         A currentification       Number of Ticket(s)/ Pass(es)       Identify one of the following: Module Currentification		Alameda County					
Designated Agency Contact (Name, Title)         Nancy Sa         Area Code/Phone Number (510) 272-6692         E-mail narcy, sa@acgov.org         Des the agency have a ticket policy?         Yes © No         Event Description         Provide Time/Explanation         Does the agency have a ticket policy?         Yes © No         Event Description         Provide Time/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes ©         Was ticket distribution made at the behest of agency official?         Amend Agency, Department or unit         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section A to identify the agency's department or unit.         * Use Section C to Identify an outside organization.         Amend of Agency, Department or Unit       Number of Tistakey?         Describe the public purpose made pursuant to the agency's policy         # description       Ceremonial Role       Other ©         In corree       If ceasking 'Demondulate' of times policy baser.       Incorree         Caudillo, Anthony       4       Ceremonial Role       Other ©       Incorree         If ceasking 'Demondulated Cardies and description)       Number of Tice		Division, Department, or Rec	<b>jion</b> (If Applicable	)		1	For Official Use Only
Nancy Sa       Area Code/Phone Number (510) 272-5692       E-mail nancy.sa@acgov.org       Date of Original Filling:		Board of Supervisors					
Area Code/Phone Number (510) 272-5692       E-mail nancy.sa@acgov.org       Date of Original Filling:		<b>Designated Agency Contact</b>	(Name, Title)			1	
Area Code/Phone Number (510) 272-6692       E-mail nancy.sa@acgov.org       Date of Original Filing:		Nancy Sa				Amondmont (Must	avaluation in Dart 3.1
(S10) 272/0322       (Modily, Day, Year)         2. Function or Event Information       1100         Does the agency have a ticket policy?       Yes (C)       No         Event Description       Provide TitleExplanation       1100         Ticket(s)/Pass(es) provided by agency?       Yes (C)       No (C)         Was ticket distribution made at the behest or agency official?       No (C)       Yes (C)       No (C)         Was ticket distribution made at the behest or agency official?       No (C)       Yes (C)       No (C)       Yes (C)       No (C)         3. Recipients       No (C)       Yes (C)       Yes (C)       Yes (C)       No (C)       Yes (C)       Yes (C)       No (C)       Yes (C)       Yes (C)       Yes (C)		Area Code/Phone Number	E-mail				provide explanation in Part 3.)
Does the agency have a ticket policy? Yes I No I   Event Description Warriors vs. Sacramento Kings   Event Description Provide Title/Explanation   Ticket(s)/Pass(es) provided by agency? Yes No I   Was ticket distribution made at the behest no I Yes I of agency official? No I Yes I of agency official?   S. Recipients If yes: Valle, Richard-Supervisor District 2   I yes: Valle, Richard-Supervisor District 2 Official? Name (Lest, First)   3. Recipients   I use Section A to identify the agency's department or unit. • Use Section B to identify an individual.   I was of Agency, Department or Unit Number of Ticket(s)   Pass(es) Describe the public purpose made pursuant to the agency's policy   B. Name of Individual (set first) Commonial Role II Other II Income   If vest; first Identify one of the following:   B. Name of Individual (set first) Commonial Role II Other II Income   I vestiging Commonial Role III Other II Income Income   I vestiging Commonial Role III Other II Income Income   I vestiging Commonial Role III Other III Income Income   I vestiging Commonial Role III Other IIII Income Income   I vestiging Commonial Role IIII Other IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
Does the agency have a ticket policy?       Yes (a)       No       Face Value of Each Ticket/Pass \$	2.	Function or Event Info	mation				1100
Event Description       Provide TibleExplanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Golden State Warriors         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Yalle, Richard-Supervisor District 2         Official?       Official?       Official?       Official's Name (Last, First)         Is section A to identify the agency's department or unit       • Use Section B to identify an individual. • Use Section B to identify an individual. • Use Section C to identify an outside organization.         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last First)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Caudillo, Anthony       4       To reward a Community Volunteer for This service to the public.       Income if deading "Omenodel Ride" or "Other" deadhe below:         4       Ceremonial Role       Other       Income if deading "Omenodel Ride" or "Other" deadhe below:         6       Name of Outside Organization (Income of Ticket(s))       Describe the public purpose made pursuant to the agency's policy         7       Income of (Include address and description)       Number of Ticket(s)       Describe the public purpose made pursuan		Does the agency have a tick	et policy?	Yes 🚺 No	Face Value of	of Each Ticket/Pass \$ _	
		Warriors V	vs. Sacrament	o Kings	Dete(c) 00	3 , 24 , 17	1 1
Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:		Event Description	Provide Title/Expl	lanation			
Was ticked distribution made at the behest of agency official?       No       Yes       If yes:       Valle, Richard- Supervisor District 2 Official's Name (Last, First)         3.       Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         A.       Name of Agency, Department or Unit       Number of Texet(e)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of individual (add, free)       Number of Texet(e)/ Pass(es)       Identify one of the following: Pass(es)       Income         Caudillo, Anthony       4       Ceremonial Role       Other       Income         # device of Outside Organization (include address and description)       Number of Ticket(e)/ Pass(es)       Income         4       Ceremonial Role       Other       Income         # device of Outside Organization (include address and description)       Number of Ticket(e)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         4       5 1894.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.		Ticket(s)/Pass(es) provided t	ov agencv?	Ves 🗖 No			
of agency official?       Othera's Name (Last, First)         3. Recipients       • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticks(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (Last, Find)       Number of Ticks(s)/ Pass(es)       Identify one of the following:         Caudillo, Anthony       4       Ceremonial Role Other Machine Delow: To reward a community volunteer for his service to the public.         4       Ceremonial Role Other Other Income If checking 'Ceremonial Role 'or 'Other' describe below:       Income If checking 'Ceremonial Role 'or 'Other' describe below:         C. Name of Outside Organization (Include address and description)       Number of Ticks(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         4       Ceremonial Role Income If checking 'Ceremonial Role 'or 'Other' describe below:       Income If checking 'Ceremonial Role 'or 'Other' describe below:       Income If checking 'Ceremonial Role 'or 'Other' describe below:         5       10       10       10       10       10         A       Ceremonial Role or 'or 'Other' describe below:       Income If checking 'Ceremonial Role 'or 'Other' describe below:       Income If checking 'Ceremonial Role 'or 'Other' describe below:       Income If checking 'Ceremonial Role 'or 'Other' describe belo			,		•	Name of So	
3. Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         A. Name of Agency, Department or Unit       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         B. Name of individual (ast, find)       Number of Ticket(s)       Identify one of the following:         Caudillo, Anthony       Ceremonial Role Other Section C to identify an outside balay:       Income If clacking Commonial Role Other Section C to identify one of the public.         C. Name of Outside Organization       Number of Ticket(s)       Income If clacking "Commonial Role" or "Other" describe balay:       Income If clacking "Commonial Role" or "Other" describe balay:         C. Name of Outside Organization       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         4       Ceremonial Role Other Income If clacking "Commonial Role" or "Other" describe balay:       Income         1// clacking "Commonial Role" or "Other" describe balay:       Income         1// clacking "Commonial Role" or "Other" describe balay:       Income         1// clacking "Commonial Role" or "Other" describe balay:       Income         1// clacking "Commonial Role" or "Other" describe balay:       Income         1// clacking "Commonial Role" or "Other" describe balay:       Income         1// clacking "Commonial			at the behest	No 🖸 Yes	If yes: Valle	, Richard- Supervisor	District 2
• Use Section A to identify the agency's department or unit     • Use Section B to identify an individual.     • Use Section C to identify an outside organization.     A. Name of Agency, Department or Unit     Tricket(s)     Describe the public purpose made pursuant to the agency's policy     Pass(es)     Identify one of the following:     Caudillo, Anthony     4     Ceremonial Role     Other Section B other Section     Ceremonial Role     Other Section B other Section     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     Income     If checking "Ceremonial Role" or "Other describe balow:     I		of agency official?				Unicial s Name	(Lasi, Firsi)
A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last, Perg)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Caudillo, Anthony       4       Ceremonial Role	3.		cv's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
Pass(es)         Pass(es)         B.       Name of Individual (Last, Finit)       Number of Tickte(s)/ Pass(es)       Identify one of the following:         Caudillo, Anthony       4       Ceremonial Role       Other       Income If checking "Commonial Role" or "Other" describe below:         Caudillo, Anthony       4       Ceremonial Role       Other       Income         If checking "Commonial Role" or "Other" describe below:       Income         4       Ceremonial Role       Other       Income         If checking "Commonial Role" or "Other" describe below:       Income         4       Ceremonial Role       Other       Income         1/ Checking "Commonial Role" or "Other" describe below:       Income         4       Income       Income         1/ Checking "Commonial Role" or "Other" describe below:       Income         1/ Checking "Commonial Role" or "Other" describe below:       Income         C.       Number of (include address and description)       Describe the public purpose made pursuant to the agency's policy         A.       Verification       Income       Income       Income         I/ In       s1894.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.				Number of			
B.       Name of Individual (Last, First)       Ticket(s)/ Pass(es)       Identify one of the following:         Caudillo, Anthony       4       Ceremonial Roleor "Other Methods and the public.       Income If checking "Ceremonial Role" or "Other Methods and the public.         Caudillo, Anthony       4       Ceremonial Roleor "Other Methods and the public.       Income         If checking "Ceremonial Roleor "Other Methods and the public.       Income       Income         Ceremonial Roleor "Other describe below:       Income       Income         4       Ceremonial Roleor "Other describe below:       Income         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         4.       Verification       Income       Income       Income         I/he       s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.       Describe the public purpose made pursuant to the agency's policy		A. Name of Agency, Departin	lent of onit		Desense me pa	one barbeer maae kareaan	
Caudillo, Anthony       4       Ceremonial Role □ Other ☑ Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.         4       Ceremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.         4       Ceremonial Role □ Other □ Income If checking "Ceremonial Role" or "Other" describe below:         4       Income If checking "Ceremonial Role" or "Other" describe below:         C.       Name of Outside Organization (include address and description)         Number of Ticket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         4.       Verification       Income Interface the distribution set forth above, is in accordance with the requirements.		B. Name of Individu	ıal	Ticket(s)/		Identify one of the follow	ving:
Caudilio, Anthony       4       If checking "Ceremonial Role" or "Other" describe below:         To reward a community volunteer for his service to the public.       4       Ceremonial Role				Pass(es)	Commonial Bala	Other 🕅	Incomo L
4       If checking "Ceremonial Role" or "Other" describe below:         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         A.       Verification       If the distribution set forth above, is in accordance with the requirements.		Caudillo, Anthony		4	If checking "Ceremon	 nial Role" or "Other" describe below:	
C. Name of outside organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy A. Verification The s 18944.1 and 18942. They verified that the distribution set forth above, is in accordance with the requirements.				4			
I ha s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.				Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
	4.		s 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
		/		Nancy		Supervisor's Assistar	

Comment: \_

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4						
Тъ.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region	ı (If Applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	me, Title)				
	Nancy Sa					
		-mail			Amendment (Must pr	ovide explanation in Part 3.)
		ancy.sa@a	caov.ora		Date of Original Filing: _	(Month, Day, Year)
2	Function or Event Information		·gg			
۷.	Does the agency have a ticket p		Yes 🖾 No	Face Value of	of Each Ticket/Pass \$	800
	Warriors vs.			0.9	3 16 17	1 1
	Event Description	rovide Title/Expla	-	Date(s)		//
					n State Warriors	
	Ticket(s)/Pass(es) provided by a	agency ?	Yes 🖸 No 🛛		Name of Sou	
	Was ticket distribution made at t	he behest	No 🖸 Yes	If yes: Valle	, Richard- Supervisor I	District 2
	of agency official?			, <u> </u>	Official's Name (L	.ast, First)
3.	Recipients					
	Use Section A to identify the agency's	department or u		tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other	
					ial Role" or "Other" describe below:	Income L
				If checking "Ceremon Ceremonial Role		
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	If checking "Ceremor Ceremonial Role If checking "Ceremor	Other	Income
		iption) erce; 22561	Ticket(s)/	If checking "Ceremor Ceremonial Role If checking "Ceremor Describe the put	Other D	Income
	(include address and descr Hayward Chamber of Comme	iption) erce; 22561 i41 neral	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a non pr	Other     Other     of ther     of the	Income
4.	(include address and descr Hayward Chamber of Comme Main Street, Hayward CA 945 Organizes to advance the ger welfare and prosperity of the Area Verification	iption) erce; 22561 i41 neral Hayward	Ticket(s)/ Pass(es) 4	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a non pr community.	Other ial Role" or "Other" describe below: olic purpose made pursuant ofit organization for its	Income to the agency's policy
4.	(include address and descr Hayward Chamber of Comme Main Street, Hayward CA 945 Organizes to advance the ger welfare and prosperity of the Area	iption) erce; 22561 i41 neral Hayward	Ticket(s)/ Pass(es) 4	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a non pr community.	Other     Other     of ther     of the	Income

## **Agency Report of:** (

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable	)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail			. Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	.cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				500
	Does the agency have a ticke	t policy?	Yes 🔯 🛛 No	Face Value c	f Each Ticket/Pass \$ _	500
	Red Hot C	hili Peppers		03	3 , 12 , 17	1 1
	Event Description	Provide Title/Expla	anation			,///
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🖸 No		n State Warriors	
					Name of So	
	Was ticket distribution made a of agency official?	at the behest	No 🖸 Yes	If yes: <u>valle</u>	Richard- Supervisor I Official's Name (I	Last, First)
	Use Section A to identify the agence     A. Name of Agency, Department		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to iden	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Schlarb, Mary			Ceremonial Role <i>If checking "Ceremor</i> To reward a comm	Other 🔀 ial Role" or "Other" describe below: unity volunteer for her	Income service to the public.
				Ceremonial Role If checking "Ceremon	Other 🔀 ial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy

#### 4. Verification

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

_	 Nancy Sa	Supervisor's Assistant	03/31/17
	 Print Name	Title	(Month, Day, Year)

A Public Document

				A Public Documen
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 (A	Vame, Title)		4	
Anna Gee	F		Amendment (Musi	t provide explanation in Part 3.)
	E-mail		Date of Original Filing	
	anna.gee@acgov.org		Date of Original Filing	(Month, Day, Year)
. Function or Event Inform				19 00/122 20
Does the agency have a ticket		· · ·	of Each Ticket/Pass \$	1130/13/35
Event Description	Provide Title/Explanation	Supercondition (s)	2,3,17	2/4,17
Ticket(s)/Pass(es) provided by	agency? Yes	lo 🔀 🛛 lf no:	Name of S	Source
Was ticket distribution made at of agency official?	the behest No 🗌 Ye	es 🛛 If yes: <u>Miley</u>	r, Nate Official's Name	e (Last. First)
. Recipients				
• Use Section A to identify the agency'	's department or unit. • Use t	Section B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Departmen	nt or Unit Number o Ticket(s)/		Nic purpose made pursua	nt to the agency's policy
	Pass(es)			
8. Name of Individual (Law 4/19) Mahaney, Mu	Pass(es)	Ceremonial Role	Identify one of the folio	Income
	2	huld at a Ceremonial Role	Courty fa	ility in order
Cooper, Chan	iguer 4	mapimge pi	ia Role" or "Other" describe below	ity revenue
	Mushara	through p	alting and	vorcessus Sala
C. Name of Outside Organiz (include address and desc	rintion) licket(s)	Describe the put	lic purpose made pursual	nt to the agency's policy
<u> </u>	Pass(es)			
. Verification				
	tions 18944.1 and 18942. I have	verified that the distribution set f	iorth above, is in accordance v	with the requirements.
	Anna	Gee	Executive Assistan	t 3/1/17
Signature of Agency Head or Designee	Print N	lame	Title	(Nonth, Day, Year)
Amand See	200 al 2/1	Lin		
Comment:	ung 17	TITY		FPPC Form 802 (4/1

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

A Public Document

Date Stamp       California 802         Form       802         For Official Use Only         Amendment (Must provide explanation in Part 3.)         te of Original Filing:         (Month, Day, Year)         ch Ticket/Pass \$ 125/80         U1 17         2 12 17         Marme of Source         e         Official's Name (Last, First)         Output Section C to identify an outside organization,         rpose made pursuant to the agency's policy
For Official Use Only Amendment (Must provide explanation in Part 3.) te of Original Filing:
Amendment (Must provide explanation in Part 3.) the of Original Filing:(Month, Day, Year) the Ticket/Pass \$ 125480 the Ticket/Pass \$ 125480the Ticket
te of Original Filing: (Month, Day, Year) ch Ticket/Pass \$ 125480 L1 17 2 12717 Marne of Source e Official's Name (Last, First) Use Section C to identify an outside organization.
te of Original Filing: (Month, Day, Year) ch Ticket/Pass \$ 125480 L1 17 2 12717 Marne of Source e Official's Name (Last, First) Use Section C to identify an outside organization.
te of Original Filing: (Month, Day, Year) ch Ticket/Pass \$ 125480 L1 17 2 12717 Marne of Source e Official's Name (Last, First) Use Section C to identify an outside organization.
te of Original Filing: (Month, Day, Year) ch Ticket/Pass \$ 125480 L1 17 2 12717 Marne of Source e Official's Name (Last, First) Use Section C to identify an outside organization.
(Month, Day, Year) ch Ticket/Pass \$ 123780 U 177 2 12717 Marke of Source e Official's Name (Last, First) Use Section C to identify an outside organization.
ch Ticket/Pass \$ 125/80 U 17 2 12-17 Marke of Source e Official's Name (Last, First) • Use Section C to identify an outside organization.
Use Section C to identify an outside organization.
Official's Name (Last, First)
Official's Name (Last, First) Use Section C to identify an outside organization.
Official's Name (Last, First) Use Section C to identify an outside organization.
rpose made pursuant to the agency's policy
ntify one of the following:
Other 🚺 Income
Other Income
dance at a county face
acimize optential count
Other D Income
" or "Other" describe below in and
0
SMES.
rpose made pursuant to the agency's policy

	Anna Gee		Executive	Assistant	3/1/17
Signative of Agency Head of Designee	Print Name		Ti	tie	(Month, Day, Year)
2			1.5		
Comment: Kamch	Vicenced a		the,		
		iy	<u></u>		FPPC Form 802 (4/12)
0			FPPC Toll-Fre	e Helpline: 866/ASM	-FPPC (866/275-7772)

**A Public Document** 

1. Agency Name			Date Stamp	California 802
Alameda County		_		Form 002
Division, Department, or Region (If Applical	ole)			For Official Use Only
Board of Supervisors Designated Agency Contact (Name, Title)				
Anna Gee			Amendment (Must p	rovide explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing:	
	Dacgov.org			(Month, Day, Year)
2. Function or Event Information			-	122-12-
Does the agency have a ticket policy? Event Description	Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$ 4	21817
Províde Title/Ē)		Hal	dan State	Dainars
Ticket(s)/Pass(es) provided by agency?	Yes 门 🛛 No 🖄	-	Name of So	urce
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: Miley	, Nate Official's Name (i	Last, First)
3. Recipients • Use Section A to identify the agency's department is	v unit. 🔹 Use Secti	on B to identify an individu	ial. • Use Section C to Iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Enclosed, Timethy	4	Ceremonial Role If checking "Peremon TO PRIMOTE A at a Count		an event hele
Stiffen, Justin		Ceremonial Role If checking "Ceremon MAYI MÌC MMMAR Pa	D Other D Othe	unty revenue
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy
4. Verification	nd 18942 / have verit	ied that the distribution set fr	orth above, is in accordance wit	th the requirements
	Anna Ge		Executive Assistant	3/1/7
Signature of Agency Head or Designee	Print Name		Title	(Mohih, Day, Year)
Comment: <u>Comment</u>	red 2	18 770.		FPPC Form 802 (4/12

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

A Public Document

. Agency Name			Date Stamp	California On
Alameda County				Form OU
Division, Department, or Region (If	Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name,	Title)	· · · · · · · · · · · · · · · · · · ·		
Amy Shrago			·	
Area Code/Phone Number E-ma	ail		Amendment (Must prov	ide explanation in Part 3.)
(510) 272-6695 amy	.shrago@acgov.or	a	Date of Original Filing:	
. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket polic		o 🖾 🛛 Face Value	e of Each Ticket/Pass \$	180
Event Description Iron Maiden		_		
Event Description Provid	le Title/Explanation	Date(s)	07 , 05 , 17	/
Ticket(s)/Pass(es) provided by ager	ncy? Yes 🗌 No	o 🛛 If no: <u>Gold</u>	den State Warriors Name of Source	e
Was ticket distribution made at the t	oehest No 🗌 Ye	s 🕅 📊 If Voc. Car	rson, Keith	
of agency official?		3 <u>23</u> il yes	Official's Name (Las	t, First)
Recipients				
Use Section A to identify the agency's depa	rtment or unit. • Use S	ection B to identify an indiv	vidual. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or U	nit Number of Ticket(s)/ Pass(es)	Describe the p	public purpose made pursuant to	the agency's policy
BOS Dist 5	4	To reward a Cour the public or to er	nty employee for his or her ncourage staff developmen	exemplary service t
B. Name of Individual	Number of Ticket(s)/			
(Last, First)	Pass(es)		Identify one of the following:	
		Ceremonial Role If checking "Cerem	Other	Income
		Ceremonial Role If checking "Cerem	e Dother or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant to t	he agency's policy
	944.1 and 18942. I have ve	erified that the distribution set	forth above, is in accordance with the	requirements.
	944.1 and 18942. I have ve Amy Shr			
Verification I hav Regulations 18 Signature of Agency Head or Designee		ago	forth above, is in accordance with the Supervisor's Assistant Title	requirements. 03/15/17 (Month, Day, Year)

	Agency Name					A Public Documer
	• •				Date Stamp	California 802
	Alameda County Division, Department, or Reg	Non Ut Annling			1	Form OU2 For Official Use Only
		<b>Jion</b> (II Applicat	ole)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		- · · · · · · · · · · · ·		
A	Amy Shrago					
Ā	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(	510) 272-6695	amy.shrage	o@acgov.org	a	Date of Original Filing:	
. F	Function or Event Infor	mation				(Month, Day, Year)
	oes the agency have a ticke		Yes 🗌 No	Face Value o	f Each Ticket/Pass \$ _	60
				—		
E	vent Description Gabriel Ig	Provide Title/Exp	planation	Date(s)	, 02 , 17	/
-				Coldor	State Marriero	
÷.	icket(s)/Pass(es) provided b	y agency?	Yes 🗋 No	If no: Golder	Name of Sou	ITCO
Ν	as ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso		
	of agency official?			If yes:	Official's Name (L	ast. First)
R	lecipients					
	Use Section A to identify the agency	y's department or	runit. ● Use Se	ction B to identify an individu	al a Use Section C to identi	
A			Number of Ticket(s)/ Pass(es)		ic purpose made pursuant	-
_			Number of			
B	Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:
	(Last, First)		Ticket(s)/	Ceremonial Role	Other	ig:
	Name of Individua (Lest, First) arson, Keith		Ticket(s)/	If checking "Ceremonia	Other Other I Role" or "Other" describe below:	Income
	(Last, First)	1	Ticket(s)/ Pass(es)	lf checking "Ceremonia To review the ability	Other Other I Role" or "Other" describe below:	Income
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremonia To review the ability County's job creation Ceremonial Role	Other X I Role" or "Other" describe below: of a facility or its oper n goals or job training	Income
	(Lest, First) arson, Keith Name of Outside Organia	zation	Ticket(s)/ Pass(es) 4	If checking "Ceremonia To review the ability County's job creation Ceremonial Role [ If checking "Ceremonia	Deter I Role" or "Other" describe below: of a facility or its oper n goals or job training Other Role" or "Other" describe below:	Income
	(Last, First) arson, Keith	zation	Ticket(s)/ Pass(es) 4	If checking "Ceremonia To review the ability County's job creation Ceremonial Role [ If checking "Ceremonia	Other X <i>Role" or "Other" describe below:</i> of a facility or its oper n goals or job training Other	Income
	(Lest, First) arson, Keith Name of Outside Organia	zation	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremonia To review the ability County's job creation Ceremonial Role [ If checking "Ceremonial	Deter I Role" or "Other" describe below: of a facility or its oper n goals or job training Other Role" or "Other" describe below:	Income

	Amy Shrago	Supervisor's Assistant	03/15/17
Signature of Agency Heat of Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

Alameda County       Form       OV 2         Division, Department, or Region (# Applicable)       For Official Use Orly         Board of Supervisions       For Official Use Orly         Designate dayagency Contact (Number Title)       Anna Gee         Anna Gee       Annendment (Mad previde evoluation in Part 3.)         Date of Original Filing:	1. Agency Name			Date Stamp	California 803
Division, Department, or Region (// Applicable)       For Official Use Only         Board of Supervisors       Designated Agency Contact (Name, Title)         Anna Gee       Anna Gee         Arrae Code/Phone Number       E-mail         510-891-5585       anna.gee@acgov.org         2. Function or Event Information       Does the agency have a [cket policy?         Does the agency have a [cket policy?       Yes [S]         Provide TitleExplanetion       Date of Original Filing:         Was ticket distribution made at the behest of agency official?       No [Yes [S]         Vas ticket distribution made at the behest No [Yes [S]       If no:         Official Name (Latt. Triat)       No [Yes [S]         Official?       Official? Name (Latt. Triat)         Obs Section X to identify the agency is department or and [attile Explanetion]       Use Section C to behendy an outside organization.         A. Meane of Agency, Department of Use []       Describe the public purpose made partsuart to the agency's policy         Pression       Concernantia Rate: []       Other of the agency's policy         Pression       Pression       Describe the public purpose made partsuart to the agency's policy         A. Meane of Agency: Comparison of the agency is policy       Pression       To promote health and wellness to vulnerable poly agency is noted hator: start accitive county services.					Form 002
Designated Agency Contact (Name: File)         Ana Gee         Area Code/Phone Number         Sto-891-5585         Image@@acgov.org         Destinated Agency Contact (Name: File)         Ana Gee         Area Code/Phone Number         Sto-891-5585         Destinated Agency Contact (Name: File)         Provide Tide/agency	•	le)			For Official Use Only
Designated Agency Contact (Name: File)         Ana Gee         Area Code/Phone Number         Sto-891-5585         Image@@acgov.org         Destinated Agency Contact (Name: File)         Ana Gee         Area Code/Phone Number         Sto-891-5585         Destinated Agency Contact (Name: File)         Provide Tide/agency	Board of Supervisors				
Anna Gee Area Code/Phone Number Fine-B31-5585 Area Code/Phone Number S10-831-5585 Area Code/Phone Number Provide Totelexplanation Does the agency have a ticket policy Yes S10-0 Provide Totelexplanation Description Area Code/Phone Number Provide Totelexplanation Ticket(s)/Pass(es) provided by agency? Yes S10-No S1 Face Value of Each Ticket/Pass \$ S244-85 Area Code/Phone Number Provide Totelexplanation Ticket(s)/Pass(es) provided by agency? Yes S10-No S1 Face Value of Each Ticket/Pass \$ S444-85 No S144 Number Provide Totelexplanation Ticket(s)/Pass(es) provided by agency? Yes S10-No S1 Face Value of Each Ticket/Pass \$ S444-85 No S144 Number Provide Totelexplanation Ticket(s)/Pass(es) provided by agency? Yes S10-No S1 Face Value of Each Ticket/Pass \$ S444-85 No S144 Number Provide Totelexplanation Ticket(s)/Pass(es) Provide Totelexplanation Number Provide Totelexplanation Number Provide Totelexplanation Area Code/Pass(es) Provide Description Area Code/Pass(es) Provide Description Area Code/Pass(es) Provide Description Area Code/Pass(es) Provide Description Area Code/Pass(es) Pass(es) Number Provide Totelexplanation Createring T	•			-	
Area Code/Phone Number 510-891-5585       E-mail anna.gee@acgov.org       Intendment (Mait provide explanation in Part 3.) Date of Original Filing: (Manth, Daty, Yoar)         2. Function or Event Information Does the agency have a ticket policy? Event Description Analysis (September Frowder TableExplanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?       No       Face Value of Each Ticket/Pass \$ <u>304 &amp; So</u> Date(s)       If no: C. <u>Cultur</u> If no: Culture Mark & Source Mark & Source of agency official?       If no: Culture Mark & Source (Source)       If no: Culture Mark & Source (Source)       If yes: Miley, Nate Officials Mark (Last, First)         3. Recipients of agency Official?       No       Yes S       No       Yes S       Official's Mark (Last, First)         3. Recipients of agency Official?       No       Yes S       No       Yes Section & To be detrify an outside organization. Trackels?         4. Mark of Agency, Department or Unit ware free       No       Yes Section & To be detrify an outside organization. Trackels?         5. Marks of Individual ware free       Nomber of Trackels?       Describe the public purpose made pursuant to the agency's policy Pass(es)         C. Name of Undividual ware free       Number of Trackels?       Ceremonial Role       Other       Income         C. Marks of Ducking Organization ware free       Number of Trackels?       Describe the public purpose made pursuant to the agency's policy Pass(es)         C. Marks of Outsing					
510-891-5585       anna.gee@acgov.org       Date of Original Filling:				Amendment (Must p	provide explanation in Part 3.)
C. Function or Event Information Does the agency have a ticket policy? Vest Mark 2 vest Vest Description Descript				Date of Original Filing:	
Does the agency have a ticket policy?       Yes X       No       Face Value of Each Ticket/Pass \$ 324.86         Event Description       Event Description       Event Description       Event Description       Date(s)       1	v ~	acgov.org			(Month, Day, Year)
Event Description       And			<b>F</b> 1/1		2nd Sa
Provide Title/Explanation       If no:       Caldure Adverse       Marrie If Source         Was ticket distribution made at the behest of agency official?       No Yes X       If no:       Caldure Adverse         Statistical?       No Yes X       If yes:       Miley, Nate         • 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 Ticketsyl       Describe the public purpose made pursuant to the agency's policy         B.       Name of Agency, Department or Unit       Number of Ticketsyl       Describe the public purpose made pursuant to the agency's policy         B.       Number of Ticketsyl       Ceremonial Role       Other       Income         If coecking: Commonal Role       Other       Income       Income         If coecking: Commonal Role       Other       Income       Income         If coecking: Commonal Role       Other       Income       Income         If coecking: Coemonal Role       Other <td>Does the agency have a ticket policy?</td> <td>Yes 🛛 No 🗌</td> <td>Face Value of</td> <td>of Each Ticket/Pass \$ _</td> <td></td>	Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$ _	
Ticket(s)/Pass(es) provided by agency?       Yes       No IM       If no:       Cull Automatication       No IM Yes         Was ticket distribution made at the behest of agency official?       No IM Yes       If yes:       Miley, Nate       Official? Name (Last, First)         Recipients	Event Description	me	_ Date(s)	<u>   8  7</u>	1, 28, 17
Wase ticket distribution made at the behest of agency official?       No        Yes        Miley, Nate         • 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.       • Use Section B to identify an individual       • Use Section C to identify an outside organization.         A.       Name of Agency, Department or Unit.       Trickelp! Pass(e)       Describe the public purpose made pursuent to the agency's policy Pass(e)         B.       Name of individual 	Provide Title/Exp	planation	0.1	In del in	
or agency official?       Othead's Name (Last. Protection)         • 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 Tecket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual       Number of Tecket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual       Number of Tecket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual       Number of Tecket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual       Number of Tecket(s)       Describe the public purpose made pursuant to the agency's policy         Income       If Checking 'Greenoual Role or 'Other' describe balay:       Income       Income         If Checking 'Greenoual Role or 'Other' describe balay:       To promote health and wellness to vulnerable populations such as foster         Number of Oakland & Alameda County 7200 Bancroft Ave #251       Services,       To promote health and wellness to vulnerable populations such as foster         Videal Service       Services,       Services,       Services,         SENIOR ADVOCACY       Services,       Services,       Servi	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no:	Name of Sc	ALV IN 2
Of agency official?       Detectipients         • 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 Tecket(s).       Describe the public purpose made pursuant to the agency's policy         B.       Name of individual       Number of Tecket(s).       Describe the public purpose made pursuant to the agency's policy         B.       Name of individual       Number of Tecket(s).       Describe the public purpose made pursuant to the agency's policy         B.       Name of individual       Number of Tecket(s).       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Ceremonial Role       Other       Income         If checking "Gerenoual Role" or "Other" describe below:       Income       Income         C.       Name of Outside Organization       Theority.       Pass(es)       Describe the public purpose made pursuant to the agency's policy         To promote health and wellness to vulnerable populations such as foster       Vulnerable populations such as foster       Vulnerable populations such as foster         Y200 Bancroft Ave #251       Senior A Above, is in accordance with the requirements.       Senvices.       Services.         SENIOR ADVOCACY       Anna Gee       Executive Assistant       Servi	Was ticket distribution made at the behast	N1 N 57	Milev	. Nate	
			If yes:	Official's Name (	'Last. First)
	2 Paginianto				
A.       Name of Agency, Department or Unit       Tricket(sµ)       Describe the public purpose made pursuant to the agency's policy         B.       Number of Tricket(sµ)       Number of Tricket(sµ)       Identify one of the following:         B.       Number of Ceremonial Role       Other       Income         If checking "Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         C.       Number of Tricket(sµ)       Describe the public purpose made pursuant to the agency's policy         C.       Number of Tricket(sµ)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Describe the public purpose made pursuant to the agency's policy         To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.       To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.         SENIOR ADVOCACY       Seniors 1894.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.		r unit. • Use Section I	B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
Pass(e)         B.       Number of curt from       Number of Ticket(s)/ curt from       Identify one of the following: Pass(es)         Ceremonial Role       Other       Income         Ceremonial Role       Other       Income         C.       Name of Outside Organization (include address and description)       Number of Tecks(s)       Describe the public purpose made pursuant to the agency's policy         C.       Name of Outside Organization (include address and description)       Number of Tecks(s)       Describe the public purpose made pursuant to the agency's policy         C.       Number of Number of Tecks(s)       Describe the public purpose made pursuant to the agency's policy         To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.       To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.         ENIOR ADVOCACY       Seniors 1894.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Anna Gee       Executive Assistant       21//17		Number of			
B.       Name of individual       Ticket(s)/ Pass(es)       Identify one of the following:         Ceremonial Role       Other       Income       Income         If checking "Ceremonial Role" or "Other" describe below:       Income       Income         Ceremonial Role       Other       Income       Income         If checking "Ceremonial Role" or "Other" describe below:       Income       Income         C.       Name of Outside Organization (Include address and description)       Number of Ticket(s)?       Describe the public purpose made pursuant to the agency's policy         To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county SENIOR ADVOCACY       %       To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.         If certification (Include address in accordance with the requirements.)       If checking that the distribution set forth above, is in accordance with the requirements.	A. Mane of Agency, Department of Onic		Describe the put	nic bolbose users briggen	r to the aderacy a boury
B.       Name of Dutside Organization (include address and description)       Ticket(s)/ Pass(es)       Identify one of the following:         C.       Name of Dutside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Other       Other       Income         C.       Name of Dutside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county SENIOR ADVOCACY       %         Verture       Income       Kids and seniors that receive county services.         It       Anna Gee       Executive Assistant					
B.       Name of Dutside Organization (include address and description)       Ticket(s)/ Pass(es)       Identify one of the following:         C.       Name of Dutside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Other       Other       Income         C.       Name of Dutside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county SENIOR ADVOCACY       %         Verture       Income       Kids and seniors that receive county services.         It       Anna Gee       Executive Assistant					
B.       Name of Dutside Organization (include address and description)       Ticket(s)/ Pass(es)       Identify one of the following:         C.       Name of Dutside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Other       Other       Income         C.       Name of Dutside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county SENIOR ADVOCACY       %         Verture       Income       Kids and seniors that receive county services.         It       Anna Gee       Executive Assistant			······································		
S.       Name of Dutside Organization (include address and description)       Ticket(s)/ Pass(es)       Identify one of the following:         C.       Name of Dutside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Other       Other       Income         C.       Name of Dutside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy Pass(es)       Income         Z.       Name of Dutside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy Pass(es)         To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.       To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.         The organization (include address and description)       Regulations (Regulations (Regulat					
If checking "Ceremonial Role" or "Other" describe below:         If checking "Ceremonial Role" or "Other" describe below:         Income         If checking "Ceremonial Role" or "Other" describe below:         Income         If checking "Ceremonial Role" or "Other" describe below:         Income         If checking "Ceremonial Role" or "Other" describe below:         Income         If checking "Ceremonial Role" or "Other" describe below:         Income         If checking "Ceremonial Role" or "Other" describe below:         Income         If checking "Ceremonial Role" or "Other" describe below:         Income         If checking "Ceremonial Role" or "Other" describe below:         Income         If checking "Ceremonial Role" or "Other" describe below:         Income         Income <t< th=""><th></th><th>Ticket(s)/</th><th></th><th>Identify one of the follow</th><th>īng:</th></t<>		Ticket(s)/		Identify one of the follow	īng:
C.       Name of Outside Organization (include address and description)       Number of Ticket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         Ited Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605       Number of Ticket(s)' Pass(es)       To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.         SENIOR ADVOCACY       SENIOR ADVOCACY       Services.         Mana Gee       Executive Assistant       21/12			Ceremonial Role	Other	Income
C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Ited Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605       Mumber of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         SENIOR ADVOCACY       Bancroft Ave #251 Oakland 94605       Describe the public purpose made pursuant to the agency's policy         Ited Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605       Seniors that receive county services.         SENIOR ADVOCACY       Seniors 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.			If checking "Ceremor	nial Role" or "Other" describe below:	
C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Ited Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605       Mumber of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         SENIOR ADVOCACY       Bancroft Ave #251 Oakland 94605       Describe the public purpose made pursuant to the agency's policy         Ited Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605       Seniors that receive county services.         SENIOR ADVOCACY       Seniors 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					
C.       Name of Outside Organization (include address and description)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Ited Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605       Mumber of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         SENIOR ADVOCACY       Baseline       To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.         Item Callon       Mana Gee       Executive Assistant					
C.       Name of Outside Organization (include address and description)       Number of Ticket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         ted Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605       To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.         SENIOR ADVOCACY       Seniors 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Anna Gee       Executive Assistant					Income
C.       Include address and description)       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         ited Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605       To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.         SENIOR ADVOCACY       Securities the distribution set forth above, is in accordance with the requirements.         Item Carton       Anna Gee       Executive Assistant       2///2			" checking " ceremos		
C.       Include address and description)       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         ited Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605       To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.         SENIOR ADVOCACY       Securities the distribution set forth above, is in accordance with the requirements.         Item Carton       Anna Gee       Executive Assistant       2///2					
Include address and description)       Increatisy Pass(es)       Description bestribution purpose induct pu	Name of Outside Ormanization	Number of			
To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services.         SENIOR ADVOCACY         Vermication         It       PC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Anna Gee       Executive Assistant					
Vulnerable populations such as foster       Vulnerable populations       Vulnerable populations       SENIOR ADVOCACY       Vulnerable populations       Vu	tod Sonioro of Ookland & Alamada County		To prom	note health and wellr	ness to
Oakland 94605       kids and seniors that receive county services,         SENIOR ADVOCACY       services,         It       Provide the service of the		Q	vulnerabl	e populations such a	s foster
SENIOR ADVOCACY SENIOR ADVOCACY Anna Gee Executive Assistant		0	kids and	seniors that receive	county
. verified that the distribution set forth above, is in accordance with the requirements.         . It is the distribution set forth above, is in accordance with the requirements.         Anna Gee       Executive Assistant					
It is in accordance with the requirements.         Anna Gee       Executive Assistant	SENIOR ADVOCACY				
Anna Gee Executive Assistant 3/1/17				• • • • • • • • •	11.10
	I result of the second second CCPC Regulations 18944.1 ar	nd 18942. I have verified	that the distribution set i		th the requirements.
Signature of Agency Head or Designee Print Name Title (Mohth, Day, Year)	· · · · · · · · · · · · · · · · · · ·	Anna Gee			3/1/17
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
	Comment:	<u></u>			FPPC Form 802 (4/12

A Public Document

1. Agency Name			Date Stamp	California 000
Alameda County				Form <b>OUZ</b>
Division, Department, or Region (If Ap	plicable)			For Official Use Only
• • • • •				1 1 1 Balance
Board of Supervisors Designated Agency Contact (Name, Tit	(0)			
		•		
Anna Gee			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing:	
	gee@acgov.org		Date of Original Printy.	(Month, Day. Year)
2. Function or Event Information				zail or
Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of	f Each Ticket/Pass \$ _	109.00
Event Description	ame	_ Date(s)2	-117	2,8,17
Provide	Title/Explanation	And	a del su	10. A. A. OR
Ticket(s)/Pass(es) provided by agenc	y? Yes 🗖 No 🛛	If no:	Name of S	ource
Was ticket distribution made at the be	hest No T Vac M	If yes: <u>Miley</u> ,	Nate	
of agency official?	hest No 🗖 Yes 🛛	IT YES:	Official's Name	(Last, First)
3. Recipients				
<ul> <li>Use Section A to identify the agency's depart</li> </ul>	ment or unit. • Use Section I	B to identify an individu	al. • Use Section C to iden	ntify an outside organization.
A. Name of Agency, Department or Uni	Number of	Describe the pub	lic purpose made pursuar	t to the agency's policy
A. Reine of Agency, Department of one	Ticket(s)/ Pass(es)	areasing on bea	ne hashose mane haroar.	e en cue alleurol a haurol
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
1.475 / 4.50	Pass(#s)			
Jelineic, Jay	4	To promote	ial Role" or "Other" describe below e attendance at an e	event
		- held at a C	ounty facility in ord	rom Income
lums, Maria	4	parking	potential revenue f and concession sale	25.
C. Flame of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	It to the agency's policy
(				
4. Verification				
/ have reactand understand FPPC Regulations 189	944.1 and 18942. I have verified	that the distribution set fo	orth above, is in accordance w	vith the requirements.
	Anna Gee		Executive Assistant	3/1/12
Signature of Agency Head or Designee	Print Name		Title	(Morith, Day, Year)
	1 / 1.			
Comment: Wins Vium	1 218 the			
				FPPC Form 802 (4/1)

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

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n (If Applicable)	<u> </u>	]	For Official Use Only
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-mail		Amendment (Must p	rovide explanation in Part 3.)
		Date of Original Filing:	(Month, Day, Year)
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olicy? Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ 💈	04.80
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rovide Title/Explanation	011	of the second	•
gency? Yes 🔲 No [	If no:	M Jace Warn	in the second se
he behest No 🗖 Yoo I	Milev	. Nate	urce
No la rest	A If yes:	Official's Name (I	ast, First)
department or unit. • Use Sect	tion B to Identify an Individu	al. • Use Section C to Ident	ify an outside organization.
or Unit Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
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Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Ceremonial Role	Other 📉	Income
-	If checking "Ceremoni	ial Role" or "Other" describe below:	
	To promote	attendance at an ou	ont
Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
Pass(es)			
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ns 18944 1 and 18042 I have you	ified that the distribution set fo	uth above is in accordance	the requirements
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earl 2/25	tip.		
	aul. Gram.         rovide Title/Explanation         igency?       Yes         No       Yes         he behest       No         Mumber of       Ticket(s)/ Pass(es)         Mumber of       Ticket(s)/ Pass(es)         Mumber of       Ticket(s)/ Pass(es)         Number of       Ticket(s)/ Pass(es)         Mumber of       Ticket(s)/ Pass(es)         Number of       Ticket(s)/ Pass(es)         Image: State of the second	-mail         ation         olicy?       Yes ⊠ No □       Face Value of         autom       Date(s)	-mail          Amendment (Must p          Inna.gee@acgov.org       Date of Original Filling:         ation              Olicy? Yes No P       Face Value of Each Ticket/Pass \$2          Minor              Date(s) 2,15,17               Date(s) 2,15,17          rovide TitleExplanation              Date(s) 2,15,17               Norgence         rovide TitleExplanation              Date(s) 2,15,17               Norgence              Norgence         rovide TitleExplanation              Date(s) 2,15,17               Norgence              Norgence              Norgence         rovide TitleExplanation              Date(s) 2,17               Date(s) 4,17               Norgence              Norgence         rovide TitleExplanation              Date(s) 2,17               Manne of So             Name of So             Norgence              Dificial's Name (norgence              Name of So             Official's Name (norgence         or Unit              Number of             Ticket(s)             Pass(es)             Norgence              Describe the public purpose made pursuant             Pass(es)             Ceremonial Role              Other Gotther describe below:             To promote attendance at an eve             held at a County facility in order             maximize potential revenue fro             parking and concessio

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

1. Agency Name Date Stamp California Form Alameda County Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name. Title) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 510-891-5585 **Date of Original Filing:** anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information XD Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes 🔲 No 🛛 Name of Source If yes: Miley, Nate Was ticket distribution made at the behest No Yes X 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 A Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following Pass(es) Ceremonial Role Other **П** Income If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other If checking "Geremonial Role" or "Other" describe below. Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4. I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Anna Gee Executive Assistant Signature of Agency Head or Designee Print Name Title Comment:

A Public Document

A Public Document

					Document
. Agency Name			Date Stamp	Californi	<sup>a</sup> 802
Alameda County				Form For Offici	al Use Only
Division, Department, or Region (If App	licable)			T OF ONICE	ar Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title	)				
Anna Gee					****
Area Code/Phone Number E-mail	······································		Amendment (Must	provide explanation	in Part 3.)
	e@acgov.org		Date of Original Filing	(Month, Day, )	(7.9.1)
Function or Event Information			<u></u>	(Wonth, Day, 1	ear)
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ficker(s)/Fass(es) provided by agency	Yes 🗋 No 🕅		Name of S	ource	
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Use Section A to identify the agency's department	ant or unit. • Use Section	n B to identify an individual	• Use Section C to idea	ntify an outside on	ganization,
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public	: purpose made pursuan	It to the agency's	policy
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B. Name of Individual	Number of Ticket(s)/		identify one of the follow		
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I have read and understand FPPC Regulations 18944	.1 and 18942. I have verified	d that the distribution set fort	h above, is in accordance w	ith the requirements	
2	Anna Gee	E	Executive Assistant	4	13/17
Signature of Agency Head or Designee	Print Name		Title		nth, Day, Year)
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Comment: SIS received 3	II de las a				

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