A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$90 ticket/\$20 parking Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗆 Event Description Baseball game 04 01 17 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: <u>Chan,</u> Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Ticket(s)/ Name of Individual B. Identify one of the following: (Last, First) Pass(es) Ceremonial Role . Other Income Wydler, Diane If checking "Ceremonial Role" or "Other" describe below: 3+p To reward a community volunteer for his or her service to the public Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 3+p Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 4. Verification is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I ha 05.01.2017 Sarah Oddie Supervisor's Assistant

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

Comment: .

A Public Document

1. Agency Name				Date Stamp	California 000	
Alameda County					Form 802	
Division, Department, or Region (If	Applicable)			-	For Official Use Only	
Board of Supervisors						
Designated Agency Contact (Name,	Title)		an a	-		
Sarah Oddie						
Area Code/Phone Number E-ma	il	5 19 <del>2</del>	161900 <u>269299</u> 700	_ L_ Amendment (Must p	rovide explanation in Part 3.)	
(510) 272-6693 sara	h.oddie@	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information	on					
Does the agency have a ticket polic	y?	Yes 🗵 No		of Each Ticket/Pass \$ _		
Event Description Baseball game			Date(s)	4 , 01 , 17	///	
Provid	e Title/Expla	nation				
Ticket(s)/Pass(es) provided by ager	ıcy?	Yes 🗌 🛛 No	⊠ lf no: <u>Oakla</u>	nd A's Name of So	urce	
Was ticket distribution made at the I	pehest	No 🔲 Yes	If yes: Char	n. Wilma		
of agency official?			In yes:	Official's Name (	Last, First)	
3. Recipients • Use Section A to identify the agency's depa	• 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 U		Number of	na seco statisti visien, sineet	olic purpose made pursuan		
		Ticket(s)/ Pass(es)				
B. Name of Individual (Last, First) Santa Maria, Peggy		Number of Ticket(s)/ Pass(es) 2		Identify one of the follow Other I nial Role" or "Other" describe below: nunity volunteer for his	Income	
			Ceremonial Role	Other	Income	
		2	If checking "Ceremo	nial Role" or "Other" describe below:		
C. Name of Outside Organization (include address and descriptio		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
				x1x2=		
1 Vanifiantian						
4. Verification	18944.1 and	18942. l have ve	enfied that the distribution set	forth above, is in accordance w	ith the requirements.	
		Sarah Oo		Supervisor's Assistan		
Jignature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)	
-						
Comment:			1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	FPPC Toll-Free Helpline:	FPPC Form 802 (4/1 866/ASK-FPPC (866/275-777	

A Public Document

1.	Agency Name		Date Stamp	California 002		
	Alameda County			Form 802		
	Division, Department, or Regio	on (If Applicable)				For Official Use Only
	Board of Supervisors Designated Agency Contact (A	lama Titio)				
		vanie, nile)				
	Sarah Oddie			4.0 <u>09</u> 1477777	Amendment (Must	provide explanation in Part 3.)
		E-mail	<b>_</b>			
	(510) 272-6693	sarah.oddie@	gacgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform		Yes 🛛 No			\$33
	Does the agency have a ticket	•	f Each Ticket/Pass \$ -			
	Event Description Baseball game Date(s)				0317	//
		Provide Title/Expla				
	Ticket(s)/Pass(es) provided by	agency?	nd A's Name of S	ource		
	Mas ticket distribution made at	t the behast				
	Was ticket distribution made at of agency official?	i ine benesi	No 🗌 Yes	If yes: <u>Chan</u>	Official's Name	(Last, First)
ን ን						
<b>3</b> .	• Use Section A to identify the agency	's department or u	nit. ● Use Sec	ction B to identify an individu	al. ● Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departmen		lic purpose made pursuar			
			Ticket(s)/ Pass(es)	Describe the hub	ne purpose made puisuai	in to the agency 3 policy
		******				
	Grygeneses a personal procession and the state of the sta		News			an a
	B. Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role		Income
	Rausa, Justin		2		ial Role" or "Other" describe below	
				public	unity volunteer for his	s or her service to the
				Ceremonial Role	Other	Income
			2		ial Role" or "Other" describe below	
			<u> </u>			
		******				
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the pub	lic purpose made pursua	nt to the agency's policy
	(include addless and dest	snpaony	Pass(es)			
	and a second statement of the				<b>1.1111</b>	
4.	Verification			-		
			100 10 11	orified that the distribution set f	II shows to be seened as a	the design of the second se

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

	Sarah Oddie	Supervisor's Assistant	05.01.2017
VSignature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: \_\_\_\_

**A Public Document** 

1. Agency Name				Date Stamp	California 802	
Alameda County			Form 002			
Division, Department, or Region	(If Applicable)			For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Na	me, Title)					
Sarah Oddie						
Area Code/Phone Number E	mail		<b>Amendment</b> (Must p	rovide explanation in Part 3.)		
(510) 272-6693 s	arah.oddie@acgov.c	org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Informa	ition					
				f Each Ticket/Pass \$	\$100	
Event Description Baseball game Date(s) Date(s)				0317	///	
Pi	ovide Title/Explanation					
Ticket(s)/Pass(es) provided by a	gency? Yes 🗌 🛛	lf no: <u>Oaklan</u>	Id A's Name of So	urca		
Was ticket distribution made at t	ne hehest 🛛 🗤 🗖 🗤					
of agency official?	ne behest No 🗌 Y	res 🖂	If yes: <u>Chan</u> ,	Official's Name (I	Last, First)	
3. Recipients						
• Use Section A to identify the agency's	department or unit. • Use	Section B to	o identify an Individu	al. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department	or Unit Number Ticket(s	of i)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Pass(es	9 <u>avel utsistetet</u>				
The second s					<u></u>	
			• •			
B. Name of Individual (Last, First)	Number Ticket(s Pass(es	3)/		Identify one of the follow	ing:	
laudan Niama			Ceremonial Role		Income	
Jordan, Niema	3	Tor		al Role" or "Other" describe below:		
				ndanceevent held at a County e potential County revenueconcession sales		
			Ceremonial Role	Other	Income	
	3		If checking "Ceremoni	al Role" or "Other" describe below:		
				·		
	Number	of				
C. Name of Outside Organiza (include address and descri			Describe the pub	lic purpose made pursuant	to the agency's policy	
en e	te de reste ter de la de la <u>francé de persona</u> de	<u></u>				
4. Verification	·		3			

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

	Sarah Oddie	Supervisor's Assistant	05.01.2017
Gignature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

Comment: .

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$33 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗆 Event Description Baseball game 04 04 17 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role . Other Income Lum, Arlene If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 4. 1-1---- 18944,1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I have I Sarah Oddie Supervisor's Assistant 05.01.2017 gnature of Agency Head or Designee Print Name Tille (Month, Day, Year)

A Public Document

1. Agency Nam Alameda Coun Division, Depart	ty	un an			Date Stamp	California 802	
	•						
Division, Depar							
	ment, or Reg	on (If Applicable		For Official Use Only			
Board of Supe	visors						
Designated Age	ncy Contact (	Name, Title)		n an the second seco	-		
Sarah Oddie	Sarah Oddie					provide explanation in Part 3.)	
Area Code/Pho	ne Number	E-mail				· · · · ·	
(510) 272-6693	}	sarah.oddie(	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or	Event Infor	nation				¢oo	
Does the agenc	•		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$33	
Event Description	n <u>Baseball g</u>	ame Provide Title/Expl	anation	Date(s)	4 _ 05 _ 17	///	
Ticket(s)/Pass(e	s) provided b		Yes 🗌 No	If no: Oakla	nd A's Name of So	ource	
Was ticket distri of agency offic		it the behest	No 🗌 Yes	If yes: Char	n, Wilma Official's Name	(Last, First)	
3. Recipients							
•	vectprents						
A. Name of A	gency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuar	t to the agency's policy	
general and an	адар у до так и на т На так и на т				gen gegen gener ge og er en en fordelen en e		
<b>B.</b>	ame of Individu (Last, First)	al,	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role If checking "Ceremon	. Other	Income [	
				Ceremonial Role If checking "Ceremon	Dther nial Role" or "Other" describe below.	Income	
	of Outside Organ address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	it to the agency's policy	
Asian Health S 2nd fl, Oakland		E 18th St,	2	To reward a schoo to the community	l or nonprofit organiza	ation for its contributions	
Provides healt all regardless							
I. Verification							
I have read and unde	rstand FPBG Regu	lations 18944.1 and	i 18942. I have v	erified that the distribution set	forth above, is in accordance w	vith the requirements.	
				ddie	Supervisor's Assistar	nt 05.01.2017	

Comment: .\_\_\_

C	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document		
1.	Agency Name			Date Stamp	California 802		
	Alameda County						
	Division, Department, or Region (If Applicable)	-	For Official Use Only				
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	-					
	Sarah Oddie	Sarah Oddie					
	Area Code/Phone Number E-mail			Amendment (Must pi	rovide explanation in Part 3.)		
	(510) 272-6693 sarah.oddie@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)		
2.	Function or Event Information				(Month, Day, Tear)		
		Yes 🛛 No	Face Value	of Each Ticket/Pass \$	\$33		
	Event Description Baseball game			//			
	Provide Title/Expla	and Ale					
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	Name of Sol	urce		
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Char	n, Wilma			
	of agency official?	Official's Name (L	Last, First)				
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy		
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
		1 435(63)	Ceremonial Role	Other			
	McCormick, Mike	2	If checking "Ceremo To promote attend	inial Role" or "Other" describe below: lanceevent held at a potential County reven	County		
	Prola, Jim	2	•	tole D Other D remonial Role" or "Other" describe below: mmunity volunteer for his or her service to			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy		
4.	Verification						

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

	Sarah Oddie	Supervisor's Assistant	05,01.2017
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: \_\_\_\_

1. Agency Name

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C.

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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 \$33 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game 14 17 04 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source lf yes: <u>Chan,</u> Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Ticket(s)/ Name of Individual Identify one of the following: (Last, First) Pass(es) Ceremonial Role . Other Income Naumovich, Lech If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his or her service to the public Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 4. Verification is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Sarah Oddie	Supervisor's Assistant	05.01.2017
V Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

A Public Document

California

Date Stamp

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$33 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗆 Event Description <u>Baseball game</u> 15 17 04 Date(s) \_ Provide Title/Explanation lf no: <u>Oakland</u> A's Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source Chan, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 If ves: Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role . Other Income Fobert, Norm If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his or her service to the public Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 4. Verification is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I ha Supervisor's Assistant 05.01.2017 Sarah Oddie Signature of Agency Head or Designee Print Name Tille (Month, Day, Year) Comment: .

**A Public Document** 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$80 ticket/\$20 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game ÷ 15 17 04 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Ticket(s)/ Name of Individual Β. Identify one of the following: (Last, First) Pass(es) Ceremonial Role 🛄 . Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Lend a Hand Foundation, 7730 Pardee To reward a school or nonprofit organization for its contributions 4+p Ln, Oakland, CA 94621 to the community Empower youth to stay in school through various programs and services Verification 4. 11 1 <sup>1</sup> 3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Sarah Oddie Supervisor's Assistant 05.01.2017 Print Name Title (Month, Day, Year)

Comment: \_

A Public Document

1.	Agency Name		Date Stamp	California 000		
	Alameda County			Form <b>OUZ</b>		
	Division, Department, or Regi	ion (If Applicable)		For Official Use Only		
	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:	
encolorina a	(510) 272-6693	sarah.oddie@	)acgov.org		Date of Original Timig.	(Month, Day, Year)
2.	Function or Event Inform					\$80 ticket/\$20 parking
	Does the agency have a ticke		f Each Ticket/Pass \$ _			
	Event Description Baseball g	ame	<u>, 15 , 17</u>			
		Provide Title/Explai				
	Ticket(s)/Pass(es) provided by	y agency?	nd A's Name of Sc			
				urce		
	Was ticket distribution made a of agency official?	at the behest	, Wilma Official's Name (	Last, First)		
3.	• Use Section A to identify the agence	y's department or u		ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	· · · · · · · · · · · · · · · · · · ·			Describe the pub	lic purpose made pursuan	t to the agency's policy
			Pass(es)			
						,
	Manageroong ang ang ang ang ang ang ang ang ang a		Number of		A the second second second second	
	B. Name of Individua (Lest, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	<u>는 가지 않는 것이 있는 것은 것은 것은 것은 것은 것은 것은 것이 있는 것이다. 또한 것</u>	les : 4 - Cruz Alexia an <u>s (* -</u>	1 435(65)	Ceremonial Role	Other	Income 🗍
					ial Role" or "Other" describe below.	
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	and a second contract of the second se				New York and the second se	
	C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuan	t to the agency's policy
	Vietnamese American Com Bay, 655 International Blvd,		14+2p	To reward a school to the community	l or nonprofit organiza	tion for its contributions
	Providing quality service to refugee, immigrant pop from					

4. Verification

	Sarah Oddie	Supervisor's Assistant	05.01.2017
Sunature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
1			

Comment: \_

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$33 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗌 Event Description \_\_\_\_\_Baseball game 16 17 04 Date(s) \_ Provide Title/Explanation If no: Oakland A's 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role 🔄 . Other 🗌 Income Nichols-Franz, Jan If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification

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

	Sarah Oddie	Supervisor's Assistant	05.01.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ...

**A Public Document** 

	Agency Name				Date Sta	amp	California On
	Alameda County			Form 80			
	Division, Department, or Regi	on (If Applicable	 e)				For Official Use Only
	Board of Supervisors Designated Agency Contact (	Vame Title)					
	Sarah Oddie	Email			Amendme	nt (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	Manany ara		Date of Origin	al Filino:	(Month, Day, Year)
	(510) 272-6693	sarah.oddie	wacyov.org				(Month, Day, Year)
	Function or Event Inform			<b>— — —</b> • • • • • • • • • • • • • • • • • • •	alue of Each Tisle ("		\$3
	Does the agency have a ticket		Yes 🛛 No		alue of Each Ticket/		
	Event Description Baseball g	ame	· · · · ·	Date(s	) 17	17	
		Provide Title/Exp	lanation		Dekland Ala		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	🛛 If no: 🗌	Dakland A's	Name of Sour	rce
	Was ticket distribution made a	t the behest			Chan, Wilma		
	of agency official?		No 🗌 Yes	it yes:	Offici	al's Name (La	ast, First)
3	Recipients						
	recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	Number of			the public purpose made	e pursuant t	to the agency's policy	
		<u>, kai kai kai ka</u> ngan kai	Pass(es)				
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of	the followin	ng:
	<b>B.</b> Name of Individua (Last, First) Larkin, Joe	1	Number of Ticket(s)/ Pass(es)		Identify one of al Role . Other C Ceremonial Role" or "Other" des	]	1g: Incom
	(Last, First)	1	Number of Ticket(s)/	If checking To promote a	al Role	] scribe below: eld at a C	Incom
	(Last, First)	1	Number of Ticket(s)/ Pass(es)	If checking To promote a facilitymaxi Ceremonia	al Role	] eld at a C ity revenu ]	Incom County
	(Last, First)	ization	Number of Ticket(s)/ Pass(es) 2	If checking To promote a facilitymaxi Ceremonia If checking	al Role Other Ceremonial Role" or "Other" des "Ceremonial Role" or "Other" des ittendanceevent h mize potential Cour al Role Other	] scribe below: eld at a C nty revenu ] ] scribe below:	Incom County Jeconcession sale Incom
	(Last, First)	ization	Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	If checking To promote a facilitymaxi Ceremonia If checking	al Role Other Ceremonial Role" or "Other" des ttendanceevent h mize potential Cour al Role Other C "Ceremonial Role" or "Other" des	] scribe below: eld at a C nty revenu ] ] scribe below:	Incom County Jeconcession sale Incom
	(Last, First)	ization	Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	If checking To promote a facilitymaxi Ceremonia If checking	al Role Other Ceremonial Role" or "Other" des ttendanceevent h mize potential Cour al Role Other C "Ceremonial Role" or "Other" des	] scribe below: eld at a C nty revenu ] ] scribe below:	Incom County Jeconcession sale Incom
4.	(Last, First) Larkin, Joe C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking To promote a facilitymaxi Ceremonia If checking Describe	al Role Other Ceremonial Role" or "Other" des ttendanceevent h mize potential Cour al Role Other C "Ceremonial Role" or "Other" des the public purpose made	] scribe below: eld at a C ity revenu ] scribe below:	Incom County ueconcession sale Incom
	(Last, First) Larkin, Joe C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking To promote a facilitymaxi Ceremonia If checking Describe	al Role Other Ceremonial Role" or "Other" des ttendanceevent h mize potential Cour al Role Other C "Ceremonial Role" or "Other" des the public purpose made	] scribe below: eld at a C nty revenu ] scribe below: e pursuant t	Incom County ueconcession sale Incom

A Public Document

1. Agency Name		<u>1993 1995 NACTORING CONTRACTORING AND AND AND AND AND AND AND AND AND AND</u>	Date Stamp	California 000
Alameda County				Form OUZ
Division, Department, or Region (	(If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Nam	e,Title)			
Sarah Oddie				
Area Code/Phone Number E-n	nail		Amendment (Must	provide explanation in Part 3.)
	rah.oddie@acgov.o	irg .	Date of Original Filing	(Month Day Year)
2. Function or Event Informat	ion			
Does the agency have a ticket po	licy? Yes 🛛 🕅	No 🗌 🛛 🛛 Face Value	of Each Ticket/Pass \$.	\$33
• •			4 , 18 , 17	
Event Description Baseball game	vide Title/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by ag	ency? Yes 🗌 N	No 🕅 If no: Oakla	and A's	
Hole (3) assess provided by ag			Name of S	Source
Was ticket distribution made at the	e behest No 🗌 Y	es 🛛 🛛 If yes: <u>Cha</u>	n, Wilma	
of agency official?			Official's Name	(Last, First)
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's definition of the agency's</li></ul>	epartment or unit. • Use	Section B to identify an individ	dual.   ● Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department of	Number	of Described	ıblic purpose made pursua	
	Pass(es	) – na Sul Substatististist		
<u></u>				
<b>B.</b> Name of Individual	Number			
D. (Last, First)	Ticket(s Pass(es		Identify one of the follo	
			Other	Income
Amperosa, Robin	2		onial Role" or <sup>"</sup> Olher" describe below	
			danceevent held at a potential County reve	nueconcession sales
			Other	Income
			onial Role" or "Other" describe below	
	2			
C. Name of Outside Organizati	on Number Ticket(s		ublic purpose made pursua	nt to the agency's policy
(include address and descript	(ION) Pass(es			
		·		an and a second
4. Verification				
I have regt and understand FPPC Regulation	as 18944.1 and 18942. I hav	ve verified that the distribution se	t forth above, is in accordance	with the requirements.
	Sarah	Oddie	Supervisor's Assista	nt 05.01.2017

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

Comment: \_

С	eremonial Role Events a	nd Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region (//	f Applicable)	)		- · ·	For Official Use Only
	Board of Supervisors			i.		
	Designated Agency Contact (Name	, Title)		<u></u>	-	
	Sarah Oddie					
	Area Code/Phone Number E-m	ail			_ L_ Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6693 sara	ah.oddie@	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informati	on			95 <sup>0</sup> 09 / 99 / 90 / 99 / 99 / 99 / 99 / 99	
	Does the agency have a ticket polic	cy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$33 MVP, \$80 box
	Event Description Baseball game			Date(s)	1, 19, 17	
	Provi	de Title/Expla	anation			nennennen (nennennen) (nennennen (nennennen) (nennennennen (nennennen (nennen (nennen (nennen (nennen (nennen (
	Ticket(s)/Pass(es) provided by age	ncy?	Yes 🗌 No	If no: Oakla	nd A's Name of So	
						urce
	Was ticket distribution made at the of agency official?	penest	No 🗌 Yes	If yes: Char	Official's Name (I	Last, First)
3.	Recipients					
	<ul> <li>Use Section A to identify the agency's dep</li> </ul>	partment or u	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or	Unit	Number of Ticket(s)/	Describe the pul	olic purpose made pursuant	to the agency's policy
			Pass(es)		<u>neen en herden het en het het die het die het die het het het het het het het het het he</u>	
					nggyggan ar an	
	•	Na serie din contra	Number of	National de la completa de la complet		
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		1999-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-9-		Ceremonial Role	Other	Income
				If checking "Ceremo	nial Role" or "Other" describe below:	
	·			Ceremonial Role	Other	Income
					nial Role" or "Other" describe below:	
	C. Name of Outside Organizatio		Number of Ticket(s)/	Describe the pul	plic purpose made pursuant	to the agency's policy
	(include address and description	on)	Pass(es)			5
	San Leandro Senior Comm. Ctr. E 14th St, San Leandro, CA 945		2 MVP	To reward a schoo to the community	l or nonprofit organizat	tion for its contributions
	Provides classes and events for in San Leandro	seniors	18 Box			
4.	Verification					

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

	_	Sarah Oddie	Supervisor's Assistant	05.01.2017
<ul> <li>Signature of Agency Head or Designee</li> </ul>		Print Name	Tille	(Month, Day, Year)

Comment: \_\_\_

C	eremonial Role Events and	Ticket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County		1 Milli		
	Division, Department, or Region (If Appl	licable)		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title,	)	an a	-	
	Sarah Oddie				
	Area Code/Phone Number E-mail		an Gelegaliya Katalalaya ya mana katala k	_ C Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693 sarah.o	ddie@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$33
	Event Description Baseball game			4 , 20 , 17	///
	Provide Tit	le/Explanation			annan an a
	Ticket(s)/Pass(es) provided by agency	? Yes □ No	If no: Oakla	nd A's	
		_		Name of Sc	purce
	Was ticket distribution made at the beh of agency official?	est No 🗆 Yes	If yes: Char	Official's Name (	Last. First)
				1077-0010-0010-0010-0010-0010-0010-0010	
3.	• Use Section A to identify the agency's department	entorunit. ●Use Se	ction B to identify an individ	lual. • Use Section C to Iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		••••••••••••••••••••••••••••••••••••••	Ceremonial Role		Income
	Miller, Kristi	2	•	nial Role" or "Other" describe below:	
			public	nunity volunteer for his	or her service to the
	· · · · · · · · · · · · · · · · · · ·		Ceremonial Role	Other	Income
		2	If checking "Ceremo	nial Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
		Pass(es)	<u>eksti selt is settittetti</u>		
	Marca 1997	•		9999	
				<u></u>	

		Sarah Oddie	Supervisor's Assistant	05.01.2017
/	Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: \_

A Public Document

1.	Agency Name		an din yang kang mang mang mang mang mang mang mang m		Date Stamp	California 802
	Alameda County					Form UU2
	Division, Department, or Regio	n (If Applicable	;)	<u></u>	1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)				
	Sarah Oddie				Amendment (Must pro	vide explanation in Part 3.)
		E-mail				
A05039-		sarah.oddie(	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					\$33
	Does the agency have a ticket p	-	Yes 🛛 No		of Each Ticket/Pass \$	
	Event Description Baseball ga	me <sup>P</sup> rovide Title/Expl	anation.	Date(s)	1 , 21 , 17	///
	,	Tovide Mierczpi	anation Yes □ No	IX If no: Oakla	nd A's	
	Ticket(s)/Pass(es) provided by a	agency?	Name of Sour	се		
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (La	est, First)
ა.	• Use Section A to identify the agency's	department or	ual. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Department	-	blic purpose made pursuant t			
			Ticket(s)/ Pass(es)			
	tanan tanan kana kana kana kana kana kan					<u> </u>
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role	Other	Income
	Elliott, Laura		2	-	nial Role" or "Other" describe below:	1
			To promote attendanceevent held at a County facilitymaximize potential County revenueconcess			
	,		-	Ceremonial Role		Income
			2		hial Role" or "Other" describe below:	
	<b>A</b> N <b>1 1 1 1</b>		Number of			And the second
	C. Name of Outside Organiz (include address and descr		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant t	
	<u>อาการของสารายสารทุกรามสารางสารางสารางสารางสารางสารางสารางสา</u>				<u></u>	<u>an an taona kaokin' ao amin' ami Taona amin' amin</u>
4.	Verification					
			d 18942. I have ve	erified that the distribution set i	forth above, is in accordance with	the requirements.
	•		Sarah O	ddie	Supervisor's Assistant	05.01.2017
/	Signature of Agency Head or Designee		Print Nar	10	Tille	(Month, Day, Year)
	Commont					
	Comment:				<u></u>	EBBC Form 802 (4/12

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$33 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>Baseball</u> game 04 22 17 Date(s) Provide Title/Explanation If no: Oakland A's 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 Name of Individual В. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role . Other Income Murphy, Eric If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification d EPPC Peopletions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Supervisor's Assistant 05.01.2017 Sarah Oddie 41 Signature of Agency Head of Designee

Print Name

Title

(Month, Day, Year)

California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$33 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗆 Event Description \_\_\_\_\_Baseball game 04 23 17 Date(s) Provide Title/Explanation If no: Oakland A's 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 🕅 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role . Other Income Magallon, Maria If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 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) 4. Verification

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

	Sarah Oddie	Supervisor's Assistant	05.01.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

A Public Document

**A Public Document** 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$5000 ticket/\$40 park Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Basketball Game 04 16 17 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗋 Yes 🗵 Official's Name (Last, First) of agency official? 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 Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Income Ceremonial Role . Other Cravalho, Christopher If checking "Ceremonial Role" or "Other" describe below: 4+p To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4+p Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

#### 4. Verification

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

	Sarah Oddie	Supervisor's Assistant	05.01.2017
Signature of Agericy Head or Designee	Print Name	Tille	(Month, Day, Year)
Signature of Agency Head or Designee			

Comment: \_\_

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$5000 ticket Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>Basketball</u> Game 19 17 04 Date(s) \_ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source lf yes: <u>Chan,</u> Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 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 Name of Individual B. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role 🗌 🛛 Other 🛄 Income Chan, Carl If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his or her service to the public Ceremonial Role Other Income Kubo, Theresa If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy. (include address and description) Pass(es) 4. Verification tions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I hav Supervisor's Assistant Sarah Oddie 05.01.2017 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: ...

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$200 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description \_\_\_\_\_ Chance the Rapper 26 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: <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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role 🔽 . Other 🔲 Income Matsuno, Amy If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance...County sponsored event...in order to maximize potential County revenue...concession sales Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

#### 4. Verification

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

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

Ceremonial	Role Even	its and Ti	cket/Pass	Distributions	•	A Public Document
1. Agency Nan	ne			ne trad linden men geland i finde berein ministerien an der der einer die sonderste der son	Date Stamp	Galitonnia 3101-2
Alameda Cou	•				_	For Official Use Only
Division, Depa	rbment, or Reg	ion (If Appliceb	le)			T ST OTHER VEG ONLY
Board of Supe						
Designated Ag	•					
Lee Ann Ferg			ant	and and an	Amondmont (Must)	orovide explanation in Part 3.}
Area Code/Pho (510) 272-669		E-mail	erson@acgo\	1010	Date of Original Filing:	
2. Function or		1	erson@acgo		REAL VIEW CONTRACTOR AND ADDRESS OF A DESCRIPTION OF A DE	(Monih, Day, Year)
Does the agend			Yes 🔲 No I	Face Value	of Each Ticket/Pass \$ _	1440
Event Descripti	her	eball		Date(s)	$\delta_{1}(3, 17)$	, ,
Event Descripti		Provida Tilla/Exp	olanațion		0-0-0-1	
Ticket(s)/Pass(	es) provided b	y agency?	Yes 🗹 No 🕻		Name of Sci	fuletics
Was ticket distr	ibution made a	at the behest	No 🗌 Yes 🕻	Ala D Ifyes:		visor Scott Haggerty, D 1
of agency offic					Officiel's Nama (	'Lest, First)
3. Recipients			an a			
			Number of	tion B to identify an Individ	lual. • Use Section C to Iden	itily an outside organization.
A. Namerof A	gency (Departme	n) on unit .	Tickous)/	Describe the pu	Jual • Use Section C to Iden Dicipurpose made pursuan	L to the againcy e policy
Anno an ini an	•					
			Numberiol			
D.	lama:of.individu		TicKei(s)/ 		Identify one of the follow	
						ם מע
Constructions grad a support of support of the support						
				Ceremonial Role If checking "Ceremo	nial Rais" or "Other"	Income
C. Namo	of Outside Organ address and des	Zation Cription)	Numbenof fickol(e)/ Ease(es)	Describe the put	blic purposo mada pursuant	to the agoncy's policy'
Tri-Valle	A			ne- nego gondan banca berar 1 ta'.	an an an Andrea an Although Indian and Andrea	<u>menera al faren de la deserva de la constante d</u>
	o		10/4		chool or non-profit or	
41.62 B	ernal for	e steb		its con	tributions to the com	munity
Pleasanto	m.CA 9	4566		a many proposition in the product of the birth of the birth		
4. Vortfightion		ROAD top	d 18949 Fhave ver	ifed the like distribution set	forth abova, is in accordance wi	th the requirements.
N			Lee Ann Ferg		Supervisor's Assistant	1/24/2
			Pdat Namo		7120	(Month, Day Year)
2	the and	al tri	- Valer	, athetes	awards i	event: 5/25/1-
Comment:	in friend 16	D archa	nle Din.	ability and	ADDWTALLEDA LL-L-D	FPPC Form 802 (4/12)
[m05]	ictive 1		whe fin	man o ac	(FP RO/TO) Froe Holpine: (	
educati	on m	tigh 20	riooj Stu	alorts and	a Oncourage	doke - vory
good c	itrens.	throug	h flam	dents and work.	v	V U
J		· · · · · ·				

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Alameda County       Torn       Outsion, Department, or Region (If Applicable)         Board of Supervisors       Board of Supervisors       Per Otfictal Use Only         Designated Agency Contact (Name, Title)       Image: Code/Phone Number       Image: Code/Phone Number         Lee Ann Fergerson, Supervisor's Assistant       Image: Amendment (Must provide explanation in Part 3.)         Area Code/Phone Number       E-mail         (510) 272-6691       Image: Code/Phone Number         Image: Provide a ticket policy?       Yes Image: No Image:	seremonial Role Event	s and m	neurass Di	อแม่งแก่เจ		A Public Document
Division, Department, or Region (//Applicable)       Per Official Use Only         Board of Supervisors       Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant       Immediated Agency Contact (Name, Title)         Kee Code/Proce Number       E-mail         Cotact (Name, Title)       Date of Original Filling:         Cotact (Name, Totac)       Yeac         Does the agency hads a ticket policy?       Yeac III (Name, Totac)         Event Description       Yeac III (Name, Totac)         Description       Yeac IIII (Name, Totac)         Provide Title/Exponention       Provide Title/Exponention         Event Description       Yeac IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	. Agency Name	nt night an an an an an an an an Anna Anna Anna	an a		Dale Stamp	California 019
Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area dodu/Phone Number         Final (510) 272-6691         Isean of Crightan Filling:         (About Cas, Yaar)         Function or Event Information         Date of Orightan Filling:         Provide Taket policy?         Event Description         Assisted policy?         Provide Taket policy?         Yes []         Onder Meme (Last, Find)         Recipients         In science a to identify the agency's department or cont.         View Science Taket policy?         Provide Taket policy?	Alameda County					Form
Designated Agency Contact (Nome, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         E-mail         [C10] 272-56611         Beach Phone Number         Function or Event Information         Does the agency hads a ficket policy?       Yee In No         Provide Title/Explanation         Date of Orighnal Filling:       (Monit) Day, Yeer]         Function or Event Information       Face Value of Each Ticket/Paces S         Description       Area doddershifts         Event Description       Area doddershifts         Mass ticket distribution made at the behest       No II Yes II         of agency official?       No II Yes II         Recipients       Other addershifts         Lue Saction to Identify the agency's department or bit.       Use Section B to Identify an Individuel.       •Use Saction C to Identify an extistio organization.         A. Maneodrashing, Desinftreet or bit.       Interview       Description interview addershifts       Interview         Area doddershift, Description       No II Yes II       To reward a County employee for his or her       exemption of the maximize potential county         Ites Saction A to Identify the agency is doddershift       Interview       To reward a County employee for his or her       exemptis area dodders of the ader of the adder of the adder of		on (If Applicabl	e)	<u></u>		For Official Use Only
Lee Ann Fergerson, Supervisor's Assistant	Board of Supervisors					
Area Code/Phone Number       E-mail       Date of Original Falles:	Designated Agency Contact (N	iame,Tille)				
Area Code/Phone Number       E-mail         (510) 272-6691       Izeann.fergerson@acgov.org       Date of Original Filling:	Lee Ann Fergerson, Supervis	sor's Assista	nt			
(10) Provide Trucket of the provide struct point       (Maint Car, Year)         Function or Event Information       Does the agency had a ticket point?       Yes   No           Event Description       All (Maint Car, Year)       Face Value of Each Ticket/Pass \$	Area Code/Phone Number	E-mail		an a	. C Amendment (wastp.	rovida explanadon in Part 3.)
Does the agency have a ticket policy?       Yes   No         Face Value of Each Ticket/Pass \$	(510) 272-6691	leeann.ferge	erson@acgov.or	g	Date of Original Filing: .	(Month, Day, Year)
Does the agency have a locket policy       Yee       No       Pack value of Edul Notice as a supervised of Edul Notice and Supervised and supervised as a supervised of Edul Notice and Supervised as a supervised of Edul Notice and Supervised as a supervised of Edul Notice and Supervised as supervised as supervised as supervised as supervised as supervised as a supervised of Edul Notice and Supervised as supe	•					41.00
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Ticket(s)/Pass(es) provided by agency?       Yes I       No       If no:	Event Description	ettel	<u> </u>	_ Date(s)	117	
Alameda County Supervisor Scott Haggerty, D 1         of agency official?         Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an outside organization.         A. Nemcontragency, Department or Unit       The Section B to identify an outside organization.         A. Nemcontragency, Department or Unit       The Section B to identify an outside organization.         A. Nemcontragency, Department or Unit       The Section B to identify an identify an outside organization.         A. Nemcontragency, Department or Unit       The Section B to identify an identify an outside organization.         B. Nemcontragency, Department or Unit       The Ward a County Section B to identify an outside organization.         B. Nemcontragency, Department or Unit       The Section B to identify and public or to encourage staff development         B. Nember Departed Agency B to identify an outside organization or the reservice to the public or to encourage staff development       Income I to promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales         C. Nemecrobastice Organization or the formation B to identify Commonal Role or One- reservice or the output of the depart of the same provement of the agency or one of the community of the agency of the community of the same provement of the community of the community of the community of the requirement.         Verification       * 1 and 18942. There verified that the distribution set forth ebore. Is in eccentance with the requirem	-		lanațion	$\bigcirc$	allound	All lotic
Visit licket distribution made at the Derivative No U Yes U       If yes:	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🗖			
of agency official?       Others keens (Lest, First)         Recipients       - Use Section A to identify the spency's department or unit.       - Use Section B to identify an individual.       - Use Section C to identify an outside organization.         A. Nemeod/regines, Department or unit.       - Use Section A to identify the spency's department or unit.       - Use Section B to identify an individual.       - Use Section C to identify an outside organization.         A. Nemeod/regines, Department or unit.       - Use Section A to identify an outside organization.       - Department of the public or to identify an outside organization.         A. Nemeod/regines, Department or unit.       - Use Section A to identify ency the following:       - Department of the public or to encourage staff development         B. Numeod/nemotify for the following:       - Department of the public or to encourage staff development       - Department of the public or to encourage event in order to maximize potential county revenue for concession and parking sales:         Date of Organization       - Department of the public organization of the public organization of the provide approximate active activ	Was ticket distribution made at	the behest	No 🗔 Yes 🗍	Ala:		
Line Section A to Identify the segme'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         Alentification         A. Name of Agency, Department or Unit         Alentify and a County employee for his or her         exemplary service to the public or to encourage         staff development         B. *Name of Agency and the advectory of the adv	of agency official?				Officiel's Nama (L	ast, First)
A.       Name of Agency, Department or Unit       Description       Description       Description         Image: Provide the second account of the se	Recipients					
Attraction       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B       Number of individual and increases and account service to the public or to encourage staff development         Date Cabral       Number of individual and increases and account service to the public or to encourage event in order to maximize potential county revenue for concession and parking sales         Corremonial Role       Other in order to maximize potential county revenue for concession and parking sales         Corremonial Role       Other in order or oncession and parking sales         Corremonial Role       Other in order or oncession and parking sales         Corremonial Role       Other in order or oncession and parking sales         Corremonial Role       Other in order or oncession and parking sales         Corremonial Role       Other in order or oncession and parking sales         Corremonial Role       Other in order or oncession and parking sales         Corremonial Role       Other in order or oncession and parking sales         Corremonial Role       Other in order or oncession and parking sales         Corremonial Role       Other in order or once or other dependence         Income       Income       Income         Verification       To reward a school or non-profit organization for its contributions to the community         Iso on 19942. Thave verified that the distribution set forth shove. Is in	Use Section A to identify the agency's	department or	unit. • Use Section i	3 to identify an individu	Int. • Use Section C to Identify the section of	fy an outside organization.
To reward a County employee for his or her exemplary service to the public or to encourage staff development         B. Nemerical methods         Particle         Particle         C. Mathematical address prediction         Number of the second sec	A. Name of Agency (Department	or Unit	Tickous)/	Describe the pub	c puppes made pusuant	lo the second s policy
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B.       Number individual and indindividual andividual andividual and indindividual andividual andiv						
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David Cabral       Z       To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales       Image: Coremonial Role I Other I Income I In	an in the state of the second s	THE WEATHER STREET		en en internet en state en sta		The state of the second st
David (Gabral       Z       To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales         Coremonial Role       Other       Income         If checking 'Commonial Role       Other       Income         Operation       Income       Income         If checking 'Commonial Role       In	B. Name of Individual		Rabelos)		dentify one of thereiolowing	
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Coromonial Role Other I Income	Mankex Gabri	LL	6	event in o	rder to maximize pol	tential county
C. Name of Clusside Organization If checking "Ceremonial Rolp" or "Other" describe below: Number of Clusside Organization If churching Ceremonial Rolp" or "Other" describe below: Describe Unapublic, purpose made purchant to the agency copolicy To reward a school or non-profit organization for its contributions to the community Verification Id. 1 and 10942. These verified that the distribution set forth ebove, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant	r.			revenue	or concession and p	
Number of the second and the second and the second as						Income
To reward a school or non-profit organization for its contributions to the community         Verification         14.1 and 10942. I have verified that the distribution set forth ebove, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant		-		If checking "Ceremoni-	3! Rolp" or "Other" describe bolow:	
To reward a school or non-profit organization for its contributions to the community         Verification         14.1 and 10942. I have verified that the distribution set forth ebove. Is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant						
To reward a school or non-profit organization for its contributions to the community         Verification         14.1 and 10942. I have verified that the distribution set forth ebove, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant	Naine of Outside Organiz	illon	Numberof	Describe in a Hilb		o the agency's policy
its contributions to the community Verification II.1 and 10942. I have verified that the distribution set forth ebove, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant	i ((include address) and doscr		Pass(es)			
its contributions to the community Verification II.1 and 10942. I have verified that the distribution set forth ebove, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant				I		
Verification	• · · · · · · · · · · · · · · · · · · ·					
Lee Ann Fergerson Supervisor's Assistant	<b>3</b>		1			
Lee Ann Fergerson Supervisor's Assistant	and the second					
Lee Ann Fergerson Supervisor's Assistant	Verification	ld 1 and	18942, I bave verified i	hat the distribution set fo	dh ebove, is in accordance with	the requirements.
						4-74-11ª
( / ( ) )	Signature of Agglicy Hosed or Desighee	L			the second s	(ktonih, Day, Year)
	(//)					

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)

Ceremonial Re	ole Event	s and Tio	ket/Pass	s Distribut	tions	1.40	A Public Document
1. Agency Name			CARACTER STREET, STREET	andre of the subscript of the subscript	a), manufali, kaling periodakan	Date Stamp	Galifornia (2181-2)
Alameda County	1						Form 010.2
Division, Departm	tent, or Regi	on (If Applicable	e)				For Official Use Only
Board of Superv	isors						
Designated Agen		Vame, Title)		<u></u>			
Lee Ann Fergers	on. Supervi	sor's Assista	nt			an an a star a second a second se	
Area Code/Phone		E-mail				Amendment (Must ;	provide explenation in Part 3.}
(510) 272-6691		leeann.ferge	erson@acgc	ov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Ev	vent inform	nation	Rent - Maria Dalamat - Marana atam Propo	and a second	Honoria a natri di Sale di Sa		12.00
Does the agency	have a ticket	policy?	Yes 🗌 No	Fac	e Value o	f Each Ticket/Pass \$ _	41.00
Event Description	base	Provida Tilla/Expl	lanalion	Dat	e(s) <u>5</u>	,0,17	16,2,17
Ticket(s)/Pass(es)	provided by		Yes 🔲 No	lf no		leland At Name of Sci	hens
Was ticket distribu of agency official		the behest	No 🗖 Yes	if ye	Alar 	neda County Superv Officiel's Nama (	risor Scott Haggerty, D 1 Last, First)
3. Recipients	anna la chuire an San Stan an Ann Sanan an Ann an Anna			an a	หรือ 2 กรี 500 <b>คระ</b> แห่งให้ สมสร้างไป 1944 (1	a a server a constant a constant a server a final de la constant de la constant de la constant de la constant e	a na sina na sina panasana na na papang tang ta pang ta
a Lise Section & to ide	ntify the agoncy'	s department or	unit. • Use Se	ction B to identify	ran Individu	al. • Uso Section C to Iden	tify an outside organization.
A. Name of Age	ncy, Departmen	i on Unit	I. Number of Tickousi/	Descr	çe the pub	lcpuppese made pursuant	to the agancy is policy.
			(i) (Pass(es)		d.		
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B. Nan	เอายุ เช่น เจ้า		Numberiof . Tickeys)/	a. 19-2-19-19-19-19-19-19-19-19-19-19-19-19-19-			
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C. Namo of (	utsido Organi) Ireso and dosc	ālion lipton)	Number of Ticket(e)	Descri	ae dreipübl	c purpose nade pursuant	to the agoncy's policy!
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4. Verification	angani detanan i	ANCITZ OFFICE AND AND ADDR. AND ADDR.	ahunga sang Shinggang Si, ST	r (2000, 2017), 2020, a thi (164) ff angu		ana ang ang ang ang ang ang ang ang ang	and a constant of the second
						rth above, is in accordance wit	1100/17
V Stenstow of Arms	Wand of Testings		Lee Ann Fer			Supervisor's Assistant	(Sebath Day Yaar)
Signature of Agepty	right of Cationea	0 E			1.1	hall	La An C
Comment:	mia	run	aruse	er Gal	er p	nerp raise	FPPC Form 802 (4/12)
li-	fc Savi	ny sa	progra	ims 8	Sert	PPC Toil-Free Heipline: 8	66/ASK-FPPC (855/275-7772)

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_	eremonial Role Ever	its and Tic	ket/Pass	Distributions	•	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					i onini
	Division, Department, or Reg	ion (If Applicable	)		7	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		······································		
	Lee Ann Fergerson, Super-	/isor's Assistar	nt			
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.}
	(510) 272-6691	leeann.ferge	rson@acgo	v.org	Date of Original Filing:	(Monih, Day, Year)
2.	Function or Event Infor	mation				Eton
	Does the agency have a ticke	et policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	sia
	Event Description	lors		Date(s)	19,17	,
		Provide Title/Expl	analion		· · · · · · · · · · · · · · · · · · ·	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	🔲 lf no: 🌈	NN	
	LA ferre Martin Martin at a second			Ala	Name of Se meda County Super	visor Scott Haggerty, D 1
	Was ticket distribution made of agency official?	at the benest	No 🗖 Yes	If yes:	Officiel's Name	
2	Recipients				·····	
9.	• Use Section A to Identify the agend		unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to Ider	itlfy an outside organization.
	A. Name of Agency, Departm	entonUnit	Number of	Describe the put	olc purpose made pursuan	t to the agency's policy
			Tickotis)/ (Pass(es)			
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	a warden oorden an ander an a		I AND THE REPORT	4.金融建筑的转换资料和12、元率		net of state of the low statement of the test
	B. Name:of/Individu		Number of Ticket(5)/ Rass(05)		Identify one of the follow	( <b>F9</b> )
	The second so the construction of the second s	og of ander in Antalinier og a			lance at a county sponsor	
				to maximize poten	tial county revenue for co	
				parking sales.		
	· · · · · · · · · · · · · · · · · · ·					
	Supervisor Scott Ha	genty	4	To evaluate th	e contribution of a facil	ity or event to the
				County's	goals for fostering arts	culture and
				entertainme	ent opportunities for Co	unty residents
	C. Name of Outside Orga	nzallon	Number of Ticket(s)/ Pass(es)	Describe the put	ilic,purpose made pursuari	to the agency's policy
	); ((include)address,and;de	seripuon).	Pass(es),			
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	().					
4.	Verification		10040	what the state the state	lath nhaun is is associated	th the menuinesses / /
2					forth above, is in accordance w	1/10/17
_	Signature of Agency Head or Designe		_ee Ann Fer	The second se	Supervisor's Assistan	(Mbnih, Day, Year)
	and and a state in the state of	-	r ((n. 1407)		.127	teriketteri kerendi deratik
	Comment:					

Ceremonial Role Events and Ticket/Pass Distrib	utions A Public Document
1. Agency Name	Date Stamp CErtificantia CAD2
Alameda County	For Official Use Only
Division, Department, or Region (If Applicable)	
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	Date of Original Filing:(Monih, Day, Year)
2. Function or Event Information Does the agency have a ticket policy? Yes No D F	ace Value of Each Ticket/Pass \$
Event Description	$aie(s) \underbrace{4 : 2le_1}_{(7)}$
Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🗂 If	no:
Was ticket distribution made at the behest No 🖂 Yes 💭 🛛 If	Alameda County Supervisor Scott Haggerty, D 1
of agency official?	Official's Nerre (Last, First)
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to iden	
A. Namerof Agency Department or Unit fill . Number of	cripo the public purpose made pursuent to the agoncy is polley.
	vard a County employee for his or her
	plary service to the public or to encourage
	evelopment
B. Namorof. Individual:	ldentity:gng of theffollowing;
Т	o promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
Supervisor scott 4 Hasserty, Dist. 14	o evaluate the contribution of a facility or event to the County's goals for fostering arts, culture and entertainment opportunities for County residents
C. Nama of Outside Organization Number of Tokking) Des	cribe the public purpose made purpose to the agency e polley
Ton	eward a school or non-profit organization for its contributions to the community
4. Verification 144.1 and 18942. I have verified that the c	istribution set forth ebove, is in accordance with the requirements.
( Lee Ann Fergerson	Supervisor's Assistant 4-17-17
Signature of Agency House or Casignee Print Name	Tito (Monih, Day, Yoar)
Comment:	

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

Ceremonial Role Ever	nts and Tic	cket/Pass	s Distributions		A Public Document
1. Agency Name	ing an sana 🥵 in the Constant and		<u>ى ئەرىمە مەرىكە ئەت بەر بەر ئەت ئەت بەر بەر ئەت ئەت بەر بەر بەر بەر بەر بەر بەر بەر بەر بەر</u>	Dale Stamp	California QN9
Alameda County					//Form
Division, Department, or Reg	ion (If Applicabl	е)		7	For Olficial Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Tille)			-	
Lee Ann Fergerson, Super-	/isor's Assista	nt			
Area Code/Phone Number	E-mail			Amendment (Must )	provide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acgd	ov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Infor	mation	en anton en la collection de la collection I	anna aire na hinn aire an an Anna ann a	a na fa dhaadhaa aha ah	6 (1) 00
Does the agency have a ticke	t policy?	Yes No	Face Value	of Each Ticket/Pass \$_	74.00
Event Description	Loll		Date(s)	, 17, 17	1 1
	Provida Tille/Expl	anation		<u> </u>	Allafac
Ticket(s)/Pass(es) provided b	y agency?	Yes 🚺 No	[] If no:	Vere al So	Athletics
			Ala		isor Scott Haggerty, D 1
Was ticket distribution made a of agency official?	at the penest	No 🗌 Yeà	If yes:	Official's Neme (	
3. Recipients				a ann a fan ann ann an	an a she and a she are a substant substant substant substant substant substant substant substant substant subst
<ul> <li>Use Section A to identify the agenc</li> </ul>	y's department or i	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to Iden	lify an outside organization.
		I Number of		jicpuposo madelpursuani	to the agoncy a policy.
A. Name or Agency, Deparate		PRESS(es)			
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			received Cour	nty funding or support	
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B. Namo pl. nd vidu		Number of . Tickeys)/ Pass(05)		(Identify one of theirollow)	
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C. Name of Outside Organ		Numbanof Tickel(p) Pass(ps)	Describe haplib	lic purpose made pursuent:	to the anency's policy
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			To reward a so	chool or non-profit or	anization for
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4. Verification					
Y, YGINIGALIUH	'4.1 and	18942. I hava ve	nfied that the distribution set fo	orth ebove, Is in accordanco will	the requirements.
	L	.ee Ann Fer	gerson	Supervisor's Assistant	4/17/17
	,	Print Nam		ที่ชอ	(Month, Day, Yoza)
Comment:					FPFC Form 802 (4/12)

FPPC Toll-Frae Halpline: 866/ASK-FPPC (866/276-7772)

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# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document

I. Agency Name			Date Stamp	California 000
			nara aranah	Form 802
Alameda County Division, Department, or Reg	Ion (If Applicable)			For Official Use Only
Board of Supervisors Designated Agency Contact	(Name Title)			
Lee Ann Fergerson, Super Area Code/Phone Number	E-mail	[	Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@acgov.org	C	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Infor			1	5 0000
Does the agency have a ticke	et policy? Ye🜠 No 🗆 🖓	ace Value of E	ach Ticket/Pass \$ 📥	5,000
Event Description Wa	VY COTS Playoffs D	ate(s) 4	16,17.	
Game A Round	Desvide Title Evalenation	C.C.		
Ticket(s)/Pass(es) provided t	y agency? Yes 🗌 No 🗍 🛛 If	no: <u> </u>	Name of Soul	
Was ticket distribution made	at the behest No 🗖 Yes 🔂 If	Alame	da County Supervis	sor Scott Haggerty, D
of agency official?		yço	Official's Name (Le	ast, First)
. Recipients				
	y's department or unit. • Use Section B to iden	tify an individual.	Use Section C to identif	y an outside organization.
A. Name of Agency, Departm	entronUnit Tickousy Des	cribe the public.	puipose madelpuisuant l	o the agency's policy
		andersta <u>len och der</u>		
			· · ·,	
B.	al Tcketer	)	lentify one of thefollowin	<b>9</b> ;
	Paselos)	NAME AND AND AND		ne [
,		emonial Role	Other	Income
			ale" or "Other" describe below:	
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		ing and a state	n vo esterno contre contre estatutar	หลากการสะนับสินษัตร์จะเปลี่ยงไปไปการไปเป็น
C. Name of Outside Organ	Jzation Ticket(9)/ Cription)	cribe the public i	ourpose made pursuant u	o the agency's policy
			ANNO LUDINNO LUNY A ANN	anosa provins provinsione o site
S.A.V.E	olent Environments To re	eward a scho	ol or non-profit org	anization for
	re., 5te 204 U/	its contrib	utions to the comm	unity
Fremont, CA 9				
. Verification				
	.1 and 18942. I have verified that the d	istribution set forth	above, is in accordance with	the requirements.
	Lee Ann Fergerson	Su	pervisor's Assistant	4-13-17
Signature of Agency Head or Designer	Print Name		Title	(Month, Day, Year)
Comment: Fundra	user to help wit	h proc	grams at	S.A.U.E
for bate	red women and th	OIC FPF	✓ PC Toll-Free Heipline: 86	FPPC Form 802 (4/12 6/ASK-FPPC (866/275-7772
children	N	~~~	•	

	Ceremonial Role Events and Ticket/Pass Distributions	5	A Public Document
1	. Agency Name	Date Stamp	Sallfornia 802
	Alameda County		Form 9974 For Official Use Only
	Division, Department, or Region (If Applicable)		r of Omicia Oso Only
	Board of Supervisors		
	Designated Agency Contact (Name, Tille)		
	Lee Ann Fergerson, Supervisor's Assistant	Amondmont (Must	provide explanation in Part 3.}
	Area Code/Phone Number E-mail		nondo ospienesen art en en
1000 L	(510) 272-6691 leeann.fergerson@acgov.org	Date of Original Filing:	(Monih, Day, Year)
2.	. Function or Event Information Does the agency have a ticket policy? Yest No C1 Face Value	e of Each Ticket/Pass \$ _	1.700.00
	( icologo		
	Event Description		
	Tickel(s)/Pass(es) provided by agency? Yes No D If no:	ekland AT Name of So	Metics
	Was ticket distribution made at the behest No I Yes P If yes:	Iaméda County Superv Officiel's Nama (I	isor Scott Haggerty, D 1 Lest, First)
3.	<ul> <li>Use Section A to identify the agoncy's department or unit.</li> <li>Use Section B to identify an indiv</li> </ul>	vidual. • Uso Section C to Ident	tify an outside organization.
	A. Name of Agency, Department or Unit	upije purpoše madel purscant	to the agency a policy.
	B. Name of lad vidual	Lider University of the trailow	
	B. Nameoringlyidudi		
			no
	Caremonial Roll	B Other D	Income
	C. Name of Cutsider Organization	ublic purposo made pursuent;	to the agoncy's policy
	Las Positas College		
	3000 Campus Hill Dave To reward a	school or non-profit org ntributions to the comm	
	Livermore CA		namey
	94551-7623	anan balana mananan ka in sharatan 19.500 manan kata	nie wyskanie a kanalista (na marcha da ale przyczych na sach star w starowani a marchanie) się
4.	Verification	l forth abova. Is in accordance with	h tha reaulmments.
	Lee Ann Fergerson	Supervisor's Assistant	4-12-17
	Print Namo	771/20	(Month, Day, Yoar)
	Comment: Fundraiser to help the Foundation a	<del>ᢉᢉ᠘᠘᠘᠉᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘</del>	st critical
	unmet needs of Lac Proite College	FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)
	Students and programs.		
	Student Scholarchips, Can	a a pulation	ale a se
	Unmet needs of Las Positas College Students and programs; Student Scholarships, Campus, LPC Performing Arts Program.	movation gr	untsand the
	min la taiming torts gradiam.		

C	eremonial Role Even	ts and Ti	cket/Pas	s Distributions		A Public Document
1.	Agency Name	ine provinsi na entra da en T	an a		Dale Stamp	California 202
	Alameda County					For Official Use Only
	Division, Department, or Reg	Ion (If Applicab	ie)	<u></u>		Por Official Ose Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Tille)				
	Lee Ann Fergerson, Superv	isor's Assista	ant		D Amandmant /html	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail		and and a second se		
	(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation		11		
	Does the agency have a ticker	t policy?	Yes 🔲 No	Face Value	of Each Ticket/Pass \$	
	Event Description Base	sall		Date(s) 之	,9,17	5,24,17
		Provida Titla/Exp	olanațion	0	abland De	hletics
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	Bearing .	Nama of So	Urco
	Was ticket distribution made a	t the behest	No 🗌 Yes	Ala	ameda County Superv	isor Scott Haggerty, D 1
	of agency official?				Ófficlel's Neme (i	Lasi, Firsi)
3.	Recipients					In a second and a second s
	Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individ	Ival. • Use Section C to Ident	ilfy an outside organization.
	Lee Section A to Identify the agency     A. Name of Agency, Department	ni or Unit	Tickous)	Describettia pu	blic:puipose madolpuisuant	to the agoncy's policy
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				<b></b>		
					ersight of facilities or even nty funding or support	ents that have
	B. Name of Individue		Number of . Tickouel/ Pabelos)		Ildontify one of the follow	
		ABARDEL ANDRU DE L	SID SCREETVAN			ne 🗌
				event in c	e attendance at a cou order to maximize pot	tential county
				revenue	for concession and p	arking sales
				Ceremonial Role	Olher 🗍	Incoma
					nial Rolo" or "Other" describe balow:	
	and and a second of the second se	15 Mar (1999) And (1997)	States (201) Inter all all		and second second second	en la superior de la
	C. Name of Cuiside Organi	zallon viption), sal	Number of Tickel(p)	Describe Une pu	blicpulpose made pursuant	to the agency's policy
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	FOOD PLACE	too Ank	04		chool or non-profit or	
	Dire la la	A		- its con	tributions to the comm	nunity
	Pleasanton C	A 9451	de			· · · ·
4.	Verification	ang kalang kang pang pang pang kang kang kang kang kang kang kang pang pang kang kang kang kang kang kang kang		Contraction of the second s		na hinningin in the Constant Constant States, States
	i	144.1 on	d 18942, I havo vi	erified that the distribution set	forth ebova, is in accordanco will	ill il in
			Lee Ann Fei		Supervisor's Assistant	(kingth Chy Yost)
		7110	Pdai Non	( A )		
	Comment: TEI-VAU	ET YM	1CA 10	th Annual	e Golf Tourn	EBBC Form BOD (4141)
	Fundrais	ser. Co	unseli	ng services	FPPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)
	and oth	ner or	Hrcal	program	21	
	forie" 1	KIDS.		V Č		FPPC Form 802 (4/12) 66/ASK-FPPC (866/276-7772)

				o bistributions		A Public Documer
1	Agency Name				Date Stamp	California 802
	Alameda County					rom oo
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assista	int			
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explenation in Part 3.)
	(510) 272-6691	leeann.ferge	erson@acg	ov.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				(monin, Day, Teer)
	Does the agency have a ticke	t policy?	Yes N	o 🗂 🛛 Face Value d	of Each Ticket/Pass \$	12.
	Event Description <u>A'S</u>	Basely	200	· · · · · · · · · · · · · · · · · · ·	19.17	
		Provide Title/Expl	lanațion	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes N	If no: 📿	kland of	Thetics
		••••	(	Alar	Name of Sou Neda County Superad	isor Scott Haggerty, D :
	Was ticket distribution made a of agency official?	t the behest	No 🗖 Yes	s 🛛 👘 if yes: 💶	Official's Name (L	
				(	Omciers Neme (L	851, Filsi)
5.	• Use Section A to Identify the agency	's denactment or		action B to identify on individu	nt - Line Contine C in Ideati	E 4 14
	A. Name of Agency, Department		Number of		IC:purpose made pursuant	
	A stante of Agency, Dapartina	u on u n r	Tickotis)/ Rass(es)	Lescribe ine pub	IC purpose made pursuant	
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	11 Martin Martin Languerre Street and Statistics and				······································	
	B. Name:o//nalvidi/al nam://w/		Number of Ticket(s)/ Pase(os)		Identity one of the following	9
	Monica Di	Paola	2	To promote attenda to maximize potenti parking sales.	nce at a county sponsored al county revenue for con	d event in order 🛛 👦 🛄 cession and
				Ceremonial Role	Other	Income
		1		-	l Raie" or "Other" describe below:	
ļ	C. Name of Outside Organia	ation/	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant &	the sgency's policy
ł		TATENTI A CANADA AND A CANADA AN	41 M 958 (98).			加加和利息合适用相比不能。
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	Verification			I		
-		ions 18944.1 and 1	18942. I have ve	nified that the distribution set for	th ebove, is in eccordance with (	the requirements.
			ee Ann Fer		upervisor's Assistant	4/11/17
	Signature of Agency Head or Designeo		Print Nam	The second secon	Title	(Monih, Day, Year)
						· /
(	Comment:					

many set of the set of	Charles and the second second		
. Agency Name		Date Stamp	California 802
Alameda County			For Olficial Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Tille)			
Lee Ann Fergerson, Supervisor's Assistant		Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail			
(510) 272-6691 leeann.fergerson@a	cgov.org	Date of Original Filing:	(Manih, Day, Year)
Function or Event information         Does the agency have a ticket policy?         Yes □	No 🗌 Face Valu	ue of Each Ticket/Pass \$_	1,000
Event Description	Date(s)	7,10,11	//////
		G-SW	
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Was ticket distribution made at the behest No C void of agency official?	Yes 🔯 If yes: 🚣	Officiel's Name (	
• Use Social A to Identify the agency's department or unit. • Use	e Section B to identify an ind	lvidual. • Uso Section C to Iden	lify an outside organization.
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	staff develop		
B. Number and Antonio State an		Identily one of thefollow	
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	Coromonial Ro I/ checking 'Con	ole D Other D monial Role" or "Other" describe below:	income
C. Name of Outside Organization	DF J//	LUBIIC DI Pose made pursuant	to the agency(e) follow with a f
C. Name of Outside Organization	ļ	<u>997 (.). (1997) 2000 (000 (.). (000 (.).</u> 	。唐柳珠亦重。45%,公司后期第15%(155);
C. Name of Outside Orgenization in the Mumber Mekdin Include address and description). In the Fassie	) To reward a	a school or non-profit or ontributions to the com	ganization for
C Name of Outside Organization (Include address and description), put to part (Control of Control	) To reward a	a school or non-profit or	ganization for
	) To reward a	a school or non-profit or	ganization for
Verificatión	To reward a	a school or non-profit or ontributions to the com sat forth ebove, is in accordance wi	ganization for munity
Verification t ond 18942. The	To reward a	a school or non-profit or ontributions to the com sat forth ebove, is in accordance with Supervisor's Assistant	ganization for munity
Verification i and 18942. I have been been been been been been been be	To reward a its c	a school or non-profit or ontributions to the com sat forth ebove, is in accordance wi	ganization for munity

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Ceremonial Role Events and	<b>Ticket/Pass Distributions</b>	.91	A Public Document
1. Agency Name		Dale Stamp	California
Alameda County			Form 7 904
Division, Department, or Region (If App	licable)		For Olficial Use Only
Board of Supervisors			
Designated Agency Contact (Name, Tille	J		
Lee Ann Fergerson, Supervisor's Ass	sistant	Amendment (klys)	provida explanation in Part 3.)
Area Code/Phone Number E-mail			
	fergerson@acgov.org	Date of Original Filing	(Monih, Day, Year)
2. Function or Event Information		و العقال المحمول الم	
Does the agency have a ticket policy?	Yes No Pace Value (	of Each Ticket/Pass \$.	An <sup>al</sup> ina any amin'ny amin'ny tanàna <u>amin'ny tanàna mand</u> ia mandritra dia kaominina mikambana amin'ny fisiana
Event Description	UAS_Date(s)	Je IT	
		Jeland (	athlotics
Ticket(s)/Pass(es) provided by agency?		Name of S	
Was ticket distribution made at the beha	est No 🗋 Yes 🗍 🛛 If yes:	Official's Name	visor Scott Haggerty, D 1
of agency official?	an ann an ann ann ann ann ann ann ann a		nanne menne der för de menne menne att
<ul> <li>Recipients</li> <li>Use Section A to Identify the agency's department</li> </ul>	nt or unit. • Use Section B to identify an individu	ial. • Use Section C to Idea	illfy an outside organization.
	Number of	licipurposo madelpursuan	t to the agency's policy
	PAGE(09)		
		sight of facilities or ev	ents that have
	received Cour	ity funding or support	
R Name of Inglyidual	Numberof. Tekevoj/ Papitovi	identify one of theifolipy	
B.	To reward a co	identify one of thereoiley mmunity voluntee	for his or her
NONL	servic e to the		
FSI 10 9517			
l			
	Coromonial Rolo Il checking "Ceremoni	Other al Role" or "Other" describe below:	Incoma
C. Name of Outside Organization (Include address) and description)	<ul> <li>Numberof</li> <li>Describe trepte</li> </ul>	ic;purpose made pursuan	to the agency sipolicy
(Include and passing assertion)			
	To reward a so	hool or non-profit or	ganization for
	its cont	ributions to the com	munity
	19 Line a	···	
4. \	and a second	<u>▲₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩</u>	ŢġĊĸġĸġĸġĸţĸĊĸĸŢĸĸŴĸĊţĊĸţĸġĸġŢġĊĸţĸġĊţĊĊĸĊŢŔĸĸĊĊŎĊĸĸŢŔĸ
11 1944.	t and 18942. I have verified that the distribution set fo		
	Lee Ann Fergerson	Supervisor's Assistan	(Manih, Day, Yoar)
	enna 14000	-1- 4	herman and the set
Comment:			FPFC Form 802 (4/12)
	F	PPC Toll-Free Helpline: 8	B66/ASK-FPPC (866/275-7772)

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Ceremonial Role	Events and Ti	cket/Pass	Distributions		A Public Document
1. Agency Name				Dale Stamp	Som 802
Alameda County					and - and a second second
Division, Department,	or Region (If Applicab	ole)			For Olficial Use Only
Board of Supervisors					
Designated Agency Co	ontact (Name, Tille)				
Lee Ann Fergerson, S	Supervisor's Assista	ant			
Area Code/Phone Num	iber E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgov	v.org	Date of Original Filing:	(Monih, Day, Year)
2. Function or Event	Information	an Charachtairte ann adhrachan ag braight, baoga		ing a stall india paratipa pa	an a
Does the agency have	a ticket policy?	Yes 🔲 No 🛛	Face Value of	of Each Ticket/Pass \$ _	······
Event Description	nsepall		Date(s) 5	5,9,17	5,24,17
L'UTIT D'COUPTON B	Provida Tille/Exp	olanațion		haa al	000
Ticket(s)/Pass(es) prov	ided by agency?	Yes 🖾 No	📋 lf по: 💶	apland	Fhlefics
	and a state of the state	(	Ala	Name of Se meda County Superv	visor Scott Haggerty, D 1
Was ticket distribution r of agency official?	mace at the behest	No 🗌 Yes 🛛	If yes:	Official's Nama	
	and - There is that developed a first of the state developed and the second second second second second second		an a	. In the theory of the factor of the state of the	an a
<ul> <li>Recipients</li> <li>Use Section A to identify th</li> </ul>	agoncy's department or	runit. • Use Sec	tion B to identify an Individu	ual. • Use Section C to Ider	tify an outside organization.
A. Namerof Agency, D		Number of		llc:puppesc madelpursuan	
		Tickol(s)/ IPass(es)			
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	an na managang kang kang kang kang kang kang ka				
	ettern, vie one werdenst, oor	Number			
B. Name Di I	dividual:	Numberof Tickeys)/ Pass(os):		(Identify one of theffoliow	
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					and a second
C. Name of Outside		Numberof Tickel(a)/ Foss(os)	Describe Ule publ	lic:purpose made pursuant	to the agency spolley
(include address)	and doscription), Shirth	343 (P055(05)			
TRI-VALLE	MACA	4	To reward a se	bool of non-nonfit or	
			its cont	chool or non-profit or ributions to the com	
5000 Pleasar	nton the S	ut 220	2		······································
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<ul> <li>Verification</li> <li>Where read and understand EPF</li> </ul>	C Reculations (63/4 4 mm	HIROND I have weet	if ford that the distribution set fo	whether is in ecometric with	h the movingments
клачо голо аля илентяни <b>ю в</b> РУ					1171
Signature of Agency Hoad or		Lee Ann Ferg		Supervisor's Assistant	(Monih, Day, Yoar)
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Comment:	ity golf	Tour	wintern .	Tor YOUTH	CHORES EN CONCYLT
			F	PPC Toll-Fiee Helpline: 8	FPPC Form 802 (4/12) 666/ASK-FPPC (866/275-7772)

Alameda County         Division, Department, or Region (I/ Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Supervisor's Assistant         Arrea Code/Phone Number         (610) 272-6691         Beann, fergerson@acgov.org         Function or Event Information         Does the agency have a ticket policy?         Yes:       No         Provide Title/Explanation         Provide Title/Explanation         Incket(s)/Pass(es) provided by agency?         Yes:       No         Yes:       No         Yes:       If no:         Alameda Co         of agency Official?         * Use Section A to identify the agency's department or unit.       • Use Section B to Identify an Individual. • Use Section B to Identify an Individual. • Use Section A to identify the agency's department or unit.       • Use Section B to Identify an Individual. • Use Section B to Identify an Individual. • Use Section B to Identify an Individual. • Use Section A to identify the agency's department or unit.       • Use Section B to Identify an Individual. • Use Section A to identify the agency's department or unit. • Use Section B to Identify an Individual. • Use Section A to Identify the Agency ide or the Section B to Identify an Individual. •	•	A Public Do	cument
Division, Department, or Region (I/Applicable)         Board of Supervisors         Designated Agency Contact (Neme, Title)         Lee Ann Fergerson, Supervisor's Assistant         Arrea Code/Phone Number         (510) 272-6691         Beaan, fergerson@acgov.org         Function or Event Information         Does the agency have a ticket policy?         Yes:       No         Face Value of Each Tic         Event Description         Boxted distribution made at the behest         No       Yes:         No       Yes:         Vesticket distribution made at the behest       No         Vesticket distribution made at the behest       No         Yes:       Or Yes:         of agency official?       Date(s)         * Use Section A to identify the agency's department or unit.       • Use Section B to identify an Individual.       • Use Section B to identify an Individual.         * Use Section A to identify the agency's department or unit.       • Use Section B to identify an Individual.	Dale Stamp	California	202
Board of Supervisors         Designated Agency Contact (Mame, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         [610] 272-6691         Beand, fergerson@acgov.org         Does the agency have a ticket policy?         Yes         No         Provide Title/Explanation         Date(s)         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes       No         Was ticket distribution made at the behest       No         Yes       No         Was ticket distribution made at the behest       No         Yes       No         Yes       No         Hyss:       Description         Recipients       No         *Use Section A to identify the agency's department or unit.       Use Section B to identify an individual.       Use Section B to identify		Form	
Designated Agency Contact (Wame, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         (610) 272-6691         Ieeann.fergerson@acgov.org         Date of C         Function or Event Information         Does the agency have a ticket policy?         Yes D       No         Face Value of Each Tic         Event Description         Provida Title/Explanetion         Ticket(s)/Pass(es) provided by agency?         Yes D       No         If no:       OALloa         Alameda Co         of agency official?         Recipients		For Olficial Use	3 Only
Designated Agency Contact (Wame, Title)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         (610) 272-6691         Ieeann.fergerson@acgov.org         Date of C         Function or Event Information         Does the agency have a ticket policy?         Yes D       No         Face Value of Each Tic         Event Description         Provida Title/Explanetion         Ticket(s)/Pass(es) provided by agency?         Yes D       No         If no:       OALloa         Alameda Co         of agency official?         Recipients			
Area Code/Phone Number (510) 272-6691       E-mail leann.fergerson@acgov.org       Date of C         Function or Event Information Does the agency have a ticket policy?       Yes    No          Face Value of Each Tic Date (s)  e         Event Description       Bastmanu       Date (s)  e       Provide Title/Explanation       Date (s)  e         Ticket(s)/Pass(es) provided by agency?       Yes    No          Face Value of Each Tic Date(s)  e       Alameda Co         Was ticket distribution made at the behest of agency official?       No    Yes          If no:       Alameda Co         Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use S         A Nameoffaging/Department or unit.       • Use Section B to identify an individual.       • Use S         A Nameoffaging/Department or unit.       • Use Section B to identify an individual.       • Use S         A Nameoffaging/Department or unit.       • Use Section B to identify an individual.       • Use S         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use S         A Nameoffaging/Department or unit.       • Use Section B to identify an individual.       • Use S         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use S			
Area Code/Phone Number (510) 272-6691       E-mail leann.fergerson@acgov.org       Date of C         Function or Event Information Does the agency have a ticket policy?       Yes    No          Face Value of Each Tic Date (s)  e         Event Description       Bastmanu       Date (s)  e       Provide Title/Explanation       Date (s)  e         Ticket(s)/Pass(es) provided by agency?       Yes    No          Face Value of Each Tic Date(s)  e       Alameda Co         Was ticket distribution made at the behest of agency official?       No    Yes          If no:       Alameda Co         Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use S         A Nameoffaging/Department or unit.       • Use Section B to identify an individual.       • Use S         A Nameoffaging/Department or unit.       • Use Section B to identify an individual.       • Use S         A Nameoffaging/Department or unit.       • Use Section B to identify an individual.       • Use S         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use S         A Nameoffaging/Department or unit.       • Use Section B to identify an individual.       • Use S         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use S	1		
(510) 272-6691       leeann.fergerson@acgov.org       Date of C         Function or Event Information       Does the agency have a ticket policy? Yes No       Face Value of Each Trained State Provide Title/Explanation         Date(s)       BASERSAL       Date(s)       L         Provide Title/Explanation       If no:       Oakled         Ticket(s)/Pass(es) provided by agency?       Yes No       If no:       Oakled         Wes ticket distribution made at the behest of agency official?       No       Yes I       If yes:         Recipients       Vest Section A to identify the agency's department or unit.       • Use Section B to identify an Individual.	andmant (Must provi	ide explanation in Pa	nt 3.)
Does the agency have a ticket policy?       Yes D       No       Face Value of Each The         Event Description       Bast Back       Date(s)       Le       Yes D         Provide Tille/Explanation       If no:       Oaklast         Ticket(s)/Pass(es) provided by agency?       Yes D       No D       Yes D       If no:       Oaklast         Was ticket distribution made at the behest of agency official?       No D       Yes D       If no:       Oaklast         • Use Socition A to identify the agency's department or unit.       • Use Section B to identify an individual. • Use S       • Use Section B to identify an individual. • Use Section B to identify an individual	Original Filing:	(Month, Day, Year)	_
Event Description       Bast Fraul       Date(s)       LeY         Freedom Title/Explanation       If no:       Oaklast         Was ticket distribution made at the behest of agency official?       No [] Yes []       If no:       Oaklast         Recipients       •Use Section A to identify the agency's department or unit.       •Use Section B to identify an individual.       •Use Section B to identify and the identif		2~	
Ticket(s)/Pass(es) provided by agency?       Yes \[ No \[ If no:Alameda Co.         Was ticket distribution made at the behast no \[ Yes \[ If res:Alameda Co.         Maineda Co.       If yes:	icket/Pass \$	100	1997, m. 444 273 - 1673
Incret(s)/Pass(es) provided by agency?       Yes I No I Hut.       Intro.         Was ticket distribution made at the behest of agency official?       No I Yes I If yes:       Alameda Co.         Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual. • Use Section B to identify an individual indidial indidial indiv		//	
Mass ticket distribution made at the behest of agency official?       No I Yes I       Alameda Co.         Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual B to identify and a school or of its contributions • Use Mowery Avenue Fremoent con a 4538     To reward a school or of its contributions	and A'S	>	والمردار المرداري
Was ticket distribution made at the benest of agency official?       No Yes I if yes:         Recipients       • Use Section A to identify the egency's dependent or unit.       • Use Section B to Identify an Individual. • Use S         A. Nameoragency, Department or unit.       • Use Section B to Identify an Individual. • Use S         A. Nameoragency, Department or unit.       • Use Section B to Identify an Individual. • Use S         B. Nameoragency, Department or unit.       • Use Section B to Identify an Individual. • Use S         B. Nameoragency, Department or unit.       • Use Section B to Identify a transferrer         B. Nameoragency, Department or unit.       • Use Section B to Identify a transferrer         B. Nameoragency, Department or unit.       • Use Section B to Identify a transferrer         B. Nameoragency, Department or unit.       • Use Section B to Identify a transferrer         B. Nameoragency, Department or unit.       • Use Section B to Identify a transferrer         B. Nameoragency, Department or unit.       • Use Section B to Identify a transferrer         B. Nameoragency, Department or unit.       • Use Section B to Identify a transferrer         B. Nameoragency, Department or unit.       • Use Section B to Identify a transferrer         B. Nameoragency, Department or unit.       • Use Section B to Identify a transferrer         B. Nameoragency, Department or unit.       • Use Section B to Identify a transferrer         B. Nameor	ounty Supervise		erty, D 1
Use Section A to identify the agency's department or unit.     Use Section B to identify an individual.     Identify an individual B to identify and identify a	Official's Name (Lasi		
A. Nameor Agency, Department on Unit       Nameor Agency, Department on Unit       Description       <	Section C to Identify	an outside organiza	ilion.
To reward a County employ service to the staff development         B       Number of Individual         Number of Individual       Number of Individual         B       Number of Individual         To promote attenda event in order to n revenue for concel         C       Caramonial Role I Other of Society of Individual Role"         Number of Outside Organization       Number of Individual Role I Other of Society of Individual Role"         C       Number of Outside Organization         Washing Commonial Role I Other of Society of Individual Role"       Other of Outside Organization         Washing to Utside Organization       Number of Individual Role" or Other of Society of Individual Role Individual Role Individual Role" or Other of Individual Role Individuatin Role Indindividual Role Individuation Role Indition	o nadoje u slični lo.	thu:agoncy's pollo	<b>X</b>
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B.       Name of Individual       Number of Passion       Identify of Passion         B.       Name of Individual       To promote attenda event in order to n revenue for concel         Caramonial Role       Other of the provide of the passion       Other of the provide of the passion         C.       Name of Outside Organization       Number of the provide of the passion       Other of the passion         C.       Name of Outside Organization       Number of the passion       Describe the public purpose         Washing ton Hospital       1%/3       To reward a school or n its contributions         Zooo Mowry Avenue       Fremont cd a 4538       Verification         Verification       18944.1 and 18942. There verified that the distribution set forth above, is	e public or to e	encourage	<b></b>
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Washington Hospital 18/3 To reward a school or r Healthcare Foundation 18/3 To reward a school or r its contributions Fremont CA 94538 Verification : 18944.1 and 18942. I have verified that the distribution set forth above, 15	her 🔲	ln	горте 🔲
Washington Hospital 18/3 To reward a school or r Healthcare Foundation 18/3 To reward a school or r its contributions Fremont CA 94538 Verification : 18944.1 and 18942. I have verified that the distribution set forth above, 15			
Healthcare Foundation /3 To reward a school or r 2000 Nowry Avenue Fremont CA 94538 Verification : 18944.1 and 18942. I have verified that the distribution set forth above, is	e mada pursuant to i	Line agency/sipolicy	
2000 Nowry Avenue Fremont CA 94538 Verification : 18944.1 and 18942. I have verified that the distribution set forth above, is			<u> </u>
; 18944.1 and 18942. I have verified that the distribution set forth ebove, is			
	is in accordance with th	o requiraments.	
Lee Ann Fergerson Superviso	or's Assistant	4-6-1	7
Signaluro of Agbricy Hoder or Besignes Print Namo	Tilo	(Manih, Da)	y, Youi)
Comment: 32nd Annual Golf tournament Fundraisi	ingtwent		

FPPC Toll-Free Helpilne: 866/ASK-FPPC (866/275-7772)
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1. Agency Name       Date Stamp       California 800         Alameda County       Drate Stamp       California 800         Board of Supervisors       Designated Agency Contact (Name, Tale)       Image: California Name Tale)         Lee Ann Fergerson, Supervisor's Assistant       Image: California Name Tale)       Image: California Name Tale)         2. Function or Event Information       Desite agency have a ticket policy?       Yes Image: No Image: Name Tale)       The Collect Use Original Filling: Tale Original Filli			UNGUI do	5 DISTINUTIONS	·	A Public Documer
Particle County       Per Critical Use Only         Boerd of Supervisors       Designated Agency Contact (Name, Trile)         Lee Ann Fergerson, Supervisor's Assistant       Image: Contact (Name, Trile)         Lee Ann Fergerson, Supervisor's Assistant       Image: Contact (Name, Trile)         Area Code/Phone Number       E-mail         Image: Contact (Name, Trile)       Image: Contact (Name, Trile)         Lee Ann Fergerson, Supervisor's Assistant       Image: Contact (Name, Trile)         Area Code/Phone Number       E-mail         Image: Contact (Name, Trile)       Image: Contact (Name, Trile)         Contact (State Use Only       Yes Image: Contact (Name, Trile)         Description       Bernall         Provide the agency have a ficket policy?       Yes Image: Contact (Name, Trile)         Description       Bernall         Description       Bernall         Method for Contact (Name, Trile)       Date (S)         Method for Contact (Name, Trile)       Date (S)         Method for Contact (Sold					Date Stamp	
Board of Supervisors         Designated Agency Contact (Name, Yule)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         [510] 272-8691         Lee ann fergerson @acgov.org         Date of Original Filing:	-					Form
Designated Agency Contact (Nome, Yile)         Lee Ann Fergerson, Supervisor's Assistant         Area Code/Phone Number         [510] 272-6891         Designated Agency Contact (Nome, Yile)         Des the agency have a ticket policy?         Yes:       No         Des the agency have a ticket policy?         Yes:       No         Provide Time, State (State)         Area Code/Phone Number         Event Description         Bound Time, State (State)         Area Code/Phone Name         Rectpients         No         Yes:         No <td< td=""><td>Division, Department, or Rep</td><td>gion (If Applical</td><td>ole)</td><td></td><td></td><td>For Official Use Only</td></td<>	Division, Department, or Rep	gion (If Applical	ole)			For Official Use Only
Lee Ann Fergerson, Supervisor's Assistant	•	,				
Area Gode/Phone Number       E-mail       Immediate Annual Provide explanation in Part 3,1         (510) 272-6661       Date of Original Filling:       Under h. Day, Very         2. Function or Event Information       Does the agency have a ticket policy?       Yes I       No I         Does the agency have a ticket policy?       Yes I       No I       Face Value of Each Ticket/Pass \$       SO *         Event Description       Provide Title/Explanation       Date (s)	<b>Designated Agency Contact</b>	(Name, Title)				
(S10) 272-6691       Learn. Fergerson@acgov.org       Date of Original Filing:	Lee Ann Fergerson, Super	visor's Assista	ant			
Event Description     Des the agency have a ticket policy?     Yes     Yes     No     Yes     No     Face Value of Each Ticket/Pass \$	Area Code/Phone Number	E-mail	····		Amendment (Must )	provide explanation in Part 3.)
2. Function or Event Information Does the agency have a licket policy? Yes No Event Description Backbare Provide Transformation Troket(s)/Pass(s) provided by agency? Yes No Provide Transformation Troket(s)/Pass(s) provided by agency? Yes Door Transformation Troket(s)/Pass(s) provided by agency? Yes Door Transformation Troket(s)/Pass(s) Troket(s)/Pass(s)/Pas	(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing:	(Month Day Year)
Event Description       Basebase         Provide TubeExplane(ca       Date(s)       J.J.J.J.         Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Date(s)       J.J.J.J.         Was ticket distribution made at the behest of agency official?       No       Yes       Alameda County Supervisor Scott Haggerty, D         If no:       Date(s)       J.J.J.J.       Alameda County Supervisor Scott Haggerty, D         If yes:       Official?       Official?       Official?         It as section to to loantly un outside organization       If yes:       Official?         It as section to to loantly un outside organization       Describe the public-upges made burgent to the agency's upgendent or unit.         It as section to to loantly un outside organization       Describe the public-upges made burgent to the agency's upgendent or unit.         It as section to the public or to encourage staff development       Section?       Exemplary service to the public or to encourage staff development         Basebase       Additional Page of Other       It and the description of the de	2. Function or Event Infor	mation				<b>7</b>
Provide Title/Explanation       Date(5)       Date(5)       Date(5)         Ticket(5)/Pass(es) provided by agency?       Yes    No          If no:       Date(5)       Name of Source         Was ticket distribution made at the behest No    Yes          If no:       Date(5)       Official's Name (Last Finit)         3. Recipients       •Use Section B to Identify an individual.       •Use Section B to Identify an indify an individual.       •Use Secti	Does the agency have a ticke	et policy?	Yes 🔲 No	Face Value	of Each Ticket/Pass \$ _	50~
Provide TibleExplanation      Tocket(\$)/Pass(es) provided by agency? Yes No        If no: Alamed Source     Name of Source     Alameda County Supervisor Scott Haggerty, D     of agency official?      Recipients     ·································	Event Description	seball		Doto(c)	1,5,17	<i>,</i> .
Was ticket distribution made at the behast       No Yes       If yes:       Alameda County Supervisor Scott Haggerty, D         Of agency official?       Official?       Official?       Official?         Ite 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. Memocif Ageing, Department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         A. Memocif Ageing, Department or unit.       • Use Section B to identify an outside organization.       Operation the public outgress made burges and so the public or to encourage section?         Generation       Page 100       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B. Netword full windst       Page 200       Income       Income         If encoding Commonial Role       Other I       Income       Income         If encoding Commonial Role       Other I       Income       Income         If encoding Commonial Role       Other I       Income       Income         Verification       National 1844 - I have vonfied that the distribution set forth above, is in accordance with the requirements.		Provida Title/Exp	planațion			
Was ticket distribution made at the behest       No I Yes I       Alameda County Supervisor Scott Haggerty, D         of agency official?       Official? Nome (Lest, Frier)         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. Mamed/Section, Department or unit. • Use Section B to Identify an individual. • Use Section C to Identify an outside organization.         A. Mamed/Section, Department or unit. • Use Section B to Identify an individual. • Use Section C to Identify an outside organization.         A. Mamed/Section, Department or unit. • Use Section B to Identify an individual. • Use Section C to Identify an outside organization.         General Section, A to Identify the agency's police.         General Section, B to Identify the agency's police.         Agency       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B. Nemercification       Nemercification         B. All 1844 1844 1844 1	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	[] If no:	akland A	hletter
of agency official?       Other Verification         3. Recipients       •Use Section B to identify an individual. •Use Section C to identify an outside organization.         A. Memodrasion, theparimani or Unit Manageria       Observation in public purposes mission of the destription of the public purposes mission of the destription of the public or to encourage staff development         General Section A to identify an outside organization.       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B. Nemeodrageneral       Numbers         B. Nemeodrate Constrained       Numbers         B. Nemeodrate Constrained and the second of the public or to encourage staff development       Income I         B. Nemeodrate Constrained and the second of the public of the following:       Income I         B. Nemeodrate Constrained of the second of the public of the following:       Income I         B. Nemeodrate Constrained of the second of the public of the following:       Income I         B. Nemeodrate Constrained of the second of the se	Was ticket distribution made	t the hohest		Ala	Mame of So meda County Superv	urce ISOr Scott Haggerby D
Recipients     Use Section A to identify the agency's department or unit.     Vise Section B to identify an individual.     Vise Section C to identify an existed organization.     A. Memody agency, Department or unit.     Vise Section B to identify an individual.     Department of the public or to identify an existed organization.     A. Memody agency, Department or unit.     Vise Section B to identify an individual.     Department of the public or to identify an existed organization.     A. Memody agency, Department or unit.     Vise Section A to identify the agency's policy.     Department of the public or to encourage staff development     Section B to identify encode and department to the public or to encourage staff development     Section B to reward a Country employee for his or her examplary service to the public or to encourage staff development     Section B to identify the agency is policy.     Section B to identify encode the public or to encourage staff development     Section B to identify the agency is policy.     Section B to identify encode the public or to encourage staff development     Section B to identify encode the public or to encourage staff development     Section B to identify encode the public or to encourage staff development     Section B to identify encode the public or to encourage staff development     Section B to other description:		t the benest	No 🛄 Yes	If yes:	Officiel's Neme (	Ast First)
Use Section A to identify the agency's department or anit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.     A. Nameedragency, Dapartment or unit.     Markets and the public purpose three publics or the real purpose to the public or to encourage staff development     Deverties and a County employee for his or her exemplary service to the public or to encourage staff development     Address and the section of the	Recipients	ааран — — — — — — — — — — — — — — — — — — —			<u>8 8 86 6 9 8 9 8 8 9 8 8 8 8 8 8 8 8 8 8</u>	
A. Name of a delug to particular of the second and		y's department or	unit. • Use Se	ction B to identify an Individ	ual. • Use Section C to ident	lfv an outside organization.
Cancel Server     2     To reward a County employee for his or her exemplary service to the public or to encourage staff development       Agency     staff development       B.     Namespiritativestili     Membranet       B.     Namespin	A. Name of Agency, Departma	nionUnit	Number of Tickoils)/ Rase(es)		le purpose made pursuant	to the agency's policy
B.       Namesofilialutinal       Number of the full	General Sen	a) cas	0	To reward a Cou	· · · · · · · · · · · · · · · · · · ·	
B.       Nemesofilational       Number of the state of the s			6	4		
Ceremonial Role       Other       Income         If checking "Ceremonial Role       Other       Income         If checking "Ceremonial Role       Other       Income         If checking "Ceremonial Role       Other       Income         Verification       Nimbolit       Describe the julbuic purpose medse pursuant to the segment segme	Agency			staff developme	nt	hann a standard and a
Ceremonial Role       Other       Income         If checking "Ceremonial Role       Other       Income         If checking "Ceremonial Role       Other       Income         If checking "Ceremonial Role       Other       Income         Verification       Nimber of The Release (the church addresses and description)       Nimber of The Release Press(es)       Description the julbule purpose made pursuant to the address agency spallay         Verification       State of the second acce with the requirements.       Lee Ann Fergerson       Supervisor's Assistant       4-5-17 (Month, Day, Yang         Print Name       Tite       (Month, Day, Yang)	B. Name printiving		Number of . Tickeys// Passios/		Identity one of the following	9
Verification       1044.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant         Print Name       Tate						
Verification       1044.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant         Print Name       Tate						
Verification       18942. I have verified that the distribution set forth ebove, is in eccordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       4-5-17         Print Name       Tate       (Menth, Day, Year)						
Verification       18942. I have verified that the distribution set forth ebove, is in eccordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       4-5-17         Print Name       Tate       (Menth, Day, Year)				Ceremonial Role	Other 🗍	Income [7]
Verification       1944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       4-5-17         Print Name       Title       (Month, Day, Year)					· · · · · ·	income L
Verification       1944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       4-5-17         Print Name       Title       (Month, Day, Year)						
Verification         3944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant         Print Name       Title		La Maria - Ma		and a state of the s	Anthone and the second of the second second second	the first state of the second
Verification         1         3944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant         Print Name       Title         (Month, Day, Year)	Vame of Outside Organi	ation ripilon)	Ticket(9)	Describe the publ	ic purpose made pursuant t	o the agency's policy
3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       4-5-17         Print Name       Title       (Month, Day, Year)		nangangan ununisi (11	125日125年1月1日日 1	or, white of the second states of the second se		的時期也以及這些感到的難動。在現在
3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       4-5-17         Print Name       Title       (Month, Day, Year)						
3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       4-5-17         Print Name       Title       (Month, Day, Year)					· · ·	
3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       4-5-17         Print Name       Title       (Month, Day, Year)						
3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Lee Ann Fergerson       Supervisor's Assistant       4-5-17         Print Name       Title       (Month, Day, Year)	Verification				्र २० १० ४३ ४ अस्त्र ह ह	
Lee Ann Fergerson Supervisor's Assistant 4-5-17 Print Name Titte (Month, Day, Year)	1 An offer an offer and a second seco	7944.1 and	18942. I have veri	fied that the distribution set for	th above, is in accordance with	the requirements.
Print Name Title (Month, Day, Year)						4-5-17
			and the second se		and the second	(Month, Day, Year)
	Comment:	)				

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

Ceremonial Role EV	ents and H	ckeupass Di	scriputions		A Public Document
1. Agency Name				Dale Stamp	California 002
Alameda County					Form 002
Division, Department, or f	Region (If Applical	ole)			For Olficial Use Only
Board of Supervisors					
Designated Agency Conta	et (Alama Tilla)		· · · · · ·		
Lee Ann Fergerson, Sup		ant	a a second de la companya de sécolo	Amendment (Mus	t provide explanation in Part 3.)
Area Code/Phone Number	1			Data of Original Fillow	
(510) 272-6691		erson@acgov.org		Date of Original Filing	(Month, Day, Year)
2. Function or Event Inf					$\leq n \rightarrow 27$
Does the agency have a ti	cket policy?	Yes 🖸 No 🗖	Face Value o	f Each Ticket/Pass \$	
Event Description	vasebal	1 ASTROS	Date(s)	, 17, 17	4 517
ett otti e oooribtiott meenergen	Provida Tille/Ex	olanațion	2	1.1	1 Patron
Ticket(s)/Pass(es) provide	d by agency?	Yes 🔀 No 🗖	If no: Uau	RUMA KI	TALATICS
		•	Alar	Neme of S neda County Super	visor Scott Haggerty, D 1
Was ticket distribution mac of agency official?	e at the behest	No 🗖 Yes 🖉	if yes:	Official's Nema	
and the second		a and a second secon			
Recipients	·		4 - 1-1 - 116 1111-2.	si - Has Daskiss O ta Ma	-116
Use Socilon A to identify the age			to identity an individu	al. • Use Section C to the	niny on outside organization.
A. Namerol/Agency./Depar	វេត្តមក្រាល ក្រោះ	Tickous)/	Describe the publ	cpurpeso made pursual	il lo the agoncy's policy
	Carry Control Constitution	A HIGH BAR AND A HIGH			
				sight of facilities or e	
			received Count	ty funding or support	
		NUMBER SAL			
B. Name of Indivi		Numbariof, Ticketts)/ Page(cs):		lidentily one of therfolio	
har a thirt a group and an	1	319.0742212473_3 Statem			<b>70</b>
				attendance at a co der to maximize po	unty sponsored
				or concession and	
				Other	Incoma 🗌
	¥21		li checking 'Çeremonia	l Rois" or "Other" describe below:	
		North March 19	aller teoretaintea i antista		ar i statiche chier ar
C. Name of Outside Or	anization loscription).	Numberof Tickete/ Poss(or)	Describe the pilbli	c purpose mada pursuan	t to the agency's policy
		STRUCTURE LO LA LOUR		an ang ang ang ang ang ang ang ang ang a	2019/PROV FOR ALL STRUCTURE BUT TO A VIEW
Drivers for 5'	nrulvors	$  \downarrow  $	To reward a sol	hool or non-profit o	rganization for
				ibutions to the com	
39270 Pasco 1	adre PKI	m			-
#355 Fremon	t CA 94	538			
Varification A					ter at the second s
1				th ebove, is in accordance wi	
(		Lee Ann Fergerso	n <u>S</u>	upervisor's Assistan	
Signature of Agener Wood or Dollar	0	Print Name		T)Ľo	(Month, Day, Yous)
Comment: Help Lus	fundimi	SINGEFORTS	to amile	le free supr	ortative
Controling Sh	Daud	andenarta	BDA A		FPPC Form 802 (4/12)
A. C. Aslan	Dat and	rangporta	I VUN TOY FI	HE TOU-Free Helpline:	866/ASK-FPPC (866/276-7772)
Hubbleatory	L'urrent?	under you -/ huron	ny upe sa	une cana	to prai menys
in Fremont/	Newanc	-/ huion	- Uty		
· · · · · · · · · · · · · · · · · · ·		/	1		

4

Ceremonial Role Events and	Ticket/Pass	Distributions		A Public Document
1. Agency Name		ang mang sang bina sa sang pang sa	Dale Stamp	California 802
Alameda County				For Official Use Only
Division, Department, or Region (If Appl.	icable)			For Oniola Cas Carly
Board of Supervisors				
Designated Agency Contact (Name, Tille)				
Lee Ann Fergerson, Supervisor's Ass	istant		Amandmant (Mus) or	ovide explanation in Part 3.)
Area Code/Phone Number E-mail				
manufacture and a second se	ergerson@acgo\	/.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information				27.00
Does the agency have a ticket policy?	Yes 🔁 No 🛛		of Each Ticket/Pass \$	
Event Description	/Explanation	Date(s)	, 63, 11	
			pland At	hletice
Ticket(s)/Pass(es) provided by agency?	Yes 🖾 No 🕻		Name of Sou	
Was ticket distribution made at the behe	st NoVI Yes	Alaı		sor Scott Haggerty, D 1
of agency official?			Official's Name (L	ast, First)
3. Recipients • Use Socian A to identify the agency's department	nt or unit. • Use Seci	ion B to identify an individu	nal. • Use Section C to identit	fy an outside organization.
A. Name of Agency, Department or Unit	Seal Number of		រ ព្រទ្ធបុនុស្សទទ្ធរដ្ឋាន (ខ្មែរ ខ្មែរ	
	Tickol(s)/ (Pass(es)			
		To reward a Cou	inty employee for his	s or her
			ce to the public or to	encourage 👝
		staff developme	nt	
B. Nemerolindividuot	Papelop)		(Identify one of therfollowin	
	Rappion): 11			
			attendance at a cour rder to maximize pot	nty sponsored
			for concession and p	
				Part .
		Coramonial Role   Il checking 'Ceremonia	Other al Rols* or Other* describe balow:	Incoma
		·		
C. Name of Outside Organization (Include address) and doscription).	Number of Ticket(e) Poss(es)	Describe the public	ic purpose made pursuant to	the agency/s policy
numeron San Jose	2			
High School	C		hool or non-profit orga	
Parents of Universal	ζ.	its conti	ibutions to the comm	unity
Performers & Performing +	Arts Dept-			
4. Verification	and 18942. I have veri	fied that the distribution set fo	rth above, is in accordance with	(ho requiroments.
-	Lee Ann Ferg		Supervisor's Assistant	4-4-17
	Print Name		ารียอ	(Manih, Day, Yosi)
Comment:				FPPC Form 802 (4/12)

	eremonial Role Events and Ticl	1001 000	Distributions		A Public Documen
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable,	)		-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Briana Brown				
	Area Code/Phone Number E-mail		··· ·		províde explanation in Part 3.)
	(510)272-6695 briana.brown	2@acgov.o	rg	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 \$ _	33
	Event Description <u>A's vs. Rangers</u> Provide Title/Expla	anation	Date(s)	4 <u>20</u> 17	//
		Yes 🗌 No	If no: Oakla	nd Athletics Name of So	ource
	Was ticket distribution made at the behest	No 🗌 Yes	K If Vac. Cars	on, Keith - Supervisor	
	of agency official?			Official's Name	(Last, First)
3.	Recipients			· · · · · · · · · · · · · · · · · · ·	
	Use Section A to identify the agency's department or it		tion Dto identify an individ	• Use Section C to ider	ntify an outside organization,
	A. Mandest Assess Bass meditors and	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	Count Administrator office	2		ty employee for his or courage staff develops	her exemplary service to nent
	B. (Name of Individual) (Last, First)	Number of Ticket(s)/ Pass(es)	and the second second	Identify one of the follow	ving:
			Ceremonial Role If checking "Ceremo	Other 🔀 nial Role" or "Other" describe below.	Income
			Ceremonial Role If checking "Ceremo	Other Inter Other Other Other	Income [
	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
	Verification				
4.			prified that the distribution act	forth above, is in accordance v	with the requirements
4.	1. 18944.1 and	l 18942. I have vi	enned that the distribution set	torun above, is in accordance v	nut ute requirements.

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

A Public Document

1.	Agency Name		j)		Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable	e)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510)272-6695	briana.brow	n2@acgov.ol	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			-	
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	33		
	Event Description A's vs. Ra	ngers	<b>1</b> , 19 , 17	//		
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided b	y agency?	nd Athletics Name of S			
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor Official's Name	(Last. First)
-						
3.	• Use Section A to identify the agence	v's department or	unit. (a Usel Sec	tion B to identify an individ	• Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/		olic purpose made pursuar	
	ALC IBNIER A STOCKED BUILT	and at the second	Pass(es)			
	Count Administrator office		2		y employee for his or courage staff develop	her exemplary service to
	B. (Name of Individu (Lesi, First)	al)	Number of Ticket(s)/		Identify one of the follow	at What I was a second
			Pass(es)	Ceremonial Role If checking "Ceremo	Dother 🔀	Income
				Ceremonial Role If checking "Ceremo	Other D 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 pursual	nt to the agency's policy
4.	Verification	tions 18944 1 ar	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance v	vith the requirements.
		10079 10079,1 dl	Briana B			
	Signature of Agency Head or Designe		Print Nan		Supervisor's Assistan	(Month, Day, Year)

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicabl	e)	. <u>.</u> .	1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	unty         artment, or Region (If Applicable)         pervisors         gency Contact (Name, Title)         n         none Number         95         briana.brown2@acgov.org         n         gency Contact (Name, Title)         n         prone Number         95         briana.brown2@acgov.org         ncy have a ticket policy?         Yes X         No         A's vs. Rangers         Date(s)         04         Provide Title/Explanation         s(es) provided by agency?         Yes X         If no:         Oakland Athletics         Name of Sou         stribution made at the behest         No         Yes X         If yes:         Carson, Keith - Supervisor I         Official's Name (L         Official's Name (L         via dentify the agency's department or unit,         Austrict(s)         Pass(es)				
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510)272-6695		n2@acgov.o	rg	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation				(//////////////////////////////////////
	Does the agency have a ticke	et policy?	of Each Ticket/Pass \$ .	33		
	Event Description A's vs. Ra	ngers			4 , 17 , 17	, ,
	Event Description	Provide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗖 No	IX If no: Oakla	nd Athletics	
		,,			Name of S	
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Cars	on, Keith - Supervisor	r District 5
_	of agency official?				Omclars Name	(Last, First)
3.	Recipients				100000	and the second second second
		Santa mante constructions				
	A. Name of Anancy Province Horth		Ticket(s)/	Describe the pu	nt to the agency's policy	
	Count Administrator office		2			
		al)	Ticket(s)/			
						Income
				Ceremonial Role If checking "Ceremo	Other Inial 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 pursuar	nt to the agency's policy
4.	Verification					
	lh /	s 18944.1 an			forth above, is in accordance v	·
			Briana B	own	Supervisor's Assistar	nt 04/28/17

eremonial Role Events and T				
Agency Name		······································	Date Stamp	California 802
Alameda County				r contin
Division, Department, or Region (If Applic	able)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Briana Brown				
Area Code/Phone Number E-mail		·····		provide explanation in Part 3.)
(510)272-6695 briana.br	own2@acgov.or	rg	Date of Original Filing	(Month, Day, Year)
Function or Event Information				00+(\$20 Darking)
Does the agency have a ticket policy?	Yes 🛛 No 🛛		e of Each Ticket/Pass \$ .	
Event Description <u>A's vs. Mariners</u> Provide Title	/Explanation	Date(s)	04 <u>23</u> 17	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Oak	Aland Athletics	Source
Was ticket distribution made at the behe	at u E v I	Ca	rson, Keith - Superviso	
of agency official?	st No□Yes	If yes:	Official's Name	e (Last, First)
Recipients				
• Use Section A to identify the agency's department	nt or unit.) Allrois	for 2 in Manthy an Indi	vidual • Use Section C to ide	entify an outside organization.
	Number of		public purpose made pursua	int to the agency's policy
A. Naro descubles and and or Unit	Ticket(s)/ Pass(es)	Describe the		sourcelle in an additional
		Describe the		Source of a star char
	Pass(es)	Describe the		
	Pass(es)		Identify one of the folic	owing:
B. (Name of individual) (Last, First)	Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial R	Identify one of the folio	owing:
N B. (Name of Individual)	Pass(es) Number of Ticket(s)/	Ceremonial R If checking "Cen To reward a cor	Identify one of the folic	pwing: Income
B. (Name of individual) (Last, First)	Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Re If checking "Cere	Identify one of the folic         ole       Other         Other       Image: Contract of the below         emonial Role" or "Other" describe below	pwing: Income
B. (Name of individual) (Last, First)	Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial R If checking "Cen To reward a cor public Ceremonial R	Identify one of the folic         ole       Other         emonial Role" or "Other" describe belown         nmunity volunteer for h         ole       Other	owing: Income [ w: is or her service to the Income [
B. (Name of individual) (Last, First)	Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial R If checking "Cen To reward a cor public Ceremonial R	Identify one of the folic ole D Other emonial Role" or "Other" describe belo nmunity volunteer for h	owing: Income [ w: is or her service to the Income [
B. (Name of individual) (Last, First)	Pass(es) Number of Ticket(s)/ Pass(es) 6	Ceremonial Re If checking "Cent To reward a cor public Ceremonial R	Identify one of the folic         ole       Other         emonial Role" or "Other" describe belown         nmunity volunteer for h         ole       Other	owing: Income [ w: is or her service to the Income [
Name of Individual         B.       Name of Individual         (Last, First)         Misty Cross         C.         Name of Outside Organization.	Pass(es) Number of Ticket(s)/ Pass(es) 6 6 Number of	Ceremonial Ru If checking "Cen To reward a cor public Ceremonial R If checking "Cen	Identify one of the folic         ole       Other         emonial Role" or "Other" describe belown         nmunity volunteer for h         ole       Other         ole       Other         ole       Other         ole       Other         ole       Other	owing: Income [ is or her service to the Income [
N       B.       (Last, First)   Misty Cross	Pass(es) Number of Ticket(s)/ Pass(es) 6 6	Ceremonial Ru If checking "Cen To reward a cor public Ceremonial R If checking "Cen	Identify one of the folic         ole       Other         emonial Role" or "Other" describe belown         nmunity volunteer for h         ole       Other	owing: Income [ is or her service to the Income [
Name of Individual         B.       Name of Individual         (Last, First)         Misty Cross         C.         Name of Outside Organization.	Pass(es)  Number of Ticket(s)/ Pass(es)  6  Number of Ticket(s)/	Ceremonial Ru If checking "Cen To reward a cor public Ceremonial R If checking "Cen	Identify one of the folic         ole       Other         emonial Role" or "Other" describe belown         nmunity volunteer for h         ole       Other         ole       Other         ole       Other         ole       Other         ole       Other	owing: Income [ is or her service to the Income [
Name of Individual         B.       Name of Individual         (Last, First)         Misty Cross         C.         Name of Outside Organization.	Pass(es)  Number of Ticket(s)/ Pass(es)  6  Number of Ticket(s)/	Ceremonial Ru If checking "Cen To reward a cor public Ceremonial R If checking "Cen	Identify one of the folic ole Dother S emonial Role" or "Other" describe belo nmunity volunteer for h ole Dother D emonial Role" or "Other" describe belo	owing: Income [ is or her service to the Income [
Name of Individual         B.       Name of Individual         (Last, First)         Misty Cross         C.         Name of Outside Organization.	Pass(es)  Number of Ticket(s)/ Pass(es)  6  Number of Ticket(s)/	Ceremonial Ru If checking "Cen To reward a cor public Ceremonial R If checking "Cen	Identify one of the folic ole Dother S emonial Role" or "Other" describe belo nmunity volunteer for h ole Dother D emonial Role" or "Other" describe belo	owing: Income [ is or her service to the Income [
Name of Individual (Last, First)         Misty Cross         C.       Name of Outside Organization (include address and description).	Pass(es)  Number of Ticket(s)/ Pass(es)  6  Number of Ticket(s)/	Ceremonial Ru If checking "Cen To reward a cor public Ceremonial R If checking "Cen	Identify one of the folic ole Dother S emonial Role" or "Other" describe belo nmunity volunteer for h ole Dother D emonial Role" or "Other" describe belo	owing: Income [ is or her service to the Income [
Image:	Pass(es) Number of Ticket(s)/ Pass(es) 6 Number of Ticket(s)/ Pass(es)	Ceremonial R If checking "Cen To reward a cor public Ceremonial R If checking "Cen Describe the	Identify one of the folic         ole       Other         emonial Role" or "Other" describe belowed in the second of the	owing: Income [ W: is or her service to the Income [ W: ant to the agency's policy
Image: Name of Individual (Last, First)         Misty Cross         C.       Name of Outside Organization (include address and description)         Verification	Pass(es) Number of Ticket(s)/ Pass(es) 6 Number of Ticket(s)/ Pass(es)	Ceremonial Re If checking "Cent To reward a cor public Ceremonial R If checking "Cent Describe the Describe the	Identify one of the folic ole Dother S emonial Role" or "Other" describe belo nmunity volunteer for h ole Dother D emonial Role" or "Other" describe belo	owing: Income [ is or her service to the Income [ Income ] Income [ w: ant to the agency's policy

	eremonial Role Event	is and lic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Vame, Title)			-	
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510)272-6695	briana.browr	12@acdov.c		Date of Original Filing: _	
2	Function or Event Inform		-@aogor.c			(Month, Day, Year)
	Does the agency have a ticket				f Each Ticket/Dece	80+(\$ 20Parking)
			Yes 🔀 No	_	of Each Ticket/Pass \$	
	Event Description A's vs. Mar	Provide Title/Expl		Date(s)	, 21 , 17	//
				Oaklar	ad Athlatica	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklar	Name of Sour	
	Was ticket distribution made a	t the behest	No 🗌 Yes	Carso	on, Keith - Supervisor D	
	of agency official?			in yes:	Official's Name (La	
3.	Recipients					
	Use Section A to identify the agency	s department or i	unit. UseiSe	ction Bits Maining an lodividu	• Use Section C to identif	y an outside organization.
	A. Martine of Agency, Department		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the second state of the se
			Pass(es)			o the agency s policy
	B. Name of Individual	)	Number of Ticket(s)/		Identify one of the followin	a:
			Pass(es)			
				Ceremonial Role		Income
				in checking Geremoni	al Role" or "Other" describe below:	
				Ceremonial Role	Other 🔀	Income
					al Role" or "Other" describe below:	income
		_				
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy
		(Pront)	Pass(es)			
	Andrew Flugelman Foundat	on	4	To reward a school	or nonprofit organization	on for its contributions
	Berkeley, California		-	to the community;		
	Scholarships and			1 parking pass		
	computers to lov	w income	1	r panting pass		
4.	Verification /			·		
	I have read and understand EDDC Require	tions 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with t	the requirements.
	T.		Briana Bo		Supervisor's Assistant	04/28/17
	Juginature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	H					(
	Comment:	<u> </u>				
	-					FPPC Form 802 (4/12)

# Agency Report of:

1

Comment: \_

## **Ceremonial Role Events and Ticket/Pass Distributions**

<u> </u>	eremonial Role Events and	d licket/Pass	Distributions		A Public Document		
1.	. Agency Name			Date Stamp	California 802		
	Alameda County			0	Form Con		
	Division, Department, or Region (If Ap	oplicable)			For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Tit	t/e)		4			
	Briana Brown						
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)		
_		brown2@acgov.c	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 \$ _			
	Event Description <u>A's vs. Mariners</u>		Date(s) 04	1 , 23 , 17	///		
	Provide	Title/Explanation	Date(3)	/			
	Ticket(s)/Pass(es) provided by agenc	y? Yes 🗌 No	If no: Oakla	nd Athletics			
			—	Name of So			
	Was ticket distribution made at the be	hest No 🗌 Yes	If yes: Carso	on, Keith - Supervisor	District 5		
_	of agency official?			Official's Name (	Last, First)		
3.	• Use Section A to identify the agency's departs	ment or unit.	thos B. to identify aminghing	• Use Section C to iden	tify an outside organization.		
	A. Man of Agency (Pepartment or Uni	Number of Ticket(s)/		plic purpose made pursuant			
		Pass(es)					
					ance at a County sponsored event or event cility in order to maximize potential County rev		
	Social Services agend	су					
		Number of					
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
			Ceremonial Role	Other 🛛	Income		
			If checking "Ceremor	nial Role" or "Other" describe below:			
			Ceremonial Role	Other			
			If checking "Ceremor	ial Role" or "Other" describe below:			
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy		
	(include address and description)	Pass(es)					
4.	Verification						
	l ions 189	944.1 and 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.		
		Briana B	own	Supervisor's Assistan	t 04/28/17		
	Signature of Agency Head or Designee	Print Nan	10	Title	(Month Day Year)		

Title

(Month, Day, Year)

Agency Name					A Public Documer
Agency Name				Date Stamp	California 802
Alameda County					Form OU2 For Official Use Only
Division, Department, or Reg	<b>ion</b> (If Applicabl	le)			ror Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name,Title)				
Briana Brown					
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510)272-6695	briana.brow	/n2@acgov.c	org	Date of Original Filing	(Month, Day, Year)
Function or Event Infor	mation				(
Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$ -	5000
Event Description Basketbal	I			)4 , 19 , 17	//
	Provide Title/Exp	lanation			//
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	Gold	den State Warriors	
167 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Name of S	
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Car	son, Keith - Supervisor Official's Name	District 5
• Use Section A to identify the agence	v's denartment or				
A. Manual Auency, Departme		Number of		duel • Use Section C to iden	
A. tented theney, bepartine	aut of the second	Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy
B. (Name of Individua (Lost, First)	1)	Number of Ticket(s)/		Identify one of the follow	ring:
(Last, First)	)		Ceremonial Role		
	a)	Ticket(s)/ Pass(es)	If checking "Cerem	D. Other D. Other Other	Income
(Last, First)	1)	Ticket(s)/	If checking "Cerem To promote attend	D. Other 🛛 Dinial Role" or "Other" describe below: Dance at a County spor	Income
(Last, First)	1)	Ticket(s)/ Pass(es)	If checking "Cerem To promote attend held at a County f	Dether Solution of the second	Income
(Last, First)	0	Ticket(s)/ Pass(es)	It checking "Cerem To promote attend held at a County f Ceremonial Role	Other      Other      onial Role" or "Other" describe below:     dance at a County spor     acility in order to maxir     Other      Other	Income
(Last, First)		Ticket(s)/ Pass(es)	It checking "Cerem To promote attend held at a County f Ceremonial Role	Dether Solution of the second	Income
(Last, First)	1)	Ticket(s)/ Pass(es) 4	It checking "Cerem To promote attend held at a County f Ceremonial Role	Other      Other      onial Role" or "Other" describe below:     dance at a County spor     acility in order to maxir     Other      Other	Income [ nsored event or event nize potential County re
(Leat, First) Maria Carson	Ization	Ticket(s)/ Pass(es) 4 4 Number of	If checking "Cerem To promote attend held at a County f Ceremonial Role If checking "Ceremo	Other  O	Income [ nsored event or event nize potential County rev Income [
(Last, First)	Ization	Ticket(s)/ Pass(es) 4	If checking "Cerem To promote attend held at a County f Ceremonial Role If checking "Ceremo	Other      Other      onial Role" or "Other" describe below:     dance at a County spor     acility in order to maxir     Other      Other	Income Insored event or event nize potential County re Income
(Leat, First) Maria Carson	Ization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To promote attend held at a County f Ceremonial Role If checking "Ceremo	Other  O	Income Insored event or event nize potential County re Income
(Leat, First) Maria Carson	Ization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To promote attend held at a County f Ceremonial Role If checking "Ceremo	Other  O	Income Insored event or event nize potential County re Income
(Leat, First) Maria Carson	Ization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To promote attend held at a County f Ceremonial Role If checking "Ceremo	Other  O	Income Insored event or event nize potential County re Income
(Leat, First) Maria Carson	Ization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To promote attend held at a County f Ceremonial Role If checking "Ceremo	Other  O	Income [ nsored event or event nize potential County re Income [
(Leat, First) Maria Carson	Ization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To promote attend held at a County f Ceremonial Role If checking "Ceremo	Other  O	Income [ nsored event or event nize potential County re Income [
(Include address and dea	ization cription)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Cerem To promote attend held at a County f Ceremonial Role If checking "Ceremonial Describe the put	Other  O	Income Income Income
(Include address and dea	ization cription)	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Cerem To promote attend held at a County f Ceremonial Role If checking "Ceremo Describe the pu	Other S Division of the series of the serie	Income Insored event or event nize potential County rev Income Income In

Ceremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Ponni
Division, Department, or Regio	on (If Applicabl	e)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (N	lame,Title)	<u>.</u>		4	
Briana Brown					
Area Code/Phone Number	E-mail			Amendment (Must )	provide explanation in Part 3.)
(510)272-6695	briana.brow	n2@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	200
Event Description Julion Alcar	ez		Date(s) = 04	<u>4 / 29 / 17</u>	1 1
	Provide Title/Exp	lanation		len State Warriors	, , , , , , , , , , , , , , , , , , , ,
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No			
Was ticket distribution made at of agency official?	the behest	No 🔲 Yes	If yes: Carso	on, Keith - Supervisor Official's Name (	District 5
<ol> <li>Recipients         <ul> <li>Use Section A to identify the agency's</li> </ul> </li> </ol>	s department or	unit. el lise Ser	tion R to Months an Inducid	ual. • Use Section C to ider	tifu an outside organization
A. Name of Agency, Department		Number of			
		Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the agency's Pass(es)		
B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	1
(Last, First)		Pass(es)			
Bulmaro Vicente			Ceremonial Role		Income
Bainaro Vioonio		4		nial Role" or "Other" describe below:	her exemplary service to
				ourage staff developr	
			Ceremonial Role	Other 🔀	
		4		aial Role" or "Other" describe below:	
		4			
		Number of			
C. Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	t to the agency's policy
		Pass(es)			
Ine	tions 18044 1 and	1 180/2 1 hove ve	rified that the distribution and f	arth a barra ta in an an da an ar	
				orth above, is in accordance wi	
Signature of Agency Head or Designee		Briana Bri		Supervisor's Assistan	
		Philipam	le l	Title	(Month, Day, Year)
Comment:					

Ind LICKE	t/Pass	Distributions		A Public Documer
			Date Stamp	California 802
				Form 002
f Applicable)			1	For Official Use Only
ə, Title)			1	
ail			Amendment (Must	provide explanation in Part 3.)
na.brown2(	@acgov.c	org	Date of Original Filing	
Function or Event Information         Does the agency have a ticket policy?       Ye         Event Description       Basketball         Provide Title/Explana         "icket(s)/Pass(es) provided by agency?       Ye         Vas ticket distribution made at the behest of agency official?       N         Recipients       Use Section A to identify the agency's department or unit         A.       (tame of Agency, Department or Unit)				(Month, Day, Year)
	s 🛛 No		of Each Ticket/Pass \$	5000
ide Title/Explana	tion	Date(s)		//
anov?		Gold	en State Warriors	
ricy: Ye	s∐ No	X 11 HO	Name of Se	ource
behest N	lo 🗌 Yes	If ves: Carso	on, Keith - Supervisor	District 5
			Official's Name	(Last, First)
adamatic activity is related a second data a		ction B toudont liv an include	• Use Section C to ider	ntify an outside organization.
	Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
	Pass(es)			
	Number of			
	Ticket(s)/ Pass(es)		Identify one of the follow	ring:
		Ceremonial Role	Other 🔀	
	4			
	1	To reward a County	y employee for his or	her exemplary service to
				Income
	4	,		
Marca .		Decerite the sub	12	
n)	Pass(es)			to the agency's policy
944.1 and 189	42. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.
	42. I have ve Briana Br			
		own	orth above, is in accordance wi Supervisor's Assistan Title	
	f Applicable) a, Title) aail ana.brown2( on cy? Ye behest N behest N bartment or unit	f Applicable)   ana.brown2@acgov.c   on   cy?   Yes ⊠   No   ide Title/Explanation   ency?   Yes □   No □   yes   behest   No □   yes   Dartment or unit.   Number of   Ticket(s)'   Pass(es)   4   4   Number of   Ticket(s)'   Pass(es)	If Applicable)         anal.brown2@acgov.org         on         cy?       Yes ⊠ No □       Face Value of         cde Title/Explanation       Date(s)       02         ency?       Yes □       No ⊠       If no:       Gold         behest       No □       Yes ⊠       If yes:       Carso         partment or unit       Section B to (dentify an individe         Value	Image: Section Provide the public purpose made pursuant of the public or to encourage staff develop:       Date Stamp         Image: Section Provide the public or to encourage staff develop:       Date of Original Filling:         Date of Original Filling:       Date of Original Filling:         Date Stamp       Date of Original Filling:         Date of Original Filling:       Date of Original Filling:         Don       Cy?       Yes Image: No Image: Section Provide the State Warriors         Date(s)       04 / 16 / 17         Date(s)       05 / 16 / 16 /

Ceremonial Role Even	is and lic	ket/Pass	Distributions		A Public Documen
I. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Regi	on (If Applicable	э)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)			-	
Briana Brown					
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
(510)272-6695	briana.brow	n2@acgov.c	brg	Date of Original Filing:	(Month Day Year)
2. Function or Event Inform	nation				
Does the agency have a ticket		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	80
Event Description A's vs. Mai	riners		_	4 / 21 / 17	///
Event Description <u>A's vs. Ma</u>	Provide Title/Exp	lanation	Date(s)		//
Ticket(s)/Pass(es) provided by		Yes 🗌 No	If no: Oakla	nd Athletics	
	• •			Name of So	
Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Cars	on, Keith - Supervisor	District 5
				Official's Name (I	Last, First)
<ul> <li>Recipients</li> <li>Use Section A to identify the agency</li> </ul>	in department or	unit ) e Lles Ca			
		Number of	alige Briestenthy and other		tify an outside organization.
A. Mame of Agency, Departme		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
B. (Hame of Individual (Last, First)	)	Number of Ticket(s)/		Identify one of the followi	ng:
[LGG, + 5t/		Pass(es)			
Keith Carson			Ceremonial Role	Dother X nial Role" or "Other" describe below:	Income
		4	1	t of facilities or events	that have received
			County funding or	support	
			Ceremonial Role	Other 🔀	Income
		4	If checking "Ceremor	nial Role" or "Other" describe below:	
		Number of			
C. Name of Outside Organi (include address and desc		Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
		Pass(es)			
h					
Varification	000 19044 1 000	10040 1 6			
	ons 18944.1 and			forth above, is in accordance with	h the requirements.
/ Signature of Agency Head or Designee	<u> </u>	Briana Br		Supervisor's Assistant	
Signature of Agency nead of Designee		Print Nam	e	Title	(Month, Day, Year)
Comment:					

Ceremonial Role Ever	its and Lie	cket/Pass	Distributions		A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					and the second s
Division, Department, or Re	gion (If Applicab	le)	······································	-	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			-	
Briana Brown					
Area Code/Phone Number	E-mail			Amendment (Must )	provide explanation in Part 3.)
(510)272-6695	briana.brow	/n2@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	rmation				(Month, Day, Year)
Does the agency have a tick	et policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	80+(\$20Parking)
Event Description <u>A's vs. M</u>	ariners			4 21 17	//
Event Description	Provide Title/Exp	planation	Date(s)	<u> </u>	//
Ticket(s)/Pass(es) provided I	ov agency?	Yes 🗌 No	IX If no: Oakla	nd Athletics	
				Name of Sc	
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Cars	on, Keith - Supervisor	District 5
of agency official?				Official's Name (	'Last, First)
3. Recipients					
Use Section A to identify the agen		Number of		ual. • Use Section C to iden	the second
A. (Name of 1 stendy Debado	in lor unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
		1 400(00)			
···					
B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving:
		Pass(es)	Ceremonial Role	Other X	
Shomari Carter				ial Role" or "Other" describe below:	· Income
		4	To reward a Count	y employee for his or I	her exemplary service to
<u> </u>	,		the public or to end	courage staff developn	nent
			Ceremonial Role	Other 🔀	Income
		4	If checking "Ceremor	nial Role" or "Other" describe below:	
C. Name of Outside Orga	nization	Number of			
(include address and de		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
•					
4. Verification					
I ha	18944.1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.
/		Briana Br		Supervisor's Assistant	·
Signature of Agency Head or Designed		Print Nam		Title	(Month, Day, Year)
-					
Comment:					

		ass	DISTINUTIONS		A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Reg	ion (If Applicable)				For Official Use Only
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)				
Briana Brown					
Area Code/Phone Number	E-mail			Amendment (Must p	rcvide explanation in Part 3.)
(510)272-6695	briana.brown2@ad	gov.or	rq	Date of Original Filing:	
2. Function or Event Infor					(Month, Day, Year)
Does the agency have a ticke		No	Face Value of	f Each Ticket/Pass \$ _	80+(\$ 20Parking)
					//
Event Description A's vs. Ma	Provide Title/Explanation		Date(s)		//
Ticket(s)/Pass(es) provided b	2	1	If no: Oaklan	d Athletics	
	y agency: Yes L	] No 🖸	<b>X</b> II 110	Name of So	urce
Was ticket distribution made a	at the behest No	] Yes 🛛	If yes: Carso	n, Keith - Supervisor Official's Name (i	District 5
of agency official?				Official's Name (i	Last, First)
A. Assessof Agency, Departme	Numi Tick	ber of et(s)/ s(es)	Describe the publ	ic purpose made pursuant	
B. (tame of Individual (Last, First)	Tick	per of et(s)/ s(es)		Identify one of the follow	ng:
Kendrick Cunnigham		5	To promote attenda	nce at a County spon	Income
		6	Ceremonial Role		Income
C. Name of Outside Organ ((include address and des	Izauon T		Describe the publi	c purpose made pursuant	to the agency's policy

# 4. Verification

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

	Briana Brown	Supervisor's Assistant	04/28/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			
			EBBC Form 902 (4/42)

		nonial Role Even	ts and Tic	cket/Pass	Distributions		A Public Documen
Division, Department, or Region (#Applicable)       Per Official Use Only         Board of Supervisors       Designated Agency Contact (Name,Title)         Briana Brown          Amendment (Must provide explanation in Part 3)         Area Code/Phone Number       E-mail         (510)272-6695       briana, brown2@acgoov org         2. Function or Event Information       Date of Original Filling:	I. Age	ency Name				Date Stamp	
Board of Supervisors       Board of Supervisors         Besignated Agency Contact (Name. Title)         Briana Brown         Area Code/Phone Number (5/10)272-6695         Drana brown2@acgov.org         Date of Original Filing:         Contact (Name. Title)         Brand Stown         Provide: Title/Segregov.org         Date of Original Filing:         Contact (Name. Title)         Provide: Title/Equipantion         Provide: Title/Equipantion         Provide: Title/Equipantion         Provide: Title/Equipantion         Provide: Title/Equipantion         Provide: Title/Equipantion         Title/Equipantion         Was ticket distribution made at the behest of agency official?         Recipients         -Use Section A to learning A to gamma to a section to be section to be death an individual?         Recipients         -Use Section A to learning A to gamma to a section to a section to be section to be agency's policy         Pressen         Robert Coleman         4         Commonal Row         Commonal Row <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Designated Agency Contact (Name, Title)         Briana Brown         Area Code/Phone Number         E-mail         (510)272-6695         Description or Event Information         Does the agency have a ticket policy?         Yes X         Provide TotleExplanation         Description         As vs. Angels         Provide TotleExplanation         Date of Original Filing:         Provide TotleExplanation         Ticket(s)/Pass(es) provide totagency?         Yes X         Was ticket distribution made at the behest         No Yes X         If yes:         Carson, Keilt - Supervisor District 5         of agency official?         Number of Telestely         Prescient         -Use Section Ato identify the agency's department or unit.         Exercised         Prescient         -Use Section Ato identify an outside organization.         Number of Telestely         -Use Section Ato identify the agency's department or unit.         Ato identify an agency's department or unit.         Ato identify an agency's department or unit.         Ato identify the agency's department or unit.         Ato identify the agency's department or unit.         Ato identi	Divis	sion, Department, or Reg	ion (If Applicabl	le)		7	For Official Use Only
Briana Brown	Boai	rd of Supervisors					
Area Code/Phone Number (510)272-6695       E-mail       Image: Amendment       (Must provide explanation in Part 3.)         Does the agency have a ticket policy?       Yes Ø No I       Face Value of Each Ticket/Pass \$	Desi	gnated Agency Contact	(Name, Title)			-	
Area Code/Profile Number (510)272-6895       Date of Original Filing:	Bria	na Brown					
Function or Event Information       (Monte Lay, Year)         Does the agency have a ticket policy?       Yes 🛛 No 🗠       Face Value of Each Ticket/Pass \$	Ārea	Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
Function or Event Information       100         Does the agency have a ticket policy?       Yes INo I       Face Value of Each Ticket/Pass \$100         Event Description Ars vs. Angels       Date(s) 04 / 03 / 17 / / /         Provide Title/Explanation       If no: Oakland Athletics         Ticket(s)/Pass(es) provided by agency?       Yes INo I       If no: Oakland Athletics         Was ticket distribution made at the behest of agency official?       No I Yes I       If yes: Carson, Keith - Supervisor District 5         Official?       Official?       Official? Name (Last, First)         Recipients       -Use Section A to identify the agency's department or unit.       Satus Section 2 to identify one of the following:         Pass(es)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Cueremontal Role I Other Is in come       income         Robert Coleman       4       Cueremontal Role I Other Is in the agency's policy       income         4       Ceremonial Role I Other Is Income I if describe adorse and obscribe adorse and obscribe adorse and obscribe adorse adorse adorse and obscribe adorse and obscribe adorse ador	(510	))272-6695	briana.brow	n2@acgov.c	org	Date of Original Filing:	(Month Day Year)
Event Description A's vs. Angels       Provide TableExplanation       Date(s) 04 _ 03 _ 17 / /	. Fun	ction or Event Infor	mation				(Wohn, Day, Year)
Event Description       A's vs. Angels       Date(s)       04       03       17	Does	s the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	100
Provided TitleExplanation         Ticket(\$)/Pass(es) provided by agency?       Yes       No       If no:       Oakland Athletics         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Carson, Keith - Supervisor District 5         Official?       Official?       Official?       Official?       Official?         Recipients       -Use Section & to identify the agency's department or unit.       Subscience of the following:       -Use Section C to identify an outside organization.         A.       Number of Describe the public purpose made pursuant to the agency's policy       Describe the public purpose made pursuant to the agency's policy         B.       Income of Ticket(p) Describe the public purpose made pursuant to the agency's policy       Income         Robert Coleman       4       Ceremonal Role of Other Oscible below: To reward a community volunteer for his or her service to the public       Income         C.       Name of Outside Organization (Include address and description)       Number of Ticket(p) Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       Number of Include address and description)       Number of Ticket(p) Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       Number of Include address and description)       Number of Ticket(p) Pass(es)       Describe the publi	Even	A's vs. An	gels		—	4 03 17	
Was ticket distribution made at the behest of agency official?       No I Yes I       If yes: Carson, Keith - Supervisor District 5 Official's Name (Last, First)         Recipients •Use Section A to identify the agency's department or unit.       auss Section B to identify an outside organization.         A.       Number of Teckets/ Pass(es)       Describe the public purpose made pursuant to the agency's policy Pass(es)         B.       Number of Teckets/ Pass(es)       Identify one of the following: I checking "Caremonial Role I other IS in coordinate below: To reward a community volunteer for his or her service to the public       Income         G.       Number of Teckets/ Pass(es)       Caremonial Role I other IS in coordinate below: To reward a community volunteer for his or her service to the public       Income         G.       Number of Teckets/ Pass(es)       Caremonial Role I other I income       Income         g.       Number of Teckets/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         A       Number of Teckets/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Mumber of (include address and description)       Number of Teckets/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Mumber of Teckets/ Pass(es)       Supervisor's Assistant       O4/28/17	Even	it Description	Provide Title/Exp	lanation	Date(s)		/
Was ticket distribution made at the behest of agency official?       No       Yes       If yes: Carson, Keith - Supervisor District 5 Official's Name (Last, First)         Recipients •Use Section A to identify the agency's department or unit.       auss Section B to identify an outside organization.         A.       Number of Teckets/ (Last, First)       Describe the public purpose made pursuant to the agency's policy Pass(es)         B.       me of individual (Last, First)       Number of Teckets/ Pass(es)       Identify one of the following: Income         B.       me of individual (Last, First)       Number of Teckets/ Pass(es)       Identify one of the following: Income       Income         B.       me of outside Organization (Income)       Number of Teckets/ Pass(es)       Identify one of the following: Income       Income         C.       Name of Outside Organization (Include address and description)       Number of Teckets/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       Number of Income       Describe the public purpose made pursuant to the agency's policy         Mumber of Include address and description)       Number of Pass(es)       Describe the public purpose made pursuant to the agency's policy         Mumber of Include address and description)       Number of Pass(es)       Describe the public purpose made pursuant to the agency's policy         Briana Bown       Supervisor's Assistant       O4/28/17	Ticke	et(s)/Pass(es) provided b	v agency?		M If no: Oakla	ind Athletics	
of agency official?       Official's Name (Last, First)         Recipients       •Use Section A to identify the agency's department or unit.       •Use Section R to identify an outside organization.         A.       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Robert Coleman       4       Coremonial Role or Other (Become and Role or Other (						Name of Sol	
Recipients         •Use Section A to identify the agency's department or unit.       •Use Section A to identify an outside organization.         A.       Network Space of Discrete Section C to identify an outside organization.       Number of Tracket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Image of Instructual Late: Proj       Number of Tracket(s)' Pass(es)       Identify one of the following:       Income         B.       Image of Instructual Late: Proj       Identify one of the following:       Income       Income         B.       Image of Instructual Late: Proj       Identify one of the following:       Income       Income         B.       Image of Instructual Late: Proj       Identify one of the following:       Income       Income         B.       Image of Instructual Late: Proj       Income       Income       Income       Income         4       Ceremonial Role       Other / Bescribe below:       Income       Income         4       Ceremonial Role       Other / Bescribe below:       Income         4       State (s)       Describe the public purpose made pursuant to the agency's policy         4       State (s)       Describe the distribution set forth above, is in accordance with the requirements.         1/m       State (s)       Supervis			at the behest	No 🗌 Yes	If yes: Cars	on, Keith - Supervisor	District 5
Use Section A to identify the agency's department or unit a Use Section Sto identify an individual      Verse Section A to identify an outside organization.     A. Nearest Allower of Describe the public purpose made pursuant to the agency's policy     Pass(es)     Describe the public purpose made pursuant to the agency's policy     B. make or individual     Number of     Identify one of the following:     deat real     Ceremonial Role      Other      if checking 'Ceremonial Role      Other      if checking 'Ceremonial Role      Other      Income     Income     Income     Income     Income     Income     Income     Income     Income						Official's Name (L	.ast, First)
A.       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Image: Comparison of the following: (Last Free)       Ceremonial Role       Other       income         B.       Image: Comparison of the following: (Last Free)       Ceremonial Role       Other       income         Robert Coleman       4       Ceremonial Role       Other       Income       Income         1// theoRole address and description)       Number of Ticket(s) Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         1/h       s 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Briana Bovm <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>							
A.       Describe the public purpose made pursuant to the agency's policy         B.       Number of Ticket(s)       Identify one of the following:         B.       Other of Ticket(s)       Caremonial Role       Other of the following:         Robert Coleman       4       Ceremonial Role       Other of the following:       income         If the cking 'Ceremonial Role       Other of the following:       Income       Income         4       Ceremonial Role       Other of the collowing:       Income         4       Ceremonial Role of Other of the collow:       Income         4       Ceremonial Role of Other of Ticket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         4       State of Outside Organization       Number of Ticket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       Number of Ticket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         I/n       s 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Briana Bown       Supervisor's Assistant       O4/28/17	-				stion is to identify an individ	ual. • Use Section C to ident	ify an outside organization.
B.       Number of Tricket(s)' Pass(es)       Identify one of the following:         Robert Coleman       4       Ceramonial Role Other 🖄 income If the backing "Ceremonial Role" or "Other 'Secrete below."         4       70 reward a community volunteer for his or her service to the public         4       Ceremonial Role Other Income If the backing "Ceremonial Role" or "Other 'describe below."         C       Name of Outside Organization (Include address and description)       Number of Tricket(s)' Pass(es)         Verification       Number of Tricket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       s 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Briana Bown       Supervisor's Assistant       04/28/17	А.	Namerof Appnov Departy	intior Unit	Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
B.       Ticket(sy (Last, Fred)       Ticket(sy Pass(es)       Identify one of the following:         Robert Coleman       4       Ceremonial Role Other Other describe below: If checking 'Ceremonial Role Other describe below: To reward a community volunteer for his or her service to the public       income         4       Ceremonial Role Other describe below:       Income         4       Ceremonial Role Other       Income         4       Ceremonial Role Other       Income         4       Ceremonial RoleOther       Income         4       Ceremonial Role       Other							
Robert Coleman       4       Ceremonial Role I Other I Income       income         4       4       Ceremonial Role I Other I Income       income         4       Income       Income         4       Ceremonial Role I Other I Income       Income         4       Income       Income         4       Income       Income         4       Income       Income         If checking 'Ceremonial Role I Other I Income       Income         If checking 'Ceremonial Role I Other' describe below:       Income         C.       Name of Outside Organization       Number of Tricket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Describe the public purpose made pursuant to the agency's policy       Income         Iha       s 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Briana Bown       Supervisor's Assistant       04/28/17	B.		ai)	Ticket(s)/		Identify one of the followi	ng:
Robert Coleman       If checking "Ceremonial Role" or "Other" describe below:         4       To reward a community volunteer for his or her service to the public         4       Ceremonial Role       Other       Income         4       Ceremonial Role       Other       Income         4       Briana Bown       Supervisor's Assistant       04/28/17				rass(es)	Ceremonial Role		
Image: Constraint of the service of the public       Image: Constraint of the service of the public       Image: Constraint of the service of the public of the service	Robe	ert Coleman					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         Verification       s 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Briana Bown       Supervisor's Assistant       04/28/17				4	To reward a comm	unity volunteer for his	or her service to the
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         Verification       Image: Stand description       Image: Stand description       Describe the public purpose made pursuant to the agency's policy         Verification       Image: Stand description       Image: Stand description       Describe the distribution set forth above, is in accordance with the requirements.         Image: Stand description       Briana Bown       Supervisor's Assistant       04/28/17				· · · · · · · · · · · · · · · · · · ·	public		
4							Income
Verification       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       Image: Stand Base of the stand				4	I Checking Ceremon	nal Role of Other describe below:	
Verification       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       Image: Stand description       Image: Stand description         Image: Image: Stand description       Image: Stand description       Image: Stand description         Verification       Image: Stand description       Image: Stand description         Image: Image: Stand description       Image: Stand description       Image: Stand description         Image: Image: Stand description       Image: Stand description       Image: Stand description         Image: Image: Stand description       Image: Stand description       Image: Stand description         Image: Image: Image: Image: Image: Stand description       Image: Stand description       Image: Stand description         Image: I							
Verification       s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	C	Name of Outside Organ	ization				
I have solved as 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	Ο.				Describe the put	blic purpose made pursuant	to the agency's policy
I have solved as 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.							
I have solved as 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.							
I he       is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	-					· · · · · · · · · · · · · · · · · · ·	
I he       Is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Image: Supervisor's Assistant       04/28/17							
I have solved as 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	Veri	fication					
Briana Bown Supervisor's Assistant 04/28/17		nogaon	s 18944.1 and	d 18942. I have ve	prified that the distribution set t	forth above, is in accordance with	the requirements
S Signatura et Ergannu Haad at Dosignad	-						
		Signature of Agency Head or Designee	_				(Month, Day, Year)
	Com	ment:					

## **Agency Report of:**

Ceremonial	Role	<b>Events and</b>	<b>Ticket/Pass</b>	<b>Distributions</b>
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Ce	eremonial Role Ever	its and Tie	cket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					ronni
ſ	Division, Department, or Reg	gion (If Applicab	le)		-	For Official Use Only
	Board of Supervisors		I			
	Designated Agency Contact	(Name, Title)				
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510)272-6695		vn2@acgov.o	rq	Date of Original Filing:	(Month, Day, Year)
_	Function or Event Info		0.10			(Month, Day, Year)
	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	33
		• •		—		
	Event Description <u>————————————————————————————————————</u>	Provide Title/Ex	planation	Date(s)	+ / 03 / 17	//
	Ticket(s)/Pass(es) provided t			If no. Oakla	nd Athletics	
		y agency:	Yes 🗌 No		Name of S	ource
,	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Cars	on, Keith - Supervisor	District 5
_	of agency official?				Official's Name	(Last, First)
	Recipients		· · · · · · · · · · · · · · · · · · ·			
	Use Section A to identify the agent		r unit. Use Sec Number of		• Use Section C to iden	ntify an outside organization
	A. Champs of Englisher Debugate	-n or that	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	it to the agency's policy
			1 035(63)			
e.						
	B. Name of Individu		Number of			
	Last First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	K ::: 0			Ceremonial Role	Other X	
	Keith Carson		2		nial Role" or "Other" describe below:	
				I o evaluate the co	ntribution of a facility	or an event to the and entertainment Oppor
Ċ						
				Ceremonial Role If checking "Ceremon	Other     Other     or     Other	
			2			
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
	(include address and de	scription)	Pass(es)		ne purpose made pursuan	to the agency's policy
			_			
4.	Verification					· · · · · · · · · · · · · · · · · · ·
	l hi	ıs 18944.1 ar	nd 18942. I have ve	rified that the distribution set	forth above, is in accordance w	rith the requirements.
			Briana Bo	own	Supervisor's Assistar	nt 04/28/17
	Signature of Agency Head or Designe	e	Print Nam	e	Title	(Month, Day, Year)
	Comment:					

Ce	eremonial Role Even	ts and Tic	ket/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)	··•		-	
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510)272-6695		n2@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				(monal, buy, rour)
	Does the agency have a ticke	et policy?	Yes 🛛 No [	Face Value o	of Each Ticket/Pass \$ _	33
	Event Description <u>A's vs. An</u>	aels				//
	Event Description	Provide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided b	w agency?		If no: Oaklai	nd Athletics	
		y agency :	Yes 🗌 No 🛛		Name of So	
	Was ticket distribution made	at the behest	No 🗌 Yes 🛙	If yes: Carso	on, Keith - Supervisor	District 5
	of agency official?				Official's Name (I	_ast, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or		ion Bito Identify an Individ	• Use Section C to ident	lify an outside organization.
	A. Name of Agency, Departm	eat or yoth	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
			Pass(es)			
						<u> </u>
	B. Name of Individu		Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other 🔀	
	Shomari Carter		2		ial Role" or "Other" describe below:	
			-	To reward a Count	y employee for his or h	ner exemplary service to
				the public or to end	ourage staff developm	ient
				Ceremonial Role	ial Role" or "Other" describe below:	Income
			2	in checking. Ceremon	lai Role of Other describe below;	
	Name of Outside Organ		Number of		1	
	(include address and de		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1 1			
	· · · · · · · · · · · · · · · · · · ·					<u> </u>
4	Maulti				· · · · ·	·····
	Verification /_	lations 18044.1 on	d 18042   hava vor	ified that the distribution ast f	orth above, is in accordance wit	h the requirement-
			Briana Bo		Supervisor's Assistant	
	_ 30	3	Print Name		Title	(Month, Day, Year)

Comment: \_\_\_\_

1. Agency Name

	A Public Document			
Date Stamp	California 802			
	For Official Use Only			
	Date Stamp			

	Division, Department, or Reg	on (If Applicable	01		_	Eas Official I Ian Oak
				For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name,Title)			-	
	Briana Brown				Amendment (Must prov	ide evaluation in Dert 2.)
	Area Code/Phone Number	E-mail				nde explanation in Part 3.)
	(510)272-6695	briana.brow	n2@acgov.o	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	nation				(
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	33
	– . – A's vs. Ast	ros				
	Event Description A's vs. Ast	Provide Title/Exp	lanation	Date(s)	4 <u>14 17</u>	//
	Ticket(a)/Deco(ac) provided by			- Jéna, Oakla	and Athletics	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No		Name of Source	
	Was ticket distribution made a	it the behest	No 🗌 Yes	🛛 If ves. Cars	on, Keith - Supervisor D	istrict 5
	of agency official?				Official's Name (La	st, First)
3.	Recipients					
	Use Section A to identify the agence	's department or	ion Bitantently an Individ	ual • Use Section C to identify	an outside organization.	
	A. Nathand Agency, P. Saltime	n for Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	the agency's policy
					~	
	B. (Name of Individual (Last, First)	i)	Number of Ticket(s)/ Pass(es)		Identify one of the following	9:
	Richard Cao Aisan Health S	ervices		Ceremonial Role	Other X	Income
			2	To reward a school or nonprofit organization for its contr to the community		
			2	Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	the agency's policy

Briana Bown Supervisor's Assistant 04/28/17 Signature of Agency Head or Designee Print Name Title (Month, Day, Year) Comment: \_\_

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С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County			-	Form OUZ	
	Division, Department, or Region (If Applicable	1	For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
	Briana Brown					
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510)272-6695 briana.browr	n2@acqov.o	ra	Date of Original Filing:		
2	Function or Event Information				(Month, Day, Year)	
	Does the agency have a ticket policy?	Yes 🔀 No	Eace Value o	of Each Ticket/Pass \$ _	33	
	Event Description <u>A's vs. Rangers</u> Provide Title/Expl.	anation	Date(s)	<u>+ / 10 / 17 _</u>	//	
			If no: Oakla	nd Athletics		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of So	urce	
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor	District 5	
	of agency official?			Official's Name (	Last, First)	
3.	Recipients					
	Use Section A to identify the agency's department or		tion Bitclid - tifs an Individ	• Use Section C to iden	tify an outside organization.	
	A. Manue of Agency's Department or Unite			blic purpose made pursuant to the agency's policy		
		Pass(es)				
	B. (Name of Individual)	Number of				
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			Ceremonial Role		Income	
		2	If checking "Ceremor	ial Role" or "Other" describe below:		
			Ceremonial Role	Other		
	James Brown			hial Role" or "Other" describe below:		
		2			d event or event held at a	
			County facility in orde	er to maximize potential	County revenue from parkin	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
	(include address and description)	Pass(es)				
4.	Verification					
	1 h 18944.1 and	l 18942. I have ve	erified that the distribution set i	forth above, is in accordance wi	th the requirements.	
		Briana B	own	Supervisor's Assistan	t 04/28/17	
		Print Nam	7e	Title	(Month, Day, Year)	
	Comment:					

			Distributions		A Public Document
y Name				Date Stamp	California 802
la County					Form OUZ
n, Department, or Regi	on (If Applicable	e)			For Official Use Only
of Supervisors					
ated Agency Contact (	Name, Title)	·····		-	
Brown					
	E-mail			Amendment (Must p	provide explanation in Part 3.)
72-6695	briana.brow	n2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
					(Mohin, Day, Year)
				of Each Ticket/Pass \$ _	33
	•				
escription	Provide Title/Exp	lanation	Date(s)		//
)/Pass(es) provided by	agency2		Isa If no. Oakla	nd Athletics	
	agency:			Name of So	
	t the behest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor	District 5
ncy official?				Official's Name	(Last, First)
ients					
tion A to identify the agency	's department or		tion B to identify an individ	• Use Section C to ider	tify an outside organization.
lame of Agency, Departme	at or Unit	Ticket(s)/	Describe the put	lic purpose made pursuan	t to the agency's policy
		1 033(63)			
(Name of Individua (Last, First)	Ď	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		2			
Operation of Kerris -					Income
Contreras & Karina F	areces Cal	1	If checking "Ceremon	ial Role" or "Other" describe below:	
ts		2	To reward a student	for outstanding scholasti	ic achievement
	da County h, Department, or Regi of Supervisors ated Agency Contact (// Brown ode/Phone Number 72-6695 ion or Event Inforr e agency have a ticked rescription <u>A's vs. Mar</u> //Pass(es) provided by ket distribution made a ncy official? ients tion A to identify the agency lette of Agency, Department (Name of Individua (Lost, First)	A County a, Department, or Region (If Applicable of Supervisors ated Agency Contact (Name, Title) Brown ode/Phone Number 72-6695 E-mail briana.brow ion or Event Information e agency have a ticket policy? rescription <u>A's vs. Mariners</u> Provide Title/Exp )/Pass(es) provided by agency? ket distribution made at the behest ncy official? ients tion A to identify the agency's department or bane of Agency, Department or Unit	da County         n. Department, or Region (If Applicable)         of Supervisors         ated Agency Contact (Name, Title)         Brown         ode/Phone Number         Z2-6695         briana.brown2@acgov.c         ion or Event Information         e agency have a ticket policy?         Yes ⊠ No         escription         A's vs. Mariners         Provide Title/Explanation         )/Pass(es) provided by agency?         Yes □ No         xet distribution made at the behest         No □ Yes         ients         tion A to identify the agency's department or unit         (Name of Individua)         (Last, Fird)         Number of Ticket(s)'         Pass(es)	Ja County         a, Department, or Region (If Applicable)         of Supervisors         Interd Agency Contact (Name, Tille)         Brown         Jde/Phone Number         F-mail         Jr2-6695         briana.brown2@acgov.org         ion or Event Information         e agency have a ticket policy?         rescription         A's vs. Mariners         Provide Title/Explanation         J/Pass(es) provided by agency?         Yes □       No □         J/Pass(es) provided by agency?       Yes □         Yes □       No □         If yes:       Carso         ney official?       If yes:         tents       Number of         Ticket(s)       Describe the put         Pass(es)       Number of         Incertification       Number of         Incertification       Ceremonial Role         Image: Addenty Department or Unit       Ceremonial Role         Image: Addenty Department or Ceremonial Role       If checking "Ceremonial Role	ia County

4. Verification			
11 s 11	8944.1 and 18942. I have verified that the dis	ribution set forth above, is in accordance with the r	equirements.
	Briana Bown	Supervisor's Assistant	04/28/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			FPPC Form 802 (4/12

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

Ceremonial Role Ever	its and Tic	ket/Pass	Distributions	¥	A Public Document	
1. Agency Name				Date Stamp	California 802	
Alameda County					Poim	
Division, Department, or Reg	<b>gion</b> (If Applicable	ə)		1	For Official Use Only	
Board of Supervisors						
Designated Agency Contact	(Name, Title)	-				
Briana Brown						
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
(510)272-6695	briana.brow	n2@acgov.oi	rg	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Info	rmation					
Does the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	33	
Event Description <u>A's vs. Ma</u>	ariners			4 , 22 , 17	///	
Event Description	Provide Title/Expl	lanation	Date(s)		/	
Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No [	M If no: Oakia	nd Athletics		
				Name of So		
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes [	If yes: Cars	on, Keith - Supervisor		
				Official's Name (		
3. Recipients • Use Section A to identify the agen	nu's dependence of an	unit (allos Pas	Alexa Di An J Marshall San La dh La	- Use Costien C.t. idea	446	
		Number of Ticket(s)/				
A. Demensioner papar	. Name of Autory, Department or Unit		Describe the pu	public purpose made pursuant to the agency's policy		
B. (Name of Individue (Last, First)	Ial	Number of Ticket(s)/		Identify one of the follow	ing:	
		Pass(es)	Commercial Redu	Other 🔀		
				nial Role" or "Other" describe below:	Income	
		2				
Carol Burton			Ceremonial Role	Other	Income	
		2		nial Role" or "Other" describe below: employee for his or her e	exemplant service to the	
			public or to encouraç		semplary service to the	
C Name of Outside Orga	nization	Number of				
(include address and de		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy	
	<u> </u>					
I. Verification		<u> </u>				
	18944.1 and	d 18942. I have vei	rified that the distribution set	forth above, is in accordance wi	th the requirements.	
,		Briana Bo	own	Supervisor's Assistan	t 04/28/17	
Signature of Agency Head or Designe	e	Print Name	9	Title	(Month, Day, Year)	
11/1	A-					
Comment:	Je				EPPC Form 802 (4/12)	

Ceremon	ial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1. Agency	Name			· · ·	Date Stamp	California 802
Alameda					0	Form 002
Division,	Department, or Reg	ion (If Applicabl	e)			For Official Use Only
Board of	Supervisors					
	d Agency Contact	(Name, Title)			-	
Briana Bi	rown					
	e/Phone Number	E-mail			Amendment (Must )	provide explanation in Part 3.)
(510)272			n2@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
	n or Event Infor					(Month, Day, Year)
	agency have a ticke		Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	90
Event Des	scription <u>A's vs. Ma</u>	Provide Title/Exp	lanation	Date(s)	<u> </u>	///
Ticket(s)/F	Pass(es) provided b	v agency?	Yes 🗌 No	IX If no: Oakla	nd Athletics	
nonot(o)/i		y agonoy.			Name of So	burce
	t distribution made a	at the behest	No 🗌 Yes	If yes: Cars	on, Keith - Supervisor	District 5
of agenc	y official?				Official's Name	'Last, First)
3. Recipie		·····	The Alexandration			
Use Section	on A to identify the agenc	y's department or	Number of	tion Buardentify an Individ	• Use Section C to ider	ntify an outside organization.
A.	no <sup>No</sup> T (see to be the state	inter Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
B.	Name of Individua	al)	Number of Ticket(s)/		Identify one of the follow	éno.
	(Last, First)		Pass(es)			ing.
Keith Ca	con	· .		Ceremonial Role		Income
Reith Ga	3011		4		nial Role" or "Other" describe below: t of facilities or events	that have received
				County funding or		that have received
		5.4	-	Ceremonial Role	Other 🕅	
					nial Role" or "Other" describe below:	
			4			
			_			
	Name of Outside Orgar		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
đu			Pass(es)			
	·····					
4. Verificat	tion $\checkmark$					
1		18944.1 ani	d 18942. I have ve	rified that the distribution set 1	forth above, is in accordance wi	th the requirements.
777 2			Briana Br	own	Supervisor's Assistan	t 04/28/17
Signatu	e of Agency Head or Designee		Print Nam	10 10	Title	(Month, Day, Year)
Comment	+.					
Commen						

**A Public Document** 

1.	Agency Name			·	Date Stamp	California <b>Q12</b>
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Briana Brown				Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
_	(510)272-6695	briana.brow	n2@acgov.o	rg	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform					
	Does the agency have a ticket		Yes 🛛 No		f Each Ticket/Pass \$ _	
	Event Description A's vs. Ma	riners		Date(s)04	23 _ 17	///
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	🛛 If no: <u>Oaklar</u>	nd Athletics Name of Sou	1500
	Was ticket distribution made a	t the behast				
	of agency official?	t the benest	No 🗌 Yes	If yes:	on, Keith - Supervisor I Official's Name (L	ast, First)
3	Recipients					
Ο.	Use Section A to identify the agency	's department or	unit.)		• Use Section C to ident	ify an outside organization.
	A. Mime of Agency, Departme	nito Juliu	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	WROLD	Alexandra Canada a A	Pass(es)			
	B. Name of Individua	i)	Number of Ticket(s)/		Identify and of the fallent	
	(Last, First)		Pass(es)		Identify one of the followi	ng:
	Bulmaro Vicente			Ceremonial Role		Income
	Buinaro vicente		4		ial Role" or "Other" describe below:	or oxomplan, convice to
				To reward a County employee for his or her exemplary service to the public or to encourage staff development		
				Ceremonial Role	Other 🔀	
			4		ial Role" or "Other" describe below:	
			4			
			Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
_	M. 101					
4.	Verification <b>∠</b>	ıs 18944.1 an	d 18942. I have ve	rified that the distribution set fr	orth above, is in accordance with	h the requirements
			Briana Br			
	Signature of Agency Head or Designee		Print Nam		Supervisor's Assistant	(Month, Day, Year)
						(wonun, Day, rear)
	Comment:					

Agency Name				Date Stamp	California 802
Alameda County					in the second second
Division, Department, or Reg	gion (If Applicabl	le)			For Official Use Only
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name,Title)			-	
Briana Brown					
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510)272-6695	briana.brow	/n2@acgov.o	org	Date of Original Filing	(Month, Day, Year)
Function or Event Info	rmation				(monal, bay, rear)
Does the agency have a tick	et policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ -	90+(\$20 Parking)
Event Description <u>A's vs. M</u>	ariners			)4 , 23 , 17	///
Event Description	Provide Title/Exp	planation	Date(s)		//
Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No	IX If no: Oakla	and Athletics	
				Name of S	
Was ticket distribution made of agency official?	at the behest	No 🗖 Yes	If yes: Care	son, Keith - Supervisor Official's Name	r District 5
				Official's Name	(Last, First)
•Use Section A to identify the agen					
A. Manufestad new Departm		Number of		dual • Use Section C to iden	
	ent of Unit	Ticket(s)/	Describe the pu	ublic purpose made pursuar	nt to the agency's policy
		Pass(es)			
		Pass(es)			
B. (tame of Individu (Last, First)		Number of Ticket(s)/		Identify one of the follow	ving:
B. Name of Individu		Number of	Ceremonial Role		
B. Name of Individu		Number of Ticket(s)/ Pass(es)	Ceremonial Role		
B. (Last, First)		Number of Ticket(s)/	If checking "Ceremo To reward a Coun	Other 🔀	Income her exemplary service to
B. (Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role	Other X onial Role" or "Other" describe below: hty employee for his or acourage staff developr	her exemplary service to ment
B. (Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role	Other 🛛 onial Role" or "Other" describe below: hty employee for his or acourage staff developr	her exemplary service to ment
B. (Last, First) Carol Burton	a)	Number of Ticket(s)/ Pass(es) 4 4 4	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role If checking "Ceremo	Other X cnial Role" or "Other" describe below: hty employee for his or icourage staff developr Other X onial Role" or "Other" describe below:	Income
B. (tame of Individu (Lest, First) Carol Burton	a)	Number of Ticket(s)/ Pass(es) 4	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role If checking "Ceremo	Other X onial Role" or "Other" describe below: hty employee for his or acourage staff developr	Income
B. (Last, First) Carol Burton	a)	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role If checking "Ceremo	Other X cnial Role" or "Other" describe below: hty employee for his or icourage staff developr Other X onial Role" or "Other" describe below:	Income
B. (Last, First) Carol Burton	a)	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role If checking "Ceremo	Other X cnial Role" or "Other" describe below: hty employee for his or icourage staff developr Other X onial Role" or "Other" describe below:	Income her exemplary service to ment
B. (Last, First) Carol Burton	nization scription)	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role If checking "Ceremo Describe the pu	Other X conial Role" or "Other" describe below: hty employee for his or icourage staff developr Other X onial Role" or "Other" describe below: hblic purpose made pursuan	Income
B. (Last, First) Carol Burton C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role If checking "Ceremo Describe the pu	Other X cnial Role" or "Other" describe below: hty employee for his or icourage staff developr Other X onial Role" or "Other" describe below:	Income

			Distributions		A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Reg	<b>jion</b> (If Applicable	e)			For Official Use Only
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)	_	<u> </u>	-	
Briana Brown					
Area Code/Phone Number	E-mail				provide explanation in Part 3.)
(510)272-6695	briana.brow	n2@acgov.o	rg	Date of Original Filing:	(Month Day Year)
. Function or Event Infor	mation				(Wohan, Day, Tear)
Does the agency have a ticke	et policy?	Yes 🛛 No	☐ Face Value	of Each Ticket/Pass \$ _	33
Event Description <u>A's vs. As</u>	tros				//
Event Description	Provide Title/Exp	lanation	Date(s)		/
Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	IM If no: Oakla	and Athletics	
	,,.			Name of So	
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Cars	on, Keith - Supervisor	District 5
of agency official?				Official's Name	(Last, First)
. Recipients			1716 (Source Strand St		
Use Section A to identify the agence		Number of	tion Bito klentify an isdivid	• Use Section C to ider	tify an outside organization.
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
					· · · · · · · · · · · · · · · · · · ·
B. (Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	na:
(Last, First)		Pass(es)			
			Ceremonial Role	nial Role" or "Other" describe below:	. Income
		2	in choosing concine		
			Ceremonial Role	Other 🔲	Income
James Brown		2		nial Role" or "Other" describe below:	_
		2	To promote attendar	nce at a County sponsore	ed event or event held at a County revenue from parkir
					County revenue from parking
C. Name of Outside Organ (include address and de		Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
		Pass(es)			
				•	
Verification					
l h	18944.1 and			forth above, is in accordance w	ith the requirements.
#** 		Briana Bo		Supervisor's Assistan	t04/28/17
Signature of Agency Head or Designed	9	Print Nam	e	Title	(Month, Day, Year)
Comment:					

**A Public Document** 

1. /	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
0	Division, Department, or Reg	on (If Applicable	1	For Official Use Only		
I	Board of Supervisors					
٦	Designated Agency Contact (	Name, Title)	1			
I	Nancy Sa				Amondmont (Must	provide explanation in Part 3.)
7	Area Code/Phone Number	E-mail				
(	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2. 1	Function or Event Inform	nation				
E	Does the agency have a ticker	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	90
E	Event Description Oakland A	's vs. Seattle		Date(s)	<u>, 22 , 17 </u>	/
		Provide Title/Expl	anation			
Т	icket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	If no: Oaklar	nd Athletics Name of So	
v	Vas ticket distribution made a	t the behest	No 🗌 Yes	Valle.	Richard- Supervisor	
	of agency official?	t the benest	NOL Yes	If yes:	Official's Name (	Last, First)
3. F	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
ł	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
_			Pass(es)			
Ē	3. Name of Individua (Last, First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
-			F 435(83)	Ceremonial Role	Other 🕅	
V	/alle, Richard		S		al Role" or "Other" describe below:	
			2	To obtain oversight	of facilities that have	received County funding
-				Ceremonial Role	Other	
S	Sanborn, Robert		1	-	al Role" or "Other" describe below:	
			4	To reward a commu	unity volunteer for his	service to the public.
C	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
_						
	erification		•			
h	ave read-and understand FPPC Reaula	ations 18944.1 and	18942. I have ve	erified that the distribution set fo	rth above, is in accordance wit	h the requirements.
~			Nancy S		Supervisor's Assistant	
	CSIgnature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
C	omment: Includes 3 parking	passes at th	e value of \$	20 each.		
0						FPPC Form 802 (4/12)



#### 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	Identify one of the following:
(Last, First)	Ticket(s)/ Pass(es)	
Prentiss, Jake	4	Ceremonial Role Conter
Moreno, Cassandra	2	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
Sanchez, Melisio	4	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
Rodriguez, Edgar	4	Ceremonial Role Other Other 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

Α	Ρ	u	b	li	С	Do	c	u	n	٦e	n	Ì	l
---	---	---	---	----	---	----	---	---	---	----	---	---	---

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	on (If Applicab	le)	· · · -		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	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)
2.	Function or Event Inform	nation				
	Does the agency have a ticke	t policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	80
	Event Description Oakland A	's vs. Housto	on Astros	Date(s)	<u> </u>	/
	, I	Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of So	200
	Was ticket distribution made a	t the heheet	If yes: Valle	, Richard- Supervisor		
	of agency official?	t the benest	Official's Name (	(Last, First)		
3	Recipients					
у.	Use Section A to identify the agency	's department o	runit.  ● Use Se	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)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
						······
						····· .
	B. Name of Individua (Last. First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
	Valle, Richard			Ceremonial Role If checking "Ceremon	Other 🛛 ial Role" or "Other" describe below:	Income
			2		ntribution of a facility t re and entertainment	o the County's goals for opportunities
				Ceremonial Role	Other 🛛	Income
	Mott, Yvonne		1		ial Role" or "Other" describe below:	
			T T	lo reward a commu	unity volunteer for her	service to the public.
	C. Name of Outside Organi (include address and dest		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
4.	Verification					
	1	944.1 an	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.
/	· ·		Nancy S		Supervisor's Assistan	t 4/28/17
			Print Nam	e	Title	(Month, Day, Year)
	Comment: Includes 3 parking	g passes at t	he value of \$	20 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Dutton, John	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
McEvoy, Zion	¥	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
Fillmore, Atticus	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
		Ceremonial Role Other 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 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nancy Sa Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6692 nancy.sa@acgov.org (Month, Day, Year) 2. Function or Event Information 80 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_\_\_\_ Yes X No Event Description Oakland A's vs. SF Giants Date(s) 4 / 1 / 17 Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last First) Pass(es) Other 🛛 Ceremonial Role Income 🔲 Respaldiza, Nancy If checking "Ceremonial Role" or "Other" describe below: 3 To reward a community volunteer for her service to the public. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

#### 4. Verification

C.

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

3

Number of

Ticket(s)/

Pass(es)

•		_	Nancy Sa	Supervisor's Assistant	4/28/17
-	Signature of Agency Head or Designee	-	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_\_\_ Includes 1 parking pass at the value of \$20.

Name of Outside Organization

(include address and description)

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

## Agency Report of: (

	eremonial Role Events and Tic	cket/Pass	Distributions		A Public Documen
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable	le)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Nancy Sa				
	Area Code/Phone Number E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692 nancy.sa@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	100
	Event Description Oakland A's vs. LA Ang	Jels	Date(s)4	3 17	//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd Athletics Name of So	urce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2 Last, First)
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				· · · · · ·	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Armas, Karla	3	If checking "Ceremon	Other X ial Role" or "Other" describe below: unity volunteer for her	Income service to the public.
		3	Ceremonial Role If checking "Ceremon	Other D	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Verification				

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

	Nancy Sa	Supervisor's Assistant	4/28/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

#### Agency Report of: . 4.141

C	eremonial Role Even	ts and Hc	Ket/Pass	Distributions		A Public Documen
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					The proceedings
	Division, Department, or Reg	ion (If Applicable	ə)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Nancy Sa					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	cgov.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 \$ _	25
	Event Description Oakland A	s vs. SF Giar	nts	Dete(a) 4	, 1 , <b>17</b>	//
	Event Description Oakland A	Provide Title/Expl	anation .	Date(s)	/	//
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	IX If no: Oaklai	nd Athletics	
					Name of So	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor I Official's Name (I	District 2
	of agency official?				Official s Name (I	_ast, =irst)
3.	• Use Section A to identify the agenc	v's department or	unit.  ● Use Sed	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization
	A. Name of Agency, Departme		Number of		lic purpose made pursuant	
	A. Name of Agency, Departing	ant or Unit	Ticket(s)/ Pass(es)	Describe the pub	ne purpose made pursuant	to the agency's policy
			Number of			
	B. Name of Individua (Last. Firsi)	al	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other X	Income
	Cisneros, Arturo		2		al Role" or "Other" describe below:	
				To reward a comm	unity volunteer for his	service to the public.
				Ceremonial Role	Other	
					al Role" or "Other" describe below:	_
			2			
	C Name of Outside Organ	ization	Number of	Docariba tha rub		to the accentic setting
	(include address and des	cription)	Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy
_	Manifia - 41		L			
	Verification	lations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
/			blan av d		Duran in alla Analatan (	100117

#### Agency Report of: C

36	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
	Agency Name				Date Stamp	California 802
	Alameda County					1 Contra
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail			. Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing	(Month, Day, Year)
)	Function or Event Inform	nation			•	
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value c	of Each Ticket/Pass \$ -	25
	Event Description Oakland A	's vs. LA Ang	els	Data(s) 4	, 4 , 17	4 , 6 , 17
	Event Description	Provide Title/Expl	anation	Date(s)	/	//
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oaklar	nd Athletics	
					Name of S	
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes:	Richard- Supervisor	(Last, First)
	• Use Section A to identify the agency	's department or	unit 🔹 Use Ser	ction B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
			Number of		lic purpose made pursuar	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	nic purpose made pursuar	it to the agency's policy
						·
					····	
			Number of			
	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	· · · _ · _ · _ · _ · _			Ceremonial Role	Other	Income
	Corona, Norma		2	-	ial Role" or "Other" describe below:	
			<u> </u>	To reward a comm	unity volunteer for he	r service to the public.
					Other 🔀	
	Martinez, Christina			Ceremonial Role If checking "Ceremon	L Uther 🖾 ial Role" or "Other" describe below:	Income
			2	To reward a comm	unity volunteer for he	r service to the public.
					-	
	C Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	t to the agency's policy
	(include address and des	cription)	Pass(es)			
					· · · · · · · · · · · · · · · · · · ·	

#### 4. Verification

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

	Nancy Sa	Supervisor's Assistant	4/28/17
Signature of Agency Head or Designee	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
Г.		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
De La Cruz, Alejandra	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
3		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Cther 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
		а 1.

**A Public Document** 

Alameda County       Form V         Division, Department, or Region (If Applicable)       Board of Supervisors         Board of Supervisors       Designated Agency Contact (Name, Title)         Nancy Sa       Area Code/Phone Number (510) 272-6692       Amendment (Must provide explanation in Part 3 nancy.sa@acgov.org         2. Function or Event Information       Does the agency have a ticket policy? Yes 🛛 No 🗠       Face Value of Each Ticket/Pass \$
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         Designated Agency Contact (Name, Title)         Desethe agency have a ticket policy?         Yes X         Provide Title/Explanation         Date of Original Filing:         (Month, Day, Year)         2. Function or Event Information         Description         Description         Oakland A's vs. Astros         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes X         No Yes X         If no: Oakland Athletics         Name of Source         Vas ticket distribution made at the behest         No Yes X         * Use Section A to Identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section 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 (and Fred)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         2
Designated Agency Contact (Name, Title)         Nancy Sa         Area Code/Phone Number (510) 272-6692       E-mail nancy.sa@acgov.org         Date of Original Filing:       (Month. Day, Year)         2. Function or Event Information Does the agency have a ticket policy? Event Description       Oakland A's vs. Astros         Event Description       Oakland A's vs. Astros         Provide Title/Explanation       Date (S)       4       14       17       4       16       1         Ticket(s)/Pass(es) provided by agency?       Yes I       No IX       If no: Oakland Athletics       Name of Source         Was ticket distribution made at the behest of agency official?       No IX       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 organizatio         A.       Name of Agency, Department or Unit       Number of Ticket(e)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last, Fred)       Number of Ticket(e)/ Pass(es)       Incomit Role I       Other IX       Incomit Cole of Conter describe below:         2       Ceremonial Role I       Other IX       Incomit chealing I'conter descride below:       Incomit chealing o
Nancy Sa
Area Code/Phone Number (510) 272-6692       E-mail nancy.sa@acgov.org       Date of Original Filling:
Area Code/Phone Number (510) 272-6692       E-mail nancy.sa@acgov.org       Date of Original Filling:
2. Function or Event Information       Does the agency have a ticket policy? Yes ⊠ No □       Face Value of Each Ticket/Pass \$
Does the agency have a ticket policy?       Yes INO       Face Value of Each Ticket/Pass \$
Event Description       Oakland A's vs. Astros       Date(s)       4       14       17       4       16       1         Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Oakland Athletics       Name of Source         Was ticket distribution made at the behest of agency official?       No       Yes       If no:       Oakland Athletics         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 organizatio         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 (Last, First)       Use Section B to identify one of the following:       Incomination of the following:         2       Ceremonial Role       Other       Incomination of the following:       Incomination of the following:         2       2       Ceremonial Role       Other       Incomination of the following is a compared below:       Incomination of the compared below:
Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Oakland Athletics         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Valle, Richard- Supervisor District 2         Official's Name (Last, First)       Official's Name (Last, First)       If yes:       Valle, Richard- Supervisor District 2         Official's Name (Last, First)       Official's Name (Last, First)       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 C to identify an outside organization         A.       Name of Agency, Department or Unit       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last Free)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         2       Ceremonial Role       Other       Incon         1/ checking "Ceremonial Role" or "Other' describe below:       Incon         2       Ceremonial Role       Other       Incon         1/ checking "Ceremonial Role" or "Other' describe below:       Incon       Incon         2       Ceremonial Role" or "Other' describe below:       Incon         2       Ceremonial Role" or "Other' describe below:       Incon         2
Was ticket distribution made at the behest of agency official?     No Yes X     If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)       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 organizatio       A. Name of Agency, Department or Unit     Number of Ticket(s)/ Pass(es)     Describe the public purpose made pursuant to the agency's policy       B. Name of Individual (Last First)     Number of Ticket(s)/ Pass(es)     Identify one of the following: Pass(es)       2     Ceremonial Role     Other X     Incon Vertex or "Other" describe below:       2     Ceremonial Role     Other X     Incon       2     Receremonial Role     Other X     Incon
Was ticket distribution made at the behest of agency official?       No        Yes        If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)         3. Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization         A. Name of Agency, Department or Unit       Number of Ticket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (Last, First)       Number of Ticket(s)' Pass(es)       Identify one of the following: Pass(es)         2       Ceremonial Role       Other       Incon If checking "Ceremonial Role" or "Other" describe below:         2       Ceremonial Role       Other       Incon         2       Recemonial Role       Other       Incon         1       Checking "Ceremonial Role" or "Other" describe below:       Incon
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 organizatio         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         2       Ceremonial Role       Other I Incoming       Incoming         2       Number of Ticket(s)       Incoming       Incoming         2       Number of Ticket(s)       Incoming       Incoming         2       Ceremonial Role       Other I Incoming       Incoming         2       Incoming       Incoming       Incoming         2       Describe the public purpose mede surgery to the surgery of a policy       Incoming
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 organizatio         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, Frest)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         2       Ceremonial Role       Other Image: Ceremonial Role" or "Other" describe below:         2       Ceremonial Role       Other Image: Ceremonial Role" or "Other" describe below:         2       Incoming "Ceremonial Role" or "Other " describe below:       Incoming "Ceremonial Role" or "Other" describe below:
• 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 organizatio     A. Name of Agency, Department or Unit     Tricket(s)/     Pass(es)     Describe the public purpose made pursuant to the agency's policy     Pass(es)     Describe the public purpose made pursuant to the agency's policy     Pass(es)     Identify one of the following:         (Last, Frest)     Identify one of the following:
A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         2       Ceremonial Role □ Other ☑ Incol       Incol         2       Reacting "Ceremonial Role □ Other ☑ Incol       Incol         1       checking "Ceremonial Role □ Other ☑ Incol       Incol         2       Reacting "Ceremonial Role □ Other ☑ Incol       Incol         2       Reacting "Ceremonial Role □ Other ☑ Incol       Incol         1       checking "Ceremonial Role □ Other ☑ Incol       Incol         2       Reacting "Ceremonial Role" or "Other" describe below:       Incol
Pass(es)         Pass(es)         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         2       Ceremonial Role □       Other ☑       Incol If checking "Ceremonial Role" or "Other" describe below:         2       Ceremonial Role □       Other ☑       Incol         2       Ceremonial Role □       Other ☑       Incol         2       Ceremonial Role □       Other ☑       Incol         1       Ceremonial Role □       Other ☑       Incol         2       Ceremonial Role □       Other ☑       Incol         1       Ceremonial Role □       Other ☑       Incol         2       Ceremonial Role □       Other ☑       Incol         1       Ceremonial Role □       Other ☑       Incol         1       Ceremonial Role □       Other ☑       Incol         1       Ceremonial Role □       Other ☑       Incol         2       Ceremonial Role □       Other ☑       Incol         1
B.       Name of Individual (Last, First)       Ticket(s)/ Pass(es)       Identify one of the following:         2       Ceremonial Role       Other       Incor If checking "Ceremonial Role" or "Other" describe below:         2       Ceremonial Role       Other       Incor If checking "Ceremonial Role" or "Other" describe below:         2       Ceremonial Role       Other       Incor If checking "Ceremonial Role" or "Other" describe below:         2       2       Ceremonial Role       Other       Incor         2       2       Ceremonial Role       Other       Incor         2       2       Ceremonial Role       Other       Incor         2       Pass(es)       Incor       Incor         3       Ceremonial Role       Other       Incor         2       Pass(es)       Incor       Incor         3       Pass(es)       Incor       Incor         4       Pass(es)       Describe the nublic number of parts to the assessive patients
B.       Name of Individual (Last, First)       Ticket(s)/ Pass(es)       Identify one of the following:         2       Ceremonial Role       Other       Incor If checking "Ceremonial Role" or "Other" describe below:         2       Ceremonial Role       Other       Incor If checking "Ceremonial Role" or "Other" describe below:         2       Ceremonial Role       Other       Incor If checking "Ceremonial Role" or "Other" describe below:         2       2       Ceremonial Role       Other       Incor         2       2       Ceremonial Role       Other       Incor         2       2       Ceremonial Role       Other       Incor         2       Pass(es)       Incor       Incor         3       Ceremonial Role       Other       Incor         2       Pass(es)       Incor       Incor         3       Pass(es)       Incor       Incor         4       Pass(es)       Describe the nublic number of parts to the assessive patients
B.       Name of Individual (Last, First)       Ticket(s)/ Pass(es)       Identify one of the following:         2       Ceremonial Role       Other       Incor If checking "Ceremonial Role" or "Other" describe below:         2       Ceremonial Role       Other       Incor If checking "Ceremonial Role" or "Other" describe below:         2       Ceremonial Role       Other       Incor If checking "Ceremonial Role" or "Other" describe below:         2       2       Ceremonial Role       Other       Incor         2       2       Ceremonial Role       Other       Incor         2       2       Ceremonial Role       Other       Incor         2       Pass(es)       Incor       Incor         3       Ceremonial Role       Other       Incor         2       Pass(es)       Incor       Incor         3       Pass(es)       Incor       Incor         4       Pass(es)       Describe the nublic number of parts to the assessive patients
B.       Name of individual (Last, First)       Ticket(s)/ Pass(es)       Identify one of the following:         2       Ceremonial Role       Other       Income If checking "Ceremonial Role" or "Other" describe below:         2       Ceremonial Role       Other       Income If checking "Ceremonial Role" or "Other" describe below:         2       Ceremonial Role       Other       Income If checking "Ceremonial Role" or "Other" describe below:         2       2       Ceremonial Role       Other       Income Income         2       2       Ceremonial Role       Other       Income         2       2       Ceremonial Role       Other       Income         2       Pass(es)       Income       Income       Income         2       Pass(es)       Describe the number of the second participant to the second parti
2     If checking "Ceremonial Role" or "Other" describe below:       2     Ceremonial Role     Other       2     Ceremonial Role     Other       2     Incomination     Incomination
2     If checking "Ceremonial Role" or "Other" describe below:       2     Number of       C.     Name of Outside Organization
2     If checking "Ceremonial Role" or "Other" describe below:       2     Number of       C.     Name of Outside Organization
Name of Outside Organization Teleptotic Describe the nublic numbers made numurant to the agenewice nellegy
(include address and description) Pass(es)
South Hayward Parish; 27287 Patrick 6 To reward a non profit organization for its contributions to the community.
Provides emergency short term assistance to individuals and families.
4. Verification
I have read and understand EBPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Nancy SaSupervisor's Assistant 4/28/17
Signature of Agency Head or Designee Print Name Title (Month, Day, Ye
Comment:
1.
----
2.
_
3.
4.
/

#### Agency Report of: a Events and Ticket/Pass Distributions Dal

ceremonial Role Even	is and no	Revrass	Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)				
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)
. Function or Event Infor	mation				200
Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	200
Event Description Chance th	e Rapper		Date(s) 4	<u>, 26 , 17</u>	1 1
Lvent Description	Provide Title/Exp	lanation	Date(3)	/	
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	State Warriors	
				Name of Sou	
Was ticket distribution made at the behest		No 🗌 Yes	Yes If yes: Valle, Richard- Supervisor District 2		
of agency official?				Officiars Name (L	
Recipients					
Use Section A to identify the agency	/'s department or	unit. • Use Sec Number of	ction B to identify an individu I	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ıg:
			Ceremonial Role	Other 🛛	
Martinez, Mike		2	-	al Role" or "Other" describe below;	
		2	To reward a commu	unity volunteer for his s	ervice to the public.
			Ceremonial Role		Income
Singer, Kris		2		al Role" or "Other" describe below:	
			lo reward a commu	unity volunteer for her s	service to the public.
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
Verification					

Comment: \_

Ceremonial Role Eve	ents and Tic	:ket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or R	egion (If Applicabl	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contac	ct (Name, Title)			-	
Nancy Sa					
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	ormation			· · · · · · · · · · · · · · · · · · ·	
Does the agency have a tic	ket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	5000
Event Description Warriors	s vs. Trail Blaze		Date(s)4	<u>, 16 , 17</u>	
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided	l by agency?	Yes 🔲 No	If no: Golder	n State Warriors Name of So	
Was ticket distribution made at the behest			📼 Valle	Richard- Supervisor	
of agency official?	e at the benest	No 🗌 Yes	If yes: <u>valid</u> ,	Official's Name (	Last, First)
. Recipients					
Use Section A to identify the age	ncy's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
R Name of Individ		Number of			
B. Name of Individ (Last, First)	Juai	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Aro, Mark		4	If checking "Ceremoni	Other And	Income
				,	
		4	• • • • • • • • •	Other X al Role" or "Other" describe below:	Income
C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
÷.					
. Verification		•			··
I have read and understand FPPC Re	gulations 18944.1 and	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	th the requirements.
•		Nancy S		Supervisor's Assistant	4/28/17
orginature of Agency Fread of Design	100	Print Nam	e	Title	(Month, Day, Year)

Ceremonial Role Events	and Ticket/Pase	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				romin
Division, Department, or Region	n (If Applicable)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Na	ame, Title)		•	
Nancy Sa				
	-mail		Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692 r	ancy.sa@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Inform	ation			5000
Does the agency have a ticket p	olicy? Yes 🔀 No	Face Value o	of Each Ticket/Pass \$	5000
Event Description Warriors vs.	Trail Blazers	Date(s)4		
p	rovide Title/Explanation			
Ticket(s)/Pass(es) provided by a	agency? Yes 🗌 No	If no: Golder	n State Warriors	
Was ticket distribution made at t	he hebest in the ver	valle.	, Richard- Supervisor [	
of agency official?	he behest No 🗌 Yes	If yes:	Official's Name (L	ast, First)
. Recipients		··· <u>·</u> ····	- · · · · · · · · · · · · · · · · · · ·	
Use Section A to identify the agency's	department or unit. • Use Se	ection B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department	or Unit Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of			
D. (Last First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Other 🛛	Income
Bocog, Vanessa	4		ial Role" or "Other" describe below:	ann dan ta tha mulalla
		To reward a commi	unity volunteer for her	service to the public.
-		Ceremonial Role	Other 🔀	
	4	If checking "Ceremoni	ial Role" or "Other" describe below:	
C Name of Outside Organiza	tion Number of	Describe the such		
(include address and descri			lic purpose made pursuant	to the agency's policy
. Verification				<u></u>
	ons 18944.1 and 18942. I have v	erified that the distribution set fo	orth above, is in accordance witl	h the requirements.
	Nancy	Sa	Supervisor's Assistant	4/28/17
Signature of Agency Head or Designee	Print Nar	ne	Title	(Month, Day, Year)

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

4.

1	. Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable	e)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			1	
	Nancy Sa				
	Area Code/Phone Number E-mail	»		Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692 nancy.sa@a	acaov.ora		Date of Original Filing: _	(Month, Day, Year)
$\overline{2}$	Function or Event Information				(Wonth, Day, Year)
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	1100
	Event Description Warriors vs. Wizards	lanation	Date(s)	2 17	//
	Ticket(s)/Pass(es) provided by agency?		Golder	n State Warriors	
	nexet(s/n ass(es) provided by agency:	Yes 🗌 No		Name of Sou	
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D	District 2
_	of agency official?			Official's Name (La	ast, First)
3.	Recipients				
	• Use Section A to identify the agency's department or	· · · · · · · · · · · · · · · · · · ·	ction B to identify an individu	al. • Use Section C to identit	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
		Pass(es)			
	B. Name of Individual	Number of			
	D. (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	ig:
			Ceremonial Role	Other 🔀	Income
			If checking "Ceremonia	al Role" or "Other" describe below:	
			Ceremonial Role	Other	
			-	al Role" or "Other" describe below:	Income
		0			
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy
	(include address and description)	Pass(es)			
	St. Rose Hospital Foundation; 27200	4	To reward a non pro	ofit organization for its o	contributions to the
	Calaroga Ave. Hayward, CA 94545	4	community.		
	Support the mission to provide quality		-		
	healthcare for those in need				
4.	Verification	·	•	·····	
	I have read and understand EPPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
	·	Nancy S	Sa s	Supervisor's Assistant	4/28/17
	Signature of Agency Head or Designee	Print Name	e	Title	(Month, Day, Year)
	Commont. Includes 1 parking pass at the	value of \$30			
	Comment:			· · · · · ·	

A Public Document

Gerei				Distributions		A Public Documen
1. Age	ency Name	- · · ·			Date Stamp	California 802
Alan	neda County					Form
Divis	ion, Department, or Reg	jion (If Applicable	e)		1	For Official Use Only
Boa	rd of Supervisors					
	gnated Agency Contact	(Name, Title)			-	
Nan	cy Sa					
	Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	) 272-6692	nancy.sa@a	acaov.ora		Date of Original Filing:	(Month, Day, Year)
	ction or Event Infor					(Month, Day, Year)
	the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	1000
Even	t Description Warriors	Provide Title/Exp	lanation	Date(s)4		///
Tielce	t/a)/Deee/ae) provided h			Golder	n State Warriors	
Пске	et(s)/Pass(es) provided b	y agency?	Yes 🗌 No		Name of So	
Was	ticket distribution made	at the behest	No 🗌 Yes	If ves: Valle,	Richard- Supervisor	District 2
of a	gency official?				Official's Name (	Last, First)
3. Rec	ipients			· · ·		
• Use	Section A to identify the agend	y's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to iden	tify an outside organization.
Α.	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
					_	
В.	Name of Individu (Last, Fust)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other 🔀	Income
Nich	olson, Brandon		4	-	al Role" or "Other" describe below:	
				To reward a comm	unity volunteer for his	service to the public.
		······		Ceremonial Role	Other 🔀	 In
					al Role" or "Other" describe below:	Income
			4			
C.	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	fication	lations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	the requirements.
			Nancy S		Supervisor's Assistant	
	agnitude of Agency Frend of Designed	· · · · · · · · · · · · · · · · · · ·	Print Name			(Month, Day, Year)

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

Signature of Agency Head or Designee

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

Ceremonial Role Eve	ents and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Re	egion (If Applicable	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Title)			1	
Nancy Sa					
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	ormation				
Does the agency have a tic	ket policy?	Yes 🖾 No	Face Value of	of Each Ticket/Pass \$ _	1200
Event Description Warriors	vs. Pelicans		Date(s) 4	<u> </u>	1 1
Event Description	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	IX If no: Golder	n State Warriors	
	.,,.			Name of Sc	
Was ticket distribution made	e at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2
of agency official?				Official's Name (	Last, First)
3. Recipients					
Use Section A to identify the age	ncy's department or	unit. • Use See	ction B to identify an individu	Jal. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Depart	ment or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		Number of			
B. Name of Individ (Last, First)	lual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Delasa Ellesa				Other 🔀	Income
Reiner, Eileen		4	-	al Role" or "Other" describe below:	
			To reward a commi	unity volunteer for her	service to the public.
	<u> </u>		Ceremonial Role	Other 🛛	Income
		4	If checking "Ceremon	al Role" or "Other" describe below:	_
C. Name of Outside Orga (include address and d		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
(การเกินอยังเมือง สกับ น		Pass(es)			
					· · · · · · · · · · · · · · · · · · ·
I. Verification I have read and understand FPPC Reg	gulations 18944.1 and	' 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
		Nancy S		Supervisor's Assistant	•

Print Name

(Month, Day, Year)

Title

me unty artment, or Regi ervisors gency Contact ( one Number 92		e)		Date Stamp	California Form 802 For Official Use Only
ervisors gency Contact ( one Number	Name, Title)	e)			ronin
ervisors gency Contact ( one Number	Name, Title)	e)			For Official Use Only
gency Contact ( one Number					
one Number					
	E-mail				
	E-mail				
				Amendment (Must pr	ovide explanation in Part 3.)
	nancy.sa@a	acaov.ora		Date of Original Filing: _	(Month, Day, Year)
Event Inform					(Month, Day, Year)
cy have a ticket				f Fach Ticket/Pass \$	1000
	· ·				
ion <u>Warnors vs</u>	Provide Title/Exp	lanation	Date(s)4		//
			Golder	State Warriors	
(es) provided by	agency?	Yes 🗌 No		Name of Sou	rce
ribution made a	t the behest	No∏ Yes	X If yes. Valle,	Richard- Supervisor D	Pistrict 2
cial?				Official's Name (La	ast, First)
	·				
identify the agency	's department or	unit. • Use See	ction B to identify an individu	al. • Use Section C to identif	fy an outside organization.
Agency, Departmei	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Name of Individual (Last First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
					Income
		4			ervice to the public.
			Ceremonial Role		
		4	-		
		Number of Ticket(s)/	Describe the publ	c purpose made pursuant to	o the agency's policy
	ion Warriors vs (es) provided by ribution made a cial? identify the agency Agency, Department Name of Individual (Last. First)	ion Warriors vs. Utah Jazz Provide Title/Exp (es) provided by agency? ribution made at the behest cial? identify the agency's department or Agency, Department or Unit	ion       Warriors vs. Utah Jazz         Provide Title/Explanation         (es)       provided by agency?         Yes       No         ribution made at the behest       No         cial?       No         identify the agency's department or unit.       • Use Sec         Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         Name of Individual       Number of Ticket(s)/ Pass(es)         4       4         of Outside Organization       Number of Ticket(s)/ Pass(es)	ion       Warriors vs. Utah Jazz       Date(s)       4         Provide Title/Explanation       If no:       Golder         (es) provided by agency?       Yes       No       If no:       Golder         ribution made at the behest       No       Yes       If yes:       Valle,         identify the agency's department or unit.       • Use Section B to identify an individu         Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the pub         Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Ceremonial Role [If checking "Ceremonial Role [If checking "Ceremonia	ion       Warriors vs. Utah Jazz       Date(s)       4       10       17         Provide Title/Explanation       Date(s)       4       10       17         (es) provided by agency?       Yes       No       If no:       Golden State Warriors         ribution made at the behest       No       Yes       If yes:       Valle, Richard- Supervisor       Dottoial's Name of Sou         identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify         Agency, Department or Unit       Number of Ticket(s)/       Describe the public purpose made pursuant to the followin         Name of Individual (Lest Fred)       Number of Ticket(s)/       Describe the public purpose made pursuant to the followin         4       Ceremonial Role       Other       If the ciking "Ceremonial Role" or "Other' describe below:         4       Ceremonial Role       Other       If the ciking "Ceremonial Role" or "Other' describe below:         4       Ceremonial Role       Other       If the ciking "Ceremonial Role" or "Other' describe below:

Agency Name				Data Stamp	A Public Documen
Alameda County				Date Stamp	California Form 802
Division, Department, or Reg	ion (If Applicable			4	For Official Use Only
-		,			
Board of Supervisors Designated Agency Contact	(Name Title)			4	
	(Ivanie, nue)				
Nancy Sa Area Code/Phone Number	10000			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692	E-mail			Date of Original Filing:	
Function or Event Infor	nancy.sa@a				(Month, Day, Year)
Does the agency have a ticke		Хал 57 - М		f Each Ticket/Dece ¢	1200
Mandana		Yes 🛛 No		of Each Ticket/Pass \$ _	
Event Description	vs. LA Lakers Provide Title/Expl	anation	Date(s) <u>4</u>		//
				n State Warriors	
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No		Name of Sc	urce
Was ticket distribution made a	at the behest	No 🗌 Yes	Valle, Valle	, Richard- Supervisor	District 2
of agency official?			1 yes	, Richard- Supervisor Official's Name (	Last, First)
		Pass(es)			
		.			
		Number of			
B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
(Last, First)	al	Ticket(s)/	Ceremonial Role	Other	ing:
B. Name of Individua (Last, First) Henderson-Lovato, Annica	al	Ticket(s)/	If checking "Ceremon	Other X	Income
(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremon	Other	Income
(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremon. To reward a comm	Other 🛛 al Role" or "Other" describe below: unity volunteer for her	Income Service to the public.
(Last, First)	1	Ticket(s)/ Pass(es) 4	If checking "Ceremon To reward a commu Ceremonial Role	Other 🛛 al Role" or "Other" describe below: unity volunteer for her	Income
(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a commu Ceremonial Role	Other  O	Income Service to the public.
(Last, First) Henderson-Lovato, Annica		Ticket(s)/ Pass(es) 4 4 Number of	If checking "Ceremon To reward a commu Ceremonial Role If checking "Ceremoni	Other  Conternation of the teach of teach of the teach of teac	Income
(Last, First)	ization	Ticket(s)/ Pass(es) 4	If checking "Ceremon To reward a commu Ceremonial Role If checking "Ceremoni	Other  O	Income
(Last, First) Henderson-Lovato, Annica	ization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon To reward a commu Ceremonial Role If checking "Ceremoni	Other  Conternation of the teach of teach of the teach of teac	Income
(Last, First) Henderson-Lovato, Annica	ization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon To reward a commu Ceremonial Role If checking "Ceremoni	Other  Conternation of the teach of teach of the teach of teac	Income
(Last, First) Henderson-Lovato, Annica	ization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon To reward a commu Ceremonial Role If checking "Ceremoni	Other  Conternation of the teach of teach of the teach of teac	Income
(Last, First) Henderson-Lovato, Annica	ization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon To reward a commu Ceremonial Role If checking "Ceremoni	Other  Conternation of the teach of teach of the teach of teac	Income [ service to the public. Income [

/	Nancy Sa	Supervisor's Assistant	4/28/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

1.	Agency Name Alameda County				Date Stamp	California Form 802 For Official Use Only
	Division, Department, or Reg Board of Supervisors	ion (If Applicabl	le)			For Onicial Use Only
	Designated Agency Contact	Name, Title)			4	
	Nancy Sa					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6692	nancy.sa@	acdov ord		Date of Original Filing:	
$\overline{2}$	Function or Event Infor					(Month, Day, Year)
	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	200
	Event Description Julion Alva	Provide Title/Exp	lanation	Date(s)4	_/29_/_17	///
	Ticket(s)/Pass(es) provided by	,		Golder	n State Warriors	
	nickel(s)/Pass(es) provided by	agency?	Yes 🗌 No		Name of Sc	
	Was ticket distribution made a	t the behest	No 🗋 Yes	If ves: Valle,	Richard- Supervisor	District 2
	of agency official?		_		Official's Name (	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	's department or		ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the pub Pass(es)		blic purpose made pursuant to the agency's policy	
	B. Name of Individua	ŀ	Number of Ticket(s)/		Identify one of the follow	ing:
			Pass(es)	Ceremonial Role	Other 🕅	
	Saavedra, Rosario		4	If checking "Ceremonia	al Role" or "Other" describe below: Inity volunteer for her	
			4	Ceremonial Role	Other X al Role" or "Other" describe below:	Income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	c purpose made pursuant	to the agency's policy
4.	Verification	18944.1 and	18942. I have ve	rified that the distribution set for	th above, is in accordance with	h the requirements.
	<b>-</b>		Nancy S	Sa S	Supervisor's Assistant	4/28/17
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					

						A Public Document	
• •	Agency Name				Date Stamp	California 802	
	Alameda County					ronm	
Ī	Division, Department, or Regi	ion (If Applicable	ə)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)			-		
	Anna Gee						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	510-891-5585	anna.gee@a			Date of Original Filing		
	Function or Event Inform	_	acgov.org			(Month, Day. Year)	
	Does the agency have a ticke				of Each Ticket/Pass \$ _	2004200 304	
L	Joes the agency have a licke	policy?	Yes 🔀 No		of Each Ticket/Pass \$ _	<u></u>	
E	Event Description	Provide Title/Expl	Sanation	Date(s)	2,18,17	//	
Т	Ficket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no:	Name of S	Nacnas ource	
	Vas ticket distribution made a	t the behest	No 🗌 Yes	If yes: Miley	, Nate		
	of agency official?				Official's Name	(Last, First)	
	Recipients						
_	• Use Section A to identify the agency's department or		and the second se	ction B to identify an individu	ral. • Use Section C to Iden	ntify an outside organization.	
A. Name of Agency, Department or Unit.		nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ribe the public purpose made pursuant to the agency's policy		
	BOS District 4 Start		5	To remard a locemplani	country-emp service to	tyce for their	
(	Seneral Services	Abiny	1			<u>produc.</u>	
E	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
ť	Moore, Chu	ck	2	If checking "Ceremoni	Other      other     other      other      other      other      other      other		
-	······································	·····			ounty facility in ord		
	Chase, Steve		2	maximize	potential revenue fi and concession sale	rom	
С	Name of Outside Organiz (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuani	t to the agency's policy	
	(						
_	_/						
V	/erification						
	and and and understand EDDC Regula	tions 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance wi	th the requirements	
						1/2/17	
			Anna Ge	60 0	Executive Assistant		

A.

8.

C.

1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 510-891-5585 anna.gee@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 SNIN Event Description . Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🗌 No 🛛 Name of Sol Was ticket distribution made at the behest Miley, Nate No 🗌 Yes 🗙 If yes: of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit.
 Ose Section B to identify an individual.
 Ose Section C to identify an outside organization. Number of Name of Agency, Department or Unit Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Pass(es) Number of Name of Individual Ticket(s)/ Pass(es) Identify one of the following 1.8.1. 11 34 Ceremonial Role Other 💋 Income If checking "Ceremoniah "Other" describe belo 10 Ceremonial Role 🛄 Other 🚺 Income If checking "Ceremonial Role" or "Oth Va Name of Outside Organization Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (Include address and description) Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 1

	Anna Gee	Executive Assistant	4/3//7
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment: lamwing re	cener 32/17	70.	•
0		FPPC Toll-Free Helpline: 866/A	FPPC Form 802 (4/12) SK-FPPC (866/275-7772)

A Public Decument

					A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County			Form		
Division, Department, or Regi	on (If Applicab		For Official Use Only		
Board of Supervisors					
Designated Agency Contact (	Name, Title)			1	
Anna Gee					
Area Code/Phone Number	E-mail	Amenament (Must)	provide explanation in Part 3.)		
510-891-5585 anna.gee@acgov.org				Date of Original Filing:	(Month, Day. Year)
. Function or Event Inform			<b>.</b>		
Does the agency have a ticket	policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$ _	
Event Description	UNIC	L	Date(s)	5,3,17	3,4,17
	Provide Title/Exp	lanation 🕔	Carl		Jul
Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no:	Name of Sc	Warners
Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Miley,		
Recipients					
<ul> <li>Use Section A to identify the agency</li> </ul>	's department or		tion B to identify an individu	al. • Use Section C to ider	tify an outside organization.
A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/	Describe the pub	ic purpose made pursuan	t to the agency's policy
		Pass(es)			
B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ing:
Vargas, Han	ann	4	If checking "Ceremonia	anth facilit	t an evert
famirez, So	orro	4	Ceremonial Role [ If checking "Coremonia D MACLM12	I Role" or "Other" describe theow	county reven
C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant	to the agency's policy
			<b></b>		4400-0410-041-04-04-04-04-04-04-04-04-04-04-04-04-04-
Verification					
I have made and and and a second on a	tions 18944.1 and	18942. I have ven	ified that the distribution set for	th above, is in accordance wit	h the requirements.
		Anna Ge	e	Executive Assistant	4/3/17
Signature of Agency Head or Designee		Print Name	1	Title	(Month, Elay, Year)
1/a ct as		1 1			
Comment://// (x//)	YLOM.	人 つ	13 th.		

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

A Public Document 1. Agency Name Date Stamp California 8 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 Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of Each Ticket/Pass \$ Event Description Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no Yes 🗋 No 🔀 Name of Source Was ticket distribution made at the behest Miley, Nate No 🗌 Yes 🔀 If yes: of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. 
 Use Section B to identify an individual.
 Use Section C to identify an outside organization. Number of Å. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of 8. Name of Individual Ticket(s)/ Pass(es) Identify one of the following Ceremonial Role Other 🚺 Income If checking "Ceremonial R Inguez, Joce an Ceremonial Role Other [ Income If shecking "Ceremonial Role" or "Othe vere Q 0(M20  $\mathcal{T}$ Number of C. Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) 4 Verification 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Anna Gee Executive Assistant Print Name Title tonth, Day, Comment: .

A Dubli

1. Agency Name				Date Stamp	California 80
Alameda County			T OF M		
Division, Department, or	<b>Region</b> (If Applicab	ole)			For Official Use Only
Board of Supervisors					
Designated Agency Con	tact (Name.Title)		· · · · · · · · · · · · · · · · · · ·	1	
Anna Gee					
Area Code/Phone Numbe	er E-mail			Amendment (Must provide explanation in Part 3.)	
510-891-5585	anna.gee@	)acgov.org		Date of Original Filing	g:
2. Function or Event Ir	formation				(Month, Day. Year)
Does the agency have a	ticket policy?	Yes 🛛 No 🗌	Face Value	of Each Ticket/Pass \$	314.80
Event Description	Apall Gam	u	Date(s)	3,16,17	3, 18, 17
Ticket(s)/Pass(es) provide	Provide Title/Exp ed by agency?	Yes 🔲 No 🛛	If no: Gala	len state W	arriors
Was ticket distribution ma	de at the behest	No 🗌 Yes 🛛	If yes: Miley	Name of S	SOUICE
of agency official?			If yes:	Official's Name	e (Last, First)
. Recipients		a a constant			
<ul> <li>Use Section A to identify the a</li> </ul>	gency's department or	unit Use Sectio	n 8 to Identify an Individe	al. • Use Section C to ide	mtify an outside organization.
A. Name of Agency, Depa		Number of Ticket(s)/ Pass(es)		lic purpose made pursua	
<b></b>					
B. Name of Indi		Number of Ticket(s)/ Pass(es)		Identify one of the folion Other	Income
		Ticket(s)/	If checking "Ceremon Ceremonial Role	Other Other describe below:	Income [
C. Name of Outside O	rganization i description)	Ticket(s)/	If checking "Ceremoni Ceremonial Role [ If checking "Ceremoni	Other Other Other Other Other	Income [
(Lett. Fred)	rganization description) ieda County	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role   If checking "Ceremoni Describe the publ	Other Other Other Other Other Other Other other describe below: c purpose made pursuan note health and we	Income Income Income
C. Name of Outside O Unclude address and ted Seniors of Oakland & Alam 7200 Bancroft Ave #25	rganization description) ieda County	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role ( If checking "Ceremoni Describe the publ To pror vulnerab	Other Control	Income Income Income
C. Name of Outside O Unclude address and ted Seniors of Oakland & Alam 7200 Bancroft Ave #25 Oakland 94605	rganization description) ieda County	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role ( If checking "Ceremoni Describe the publ To pror vulnerab	Other Other Other Other Other Other Other Other Other or Other Ot	Income Income Income
C. Name of Outside O Unclude address and ted Seniors of Oakland & Alam 7200 Bancroft Ave #25 Oakland 94605 SENIOR ADVOCACY	rganization description) neda County 1	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremoni Ceremonial Role [ If checking "Ceremoni Describe the publ To pror vulnerab kids and	Other Other Other Other Other Other Other Other Other or Other Ot	Income In
C. Name of Outside O Unclude address and ted Seniors of Oakland & Alam 7200 Bancroft Ave #25 Oakland 94605 SENIOR ADVOCACY	rganization description) neda County 1	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremoni Ceremonial Role [ If checking "Ceremoni Describe the publ To pror vulnerab kids and	Other  A Role" or "Other" describe below:  Other  Other  Conter  Conter  Conter" describe below:  Conter  Conter" describe below:  Conter  Co	Income In

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



#### Agency Name

#### Alameda County

#### 3. Recipients

63 . v

• 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 (tar. Sect	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Dother Difference Income Difference Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income I
		Ceremonial Role Other Income Income Income Income
		Ceremonial Role Other 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
Pleasantin 94588		Mur contrabution to the community
# - C # - #		

 $C^{\infty}$ 

1. Agency Name			Date Stamp	California 000		
Alameda County	200 Stamp	Form 802				
Division, Department, or Region (If App		For Official Use Only				
Board of Supervisors						
-	Designated Agency Contact (Name. Title)					
Anna Gee						
Area Code/Phone Number E-mail	Amendment (Must )	provide explanation in Part 3.)				
	State					
2. Function or Event Information				250 or		
Does the agency have a ticket policy?	Yes 🔀 🛛 No 🗌	] Face Value of	f Each Ticket/Pass \$	17.80		
Event Description	tle/Explanation	Date(s)3	,24,17	3,240,17		
Ticket(s)/Pass(es) provided by agency		a If no:				
		_	Name of So	ource		
Was ticket distribution made at the beh of agency official?	iest No 🗌 Yes 🗵	If yes: Miley,	Nate Official's Name	(Last, First)		
3. Recipients						
<ul> <li>Use Section A to identify the agency's departm</li> </ul>	ent or unit. • Use Section	on B to identify an individu	al. • Use Section C to ider	tify an outside organization.		
A. Name of Agency, Department or Unit.	Number of Ticket(s)/	Describe the publ	ic purpose made pursuan	t to the agency's policy		
	Pass(es)					
			<u> </u>			
ý			<i></i>			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:		
leems, Maria		Ceremonial Role	Other Other an active below;	Income		
cents, harris	4	ir checking Geremonia	ir Role or Other describe below;			
			e attendance at an			
		held at a C	ounty facility in ord	ler to		
			potential revenue f and concession sale			
		рагкіпд	and concession san			
C. Name of Outside Organization	Number of Ticket(s)/	Describe the nubli	ic purpose made pursuant	to the agency's policy		
(include address and description)	Pass(es)					
United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251		I o promote heal	th and wellness to			
Oakland 94605				, <u>, , , , , , , , , , , , , , , , , , </u>		
SENIOR ADVOCACY		senors ti	hat receive county			
		Serv	ices.			
4. Verification	1 1 and 18942 / hour work	ind that the distribution act for	th shous is in accordance with	the the requirements		
			th above, is in accordance will Executive Accietant	n the requirements.		
Signature of Agency Head or Designee	Anna Gee	÷	Executive Assistant	Month Day Year		
				(monul Day, Teal)		
Comment:						

1. Agency Name				Date Stamp	California 000
Alameda County		P	Form 802		
Division, Department, or Re	gion (If Applicable)		Not		For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name Title)				
	. (((((())))))))				
Anna Gee Area Code/Phone Number	1 <del>-</del>	Amendment (Must pro	ovide explanation in Part 3.)		
510-891-5585	E-mail			Date of Original Filing: _	
	anna.gee@ac	gov.org		Date of Original Filling: _	(Month, Day, Year)
2. Function or Event Info				2	ind an
Does the agency have a tick	et policy? Y	és 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	
Event Description	Provide Title/Explana	Lation	_ Date(s)	31,17	///
Ticket(s)/Pass(es) provided	by agency? Y	ïes 🔲 No 🛛	If no:	An State M Name of South	AKTIÓKS
Was ticket distribution made	at the behest	No 🗌 Yes 🛛	If yes: Miley,	Nate	
of agency official?			ii yes	Official's Name (La	ist, First)
3. Recipients					
<ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or un	t. • Use Section	B to identify an individu	al. • Use Section C to identif	y an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant b	o the agency's policy
B. Name of Individu	121	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			-	Other	Income
			Ceremonial Role	Other D I Role" or "Other" describe below:	Income
C. Name of Outside Orga (include address and de	scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia		
finclude address and de Jnited Seniors of Oakland & Alame 7200 Bancroft Ave #251	scription)	Ticket(s)/	If checking "Ceremonie Describe the public To promote he	n Role" or "Other" describe below: ic purpose made pursuant to calth and wellness to	o the agency's policy
finclude address and de United Seniors of Oakland & Alame	scription)	Ticket(s)/	If checking "Ceremonie Describe the public To promote he vulnerable popu	I Role" or "Other" describe below: In purpose made pursuant to ealth and wellness to ulations such as foster	o the agency's policy
finclude address and de Jnited Seniors of Oakland & Alame 7200 Bancroft Ave #251	scription)	Ticket(s)/	If checking "Ceremonie Describe the public To promote he vulnerable popu kids and senior	n Role" or "Other" describe below: ic purpose made pursuant to calth and wellness to	e the agency's policy
finclude address and de United Seniors of Oakland & Alame 7200 Bancroft Ave #251 Oakland 94605 SENIOR ADVOCACY	eda County	Ticket(s)/ Pass(es)	If checking "Ceremonie Describe the public To promote he vulnerable popu kids and senior Se	I Role" or "Other" describe below: ic purpose made pursuant to ealth and wellness to ulations such as fostel s that receive county ervices.	e the agency's policy
finclude address and de United Seniors of Oakland & Alame 7200 Bancroft Ave #251 Oakland 94605 SENIOR ADVOCACY	eda County	Ticket(s)/ Pass(es)	If checking "Ceremonie Describe the public To promote he vulnerable popu kids and senior Se	I Role" or "Other" describe below: ic purpose made pursuant to ealth and wellness to ulations such as fostel s that receive county ervices.	e the agency's policy
finclude address and de United Seniors of Oakland & Alame 7200 Bancroft Ave #251 Oakland 94605 SENIOR ADVOCACY	eda County	Ticket(s)/ Pass(es)	If checking "Ceremonie Describe the public To promote he vulnerable popu kids and senior So that the distribution set for	I Role" or "Other" describe below: ic purpose made pursuant to ealth and wellness to ulations such as fostel s that receive county ervices.	e the agency's policy

. Agency Name					A Public Docume
÷ ;				Date Stamp	California 802
Alameda County Division, Department, or Reg	ion /If Analia-			4	Form OU2 For Official Use Only
-	ion (II Applicat	ne)			
Board of Supervisors					
Designated Agency Contact (	(Name,Title)			7	
Briana Brown					
Area Code/Phone Number	E-mail			provide explanation in Part 3.)	
(510)272-6695	briana.brov	Date of Original Filing:	(Month, Day, Year)		
Function or Event Inform					
Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	150
Event Description E-40	Provide Title/Ex	planation	Date(s)	5 , 20 , 17	///
Ticket(s)/Pass(es) provided by		Yes 🔲 No	IX If no: Golde	n State Warriors	
	• •			Name of So	
Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Cars	on, Keith - Supervisor	District 5
				Official's Name (	Last, First)
•Use Section A to identify the agency	's department or	unit. Use Se	tion Bito id attiv an individ	• Use Section C to iden	life an outside organization
A. Name of Againsy, Penaltone		Number of Ticket(s)/ Pass(es)	Lands and a first start of the	olic purpose made pursuant	
BOS Dist 5		4		y employee for his or h ourage staff developm	ner exemplary service to ent
B. Name of Individual	)	Number of Ticket(s)/		Identify one of the followi	na
B. (Name of Individual (Last, First)	)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	
B. Name of Individual (Last, First)	)	Ticket(s)/	Ceremonial Role If checking "Ceremor		ng: Income [
B. (Name of Individual (Last, First)		Ticket(s)/	If checking "Ceremor Ceremonial Role	Other 🔀	
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremor Ceremonial Role If checking "Ceremon	Other  Conternation Conternati	Income
(Last, First) C. Name of Outside Organiz (include address and desc	zation	Ticket(s)/ Pass(es)	If checking "Ceremor Ceremonial Role If checking "Ceremon	Other  ial Role" or "Other" describe below: Other Other	Income
(Lost, First) C. Name of Outside Organit: (Include address and desc Verification	zation ription)	Ticket(s)/ Pass(es)	If checking "Ceremor Ceremonial Role If checking "Ceremon Describe the pub	Other  Conternation Conternati	Income [

. Agency Name				Data Stoma	Collicourte Color
Alameda County		Date Stamp	California 802		
Division, Department, or Re	gion (If Applicat	<u></u>		4	For Official Use Only
	<b>3</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Board of Supervisors					
Designated Agency Contact	t (Name,Title)				
Briana Brown					
Area Code/Phone Number	Area Code/Phone Number E-mail				ovide explanation in Part 3.)
(510)272-6695	72-6695 briana.brown2@acgov.org				(Month, Day, Year)
. Function or Event Info	rmation				
Does the agency have a tick	et policy?	Yes 🛛 No [	Face Value (	of Each Ticket/Pass \$	80
Event Description A's Basel	ball		- D=t=(a) 0	5 , 5 , 17	
Event Description	Provide Title/Ex	planation	Date(s)		//
Ticket(s)/Pass(es) provided I	ov agency?	Yes 🔲 No 🛙	If no: Oakla	nd Athletics	
	oj ugonoj i			Name of Sou	irce
Was ticket distribution made	at the behest	No 🗋 Yes 🛙	If yes: Cars	on, Keith - Supervisor I	District 5
of agency official?			,	Official's Name (L	ast, First)
A. Marte C Agency Debatm		Number of Ticket(s)/	ion Bito identify on individ Describe the put	uat: • Use Section C to identi	
Use Section A to identify the agend		Number of			
Use Section A to identify the agence     A. Harre Supposed Secondly		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy
A. Hare & Auence, Decaum		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant to	to the agency's policy
Use Section A to identify the agence     A. Harre Supposed Secondly		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant to	to the agency's policy
Use Section A to identify the agence     A. Hart of Menow Personny B. Name of Individue		Number of Ticket(s)/ Pass(es)	Describe the put	Identify one of the followir	to the agency's policy
Use Section A to identify the agence     A. Hart of Menow Personny B. Name of Individue	a)	Number of Ticket(s)/ Pass(es)	Describe the put	Identify one of the followir         Other         Other         Other         Other	to the agency's policy Ig: Income

eremonial Role Event					A Public Documer
Agency Name				Date Stamp	California 802
Alameda County				_	Form OUA For Official Use Only
Division, Department, or Regio	on (If Applicabi	le)			i or childroide offly
Board of Supervisors					
Designated Agency Contact (N	lame, Title)			1	
Briana Brown					
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510)272-6695	briana.brow	n2@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	ation	· · ·			
Does the agency have a ticket	-	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	200
Event Description Chance the	Rapper		Date(s)	4 <u>, 26 ,</u> 17	
	Provide Title/Exp	lanation			/
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	IS If no:	len state warr	ions
				Name of So	urce
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor	UISTRICT 5
Recipients • Use Section A to identify the agency's	dana trant or	······································	tion Bao identif conjectivida		
	alayar a shakar da ana shekar dagar da san	Number of			tify an outside organization.
A. Maine of Agency, Department		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Superviso	is D.5	4	To reward e	County emp	Play-ee
B. (Flame of individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
e.			If checking "Ceremon	Other X ial Role" or "Other" describe below:	Income
				y employee for his or h ourage staff developm	er exemplary service to ent
			Ceremonial Role If checking "Ceremoni	Other 🔀	Income
			To reward a County e public or to encourage	mployee for his or her ex e staff development	cemplary service to the
Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
			Describe the publ	lic purpose made pursuant	to the agency's policy
	18044 1 and	18942 Thave ver	ified that the distribution set fo	rth above, is in accordance with	the requirements.
hav i Alan i	0944.1 ano				
	0944.1 ano	Briana Bro		Supervisor's Assistant	04/28/17