A Public Document

. /	Agency Name	65,)400,700,80,80,50,50	994 O C 2 - 99 6 00		Date Stamp	California Q02
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
1	Board of Supervisors					
ī	Designated Agency Contact	Name, Title)				
;	Sarah Oddie				Amendment (Must pi	muide evolution in Dert 21
7	Area Code/Phone Number	E-mail			-	
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				¢22
	Does the agency have a ticke		Yes 🛛 No [of Each Ticket/Pass \$ _	\$33
E	Event Description Baseball g	jame Provide Title/Exp	blanation	Date(s)5	<u>, 24 , 17</u>	//
-	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [⊠ lf no: Oaklar	nd A's Name of Soc	urce
١	Was ticket distribution made a	at the hehest	No 🗌 Yes [If yes: Chan		
	of agency official?			△ Iryes:	Official's Name (I	Last, First)
3 .	Recipients	<u>,797, 1019, 19774 9</u>		189 667 - 1995 <u>131818</u> 959 195	γγλει ε _θ (<u>⊂π</u> αβάξικι β	- R2 0 5
-	Use Section A to identify the agenc	y's department o		tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
1	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
-						
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
-	Dana Mary Anna			Ceremonial Role		
	Reno, Mary Anne		2	5	ial Role" or "Other" describe below: unity volunteer for his	or her service to the
				Ceremonial Role	Cther	Income
			2	lf checking "Ceremor	nial Role" or "Other" describe below:	
			Number of		blic purpose made pursuant	to the economic policy
	C. Name of Outside Organ (include address and de		Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuam	to the agency's policy
	C. Name of Outside Orga (include address and de				ne purpose made pursuam	to the agency's policy
· 新利希	C. Name of Outside Organ (include address and de	scription)	Pass(es)			
· 新利希	(include address and de	scription)	Pass(es)	prified that the distribution set	forth above, is in accordance wi	ith the requirements.

Comment: _____

	Agency Name				Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Regi	on (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	and the second second second	e@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	mation				\$33
	Does the agency have a ticke		Yes 🔀 🛛 No	Face Value o	f Each Ticket/Pass \$	933
	Event Description Baseball g	ame		Date(s)5	<u>, 19 , 17</u>	//
		Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	🛛 If no: Oaklar	nd A's Name of Sou	1700
	Man Alabad distants dia a sana da sa		_	Chan		irce
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: Chan	Official's Name (L	.ast, First)
_						
5.	• Use Section A to identify the agenc	v's department o	r unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	D Name of Individu	-1	Number of			
	B. Name of Individue (Last, First)	ai	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Baltrush, Katie		2	-	ial Role" or "Other" describe below:	Income
			-		anceevent held at a potential County reven	
					Other	Income
			2	If checking "Ceremor	nial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	· · · · · · · · · · · · · · · · · · ·					
	Verification	- (0 p. 5		6 4 B.O., 1		
4.	Vermeation			erified that the distribution set :	forth above, is in accordance wi	th the requirements
4.		itions 18944.1 a	na 18942. I nave ve			in ale requirements.
4.	I. Signature of Agency Head or Designe		Sarah O		Supervisor's Assistan	

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			. <u></u>	a de la companya de la	The second se
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OOZ For Official Use Only
	Division, Department, or Region (If App	olicable)			
	Board of Supervisors				
	Designated Agency Contact (Name, Title	<i>;)</i>		-	
	Sarah Oddie				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693 sarah.c	oddie@acgov.org	-	Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Information				¢00
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$.	\$33
	Event Description Baseball game		Date(s)	5 , 23 , 17	//
	Provide Ti	tle/Explanation			
	Ticket(s)/Pass(es) provided by agency	? Yes□ No	If no: Oakla	nd A's	
			Char	Name of S	Source
	Was ticket distribution made at the beh of agency official?	nest No 🗌 Yes	If yes: Char	Official's Name	(Last First)
_		47			
3.	Recipients		alam D an Islandiko an Institutut	und an Unit Constitute O An Isla	
	Use Section A to identify the agency's departm	ient of unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entity an outside organization.
	A	Number of	and the second se		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursual	nt to the agency's policy
	B. Name of Individual	Ticket(s)/ Pass(es)	Describe the put		
		Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursual	
	B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role		wing:
	B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role	Identify one of the follo	wing: // Income
	B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the follo Other Other nial Role" or "Other" describe below Other Other	wing: // Income // Income
	B. Name of Individual (Last, First) C. Name of Outside Organization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Identify one of the follo Other Other niel Role" or "Other" describe below Other nial Role" or "Other" describe below plic purpose made pursual	wing: // Income // Income

e with the requirer

	Sarah Oddie	Supervisor's Assistant	05.31.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

4	And Research Management and Andrease and Andre			INTO THE DESIGNATION OF THE OWNER		
1.	Agency Name		and a reason of a		Date Stamp	California 802
	Alameda County					Form OOZ
	Division, Department, or Region	(If Applicable)	1		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nar	me, Title)				
	Sarah Oddie					
		mail			Amendment (Must p	rovide explanation in Part 3.)
		arah.oddie@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	tion	r a 49	<u></u>		
	Does the agency have a ticket po	olicy? ץ	res 🗵 No	Face Value o	of Each Ticket/Pass \$ _	\$33
	Event Description Baseball gam				5 <u>18 17</u>	/
	Event Description	rovide Title/Explan	nation	Date(s)	//	//
	Ticket(s)/Pass(es) provided by a	gency?	/es 🗌 No I	J If no: Oakla	nd A's	
					Name of So	urce
	Was ticket distribution made at the of agency official?	ne behest	No 🗌 Yes	If yes: Chan	, VVIIMA Official's Name (I	ast First)
		94992 D			Official's Marine [1	-431, 1 1131)
3.	• Use Section A to identify the agency's of	donartmont or un	sit a Llas Soo	tion R to identify an individ	ual a Use Section C to ident	life an eutoido ergonization
			Number of		ual. • Use Section C to Idem	iny an outside organization.
	A. Name of Agency, Department o	or Unit	Ticket(s)/ Pass(es)	Describe the put	ilic purpose made pursuant	to the agency's policy
	B. Name of Individual	or Unit	Ticket(s)/ Pass(es) Number of Ticket(s)/	Describe the put	Ilic purpose made pursuant	
		or Unit	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	B. Name of Individual	or Unit	Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role		
	B. Name of Individual	or Unit	Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role If checking "Ceremon Ceremonial Role	Identify one of the follow	ing:
	B. Name of Individual	tion	Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the follow Other other other other Other Other Other	Ing: Income
	B. Name of Individual (Last, First)	tion ption) rdn, 1470	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Identify one of the follow Other Isial Role" or "Other" describe below: Other Isial Role" or "Other" describe below: Isial Role" or "Other" describe below:	Ing: Income

	Sarah Oddie	Supervisor's Assistant	05.31.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regio	n (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	ation	ि स्थल से प्राप्त हो।			19 d 9
	Does the agency have a ticket	oolicy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	\$33
	Event Description Baseball ga	me		Date(s) 05	5 , 10 , 17	1 1
		Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oakla	nd A's Name of Sou	
	Man ticket distribution mode at	ile a la ale a ale	_	— Chan		irce
	Was ticket distribution made at of agency official?	the benest	No 🗌 Yes	If yes: Chan	Official's Name (L	ast, First)
3.		<u></u>	20 <u>006012</u> 8 4 <u>6</u> 1 8	5 B 5 B 5 B 605 601 600	د ی این ویکرین ویکویین او وال و ویک او ا	a
э.	Use Section A to identify the agency's	department or i	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departmen		Number of		blic purpose made pursuant	
	Y 21 Marine er Ageney, Beparanen		Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuant	to the agency a policy
	(Ma		Number of			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	···			Ceremonial Role	Other	income
					aial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
					nial Role" or "Other" describe below:	
	C. Name of Outside Organiz		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
	(include address and desc	ription)	Pass(es)			
	Asian Health Services, 818 V	Vebster St,	2		l or nonprofit organizat	ion for its contributions
	Oakland, CA 94607			to the community		
	Healthcare clinic; advocates	for access				
Trees I	to healthcare					
4.	Verification					
	l hav	18944.1 and			forth above, is in accordance wit	
			Sarah O		Supervisor's Assistant	
	Signature of Agency Head or Designee		Print Narr	10	Title	(Month, Day, Year)
	Comment:					

		ey e e	E 10 0 1 0	जिम् म् स्ट्रान्स विद्या		
	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Regi	on (If Applicabl	e)			Tor Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail	-		Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
-	Function or Event Inform	nation	99 CAR (9 HA)			
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	\$90 ticket/\$20 park
	Event Description Baseball g	ame		Data(s) 0	5 <u>, 19 , 17</u>	/
	Event Description	Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Oakla	nd A's	
				—	Name of So	ource
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Chai	0fficial's Name	(Last First)
			6 # HC	P	emolare Mano	
.	• Use Section A to identify the agence	v'e denartment o	runit alica Sor	tion B to identify an individ	ual a Use Section C to ider	ntify an outside organization
	A. Name of Agency, Departme		Number of Ticket(s)/		blic purpose made pursuan	
			Pass(es)			
	B. Name of Individua (Lest, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	B. Name of Individua (Lest, First) Dougherty, Daisy	al	Number of Ticket(s)/		D Other D	Income
	(Lest, First)	al	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend	Dother D unial Role" or "Other" describe below: lanceevent held at a	Income
	(Lest, First)	al	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role	Other D nrial Role" or "Other" describe below: lanceevent held at a potential County reven	Income [County nueconcession sales Income [
	(Lest, First)	nization	Number of Ticket(s)/ Pass(es) 3+1	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other other other other describe below: lanceevent held at a potential County reven Other Other	Income County nueconcession sales Income
1.	(Lext, First) Dougherty, Daisy C. Name of Outside Orgar (include address and des	nization scription)	Number of Ticket(s)/ Pass(es) 3+1 3+1 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other other other other other describe below: lanceevent held at a potential County rever Other Other other	Income County nueconcession sales Income Concerned
h.	(Lext, First) Dougherty, Daisy C. Name of Outside Orgar (include address and des	nization scription)	Number of Ticket(s)/ Pass(es) 3+1 3+1 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other	Income County nueconcession sales Income Country Income Country

1.	Agency Name	R. 9 B 66 6		* () () () * * * * * * * * * * * * * * *	Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Regio	n (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (A	lame, Title)				
	Sarah Oddie					
		E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@	Dacgov.org		Date of Original Filing: -	(Month, Day, Year)
2.	Function or Event Inform	nation	, i ii	200	e	G,
	Does the agency have a ticket	policy?	Yes 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$	\$90 ticket/\$20 park
	Event Description Baseball ga	ime		Date(s)	, 18 , 17	///////
		Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No i	If no: Oaklar	nd A's Name of Sou	
	Was ticket distribution made at	the behast		If yes: Chan		nce
	of agency official?	the benest	No 🗌 Yes	If yes:	Official's Name (L	.ast, First)
3.	Recipients					
J.	Use Section A to identify the agency'	s department or u	nit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departmen	it or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
			Number of			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role If checking "Ceremon	Other D	Income
				Ceremonial Role If checking "Ceremon	Other Other or "Other" describe below:	Income
	C. Name of Outside Organi (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Alameda Health Systems Fr H. Ogawa Plz, Ste. 900, Oak		18+3	To reward a school to the community	or nonprofit organizat	ion for its contributions
	Fundraising to provide healt services to public hospitals i					
4.	•	ations 18944.1 and	18942. I have ve	erified that the distribution set f	iorth above, is in accordance wit	h the requirements.
			Sarah Oo	ddie	Supervisor's Assistant	05.31.2017
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)
	Comment:					

				and the state of the state	and the second	
1.	Agency Name	o			Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Sarah Oddie					rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				rovide explanation in Part 5.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation	63 999 <u>9</u> 0 0 0 0		<u>, 94 19 19 19 19 19 19 19 19 19 19 19 19 19 </u>	
	Does the agency have a ticke	et policy?	Yes 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$ _	\$80 ticket/\$20 park
	Event Description Baseball	game		Date(s)	5 , 09 , 17	1
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Oakla	nd A's Name of So	
			_	Char		urce
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes	If yes: Char	Official's Name (Last, First)
-				به ایش اینک کار جمع کی		
3.	• Use Section A to identify the agend	cv's department o	r unit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm		Number of		blic purpose made pursuan	
	A. Name of Agency, Departin	one of onic	Ticket(s)/ Pass(es)	Describe the pu	one purpese mude paredan	t to the agoney o poney
	D Nome of Individ		Number of			
	B. Name of Individu (Last, First)	181	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role		
	El Emmet, Tevah		4+1	-	nial Role" or "Other" describe below:	er her een iee to the
				public	nunity volunteer for his	of their service to the
				Ceremonial Role	Other	Income
			4.4		nial Role" or "Other" describe below:	
			4+1			
			Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
						<u> </u>
4.	Verification					
	l hav	tions 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
			Sarah O	ddie	Supervisor's Assistar	nt 05.31.2017
	7		Print Nan	ne	Title	(Month, Day, Year)

-						The second se
•	Agency Name				Date Stamp	California 802
	Alameda County					Form OUL For Official Use Only
	Division, Department, or Regio	on (If Applicable)				
	Board of Supervisors					
	Designated Agency Contact (A	lame, Title)				
	Sarah Oddie				Amendment (Must p	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sarah.oddie@	acgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform	nation	<u> </u>			\$80 ticket/\$20 park
	Does the agency have a ticket		Yes 🛛 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$ _	
	Event Description Baseball ga	ame		Date(s)	<u>5 , 09 , 17</u>	//
		Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no: Oakla	nd A's Name of Sc	ource
	Was ticket distribution made at	the behast		If yes: Char		
	of agency official?	ine penesi	No 🗌 Yes [X If yes:	Official's Name ((Last, First)
						পুৰিছে বিশ্ব হয় এই 👘 👘
3.	• Use Section A to identify the agency	's department or u	nit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departmen		Number of Ticket(s)/		olic purpose made pursuan	
			Pass(es)			
	B. Name of Individua (Last, First)	I	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follow	Income
	B. Name of Individua (Last, First)	1	Ticket(s)/	If checking "Caramo Ceremonial Role	Other Other Control Other Oth	Income [
	B. Name of Individua (Last, First) C. Name of Outside Organ (include address and des	ization	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other	Income [
	(Last, First)	ization cription) y Food Bank,	Ticket(s)/ Pass(es)	If checking "Caramo Ceremonial Role If checking "Ceremo Describe the pu	Other Other Other Other Other Other or Other other other other other	Income [
	C. Name of Outside Organ (include address and des Alameda County Communit	ization cription) y Food Bank, d, CA 94621 ecure	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo	Other Other Other Other Other Other or Other other other other other	Income
— 4.	C. Name of Outside Organ (include address and des Alameda County Communit 7900 Edgewater Dr, Oaklan Distributes food to food inse individuals + families in Alar Verification	ization cription) y Food Bank, d, CA 94621 ecure neda Co.	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 6	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo to the community	Other Other Other Other Other Other or Other other other other other	Income
4.	C. Name of Outside Organ (include address and des Alameda County Communit 7900 Edgewater Dr, Oaklan Distributes food to food inse individuals + families in Alar Verification	ization cription) y Food Bank, d, CA 94621 ecure neda Co.	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 6	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo to the community	Other	Income

A Public Document

1.	Agency Name	<u> </u>	8 01	· · · · ·	Date Stamp	California 802
	Alameda County					Form OOZ
	Division, Department, or Region (If)	Applicable)	<u> </u>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,	Title)		· ····	-	
	Sarah Oddie					
	Area Code/Phone Number E-ma	nil			Amendment (Musi	provide 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				\$90 ticket/\$20 perk
	Does the agency have a ticket polic	;y? ∖	Yes 🛛 No [_ Face Value	of Each Ticket/Pass \$	\$80 ticket/\$20 park
	Event Description Baseball game			Date(s)	5 , 09 , 17	/
	Provia	le Title/Explai	nation			
	Ticket(s)/Pass(es) provided by ager	ncy?	Yes 🗌 No 🕻	If no: Oakla	nd A's Name of	Source
	Mar ticket distribution mode at the	habaat		If yes: Char		502/00
	Was ticket distribution made at the of agency official?	penesi	No 🗌 Yes 🕻	If yes:	Official's Name	e (Last, First)
	A. Name of Agency, Department or L	Jnit	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	int to the agency's policy
			Pass(es)			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the folk	owing:
	B. Name of Individual (Last, First)		Number of	Ceremonial Role if checking "Ceremo	Identify one of the folio Other nial Role" or "Other" describe beio	Income
	B. Name of Individual (Last, First)		Number of Ticket(s)/	if checking "Ceremo Ceremonial Role	Other Dinial Role" or "Other" describe beio	Income
	B. Name of Individual (Last. First) C. Name of Outside Organization (include address and description		Number of Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other other other other other other	Income [w: Income [
	(Last. First)	on)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Other nial Role" or "Other" describe belo Other Other onial Role" or "Other" describe belo blic purpose made pursu	Income [w: Income [

Signature of Agency Head or Designee Sarah Oddie Supervisor's Assistant 05.31.2017 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: __

A Public Document

	Agency Name	<u>, 900, 900, 900, 90</u>	1570 <u>1. 558</u> 57 18		Date Stamp	California 000	
	Alameda County					Form OUZ	
	Division, Department, or Regio	on (If Applicable)		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (A	lame, Title)					
	Sarah Oddie						
		E-mail		<u> </u>	Amendment (Must p.	rovide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie@	Dacgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation	<u>. 6080</u>	• • 0 • • • • • • • • • • • • •		000 (1-1-+/000	
	Does the agency have a ticket	policy?	Yes 🖾 No [Face Value o	of Each Ticket/Pass \$ _	\$80 ticket/\$20 park	
	Event Description Baseball ga	ame		Date(s)	<u>, 09 , 17</u>		
	Event Description	Provide Title/Expla	anation				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No 🛛	If no: Oaklai	nd A's Name of So		
				- Chan		DICA	
	Was ticket distribution made at of agency official?	t the benest	No 🗌 Yes [If yes: Chan	Official's Name (Last, First)	
-	taialaa saaraa ahaa ahaa ahaa ahaa ahaa ahaa	20	<u>. a 10</u>		2 # 5 <u>8 8 8 0 8</u> .	লক <u>, নিউ</u> টি <u>লাক, জেৰ</u> াজ	
3.	• Use Section A to identify the agency	's department or	ual. • Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Department		Number of		olic purpose made pursuant		
			Ticket(s)/ Pass(es)				
	B. Name of Individua (Last First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				••••••	Other D nial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremo	Dther nial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	plic purpose made pursuant to the agency's policy		
	Washington Manor Middle S Fargo Ave, San Leandro, C		4+1	To reward a schoo to the community	ol or nonprofit organiza	ation for its contributions	
	Middle school in San Loren: School District	zo Unified					
1	Verification	954 D. S			6 <u>, , , , , , , , , , , , , , , , , , ,</u>		
4.			1 100 10 1 hours w	rified that the distribution set	forth above, is in accordance w	ith the requirements	
-	ען די ביביבי	lations 18944.1 an	0 10942.111870 0	anned that the distribution set	IONIN ADOVE, IS IN ACCORDANCE IN	in the requirements.	

Comment: ____

Agency Name	b british			Date Stamp	California 202	
Alameda County					Form OUZ	
Division, Department, or Region	n (If Applicable))			For Official Use Only	
Board of Supervisors						
Designated Agency Contact (Na	ame, Title)					
Sarah Oddie				Amendment (Must pr	ovide explanation in Part 3.)	
	-mail					
	arah.oddie@	Dacgov.org		Date of Original Filing: .	(Month, Day, Year)	
Function or Event Inform					\$33	
Does the agency have a ticket p	•	Yes 🛛 No 🕻		of Each Ticket/Pass \$		
Event Description Baseball gar	me		Date(s)5	<u>, 09 , 17</u>	//	
F	Provide Title/Expla	anation				
Ticket(s)/Pass(es) provided by a	agency?	Yes 🔲 No 🛛	o 🛛 If no: Oakland A's			
Was ticket distribution made at t	the behast	N - [7] N [If yes: Chan			
of agency official?	life benest	No 🗌 Yes [X If yes:	Official's Name (L	Last, First)	
Recipients						
Kecipients • 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	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy		
Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing	
(Last, First)		Pass(es)		identity one of the follow		
			Ceremonial Role If checking "Ceremon	Definition of the second secon	Income	
			Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income	
C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy	
First 5 Alameda County, 111 Ave, Alameda, CA 94501	5 Atlantic	2	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions	
Child development advocates 0-5	s for ages					
. Verification	tions 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.	
		Sarah Oo		Supervisor's Assistan		
Signature of Agency Head or Designee		Print Narr		Title	(Month, Day, Year)	

. Agency Nam					Date Stamp	California 003	
					Bute oramp	Form 802	
Alameda Cour Division, Depar	•	ion (If Applicable	 ə)		-	For Official Use Only	
			-,				
Board of Supe		(Name Title)		·	-		
•	Sincy Contact (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Sarah Oddie Area Code/Pho	ne Mirmher	E-mail			Amendment (Must	provide explanation in Part 3.)	
(510) 272-669			@acgov.org		Date of Original Filing	:	
. Function or			Guogoviorg	1. <u>.</u> 30 6	under an	(Month, Day, Year)	
Does the agence			Yes 🔀 🛛 No [En Eace Value d	of Each Ticket/Pass \$	\$33	
_	-						
Event Description	on <u>Baseball g</u>	Provide Title/Exp	lanation	Date(s)		///	
Ticket(s)/Pass(e	es) provided b	v agency?	Yes 🔲 No [If no: Oakla	and A's		
10000001 00000		y agency:			Name of Source		
Was ticket distri		at the behest	No 🗌 Yes 🛛	If yes: Char	n, Wilma	() (() () () () () () () () () () () ()	
of agency offic	cial?			के की बीं स्ट दे गए। 97 जन	Official's Name	+ (Last, First)	
. Recipients							
Use Section A to	Use Section A to identify the agency's department or			tion B to identify an individ	Iual. • Use Section C to ide	antify an outside organization.	
A. Name of Agency, Department or Unit			Number of Ticket(s)/ Describe the pu Pass(es)		ublic purpose made pursuant to the agency's policy		
<u></u>			h h h h h h h h h h h h h h h h h h h				
B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the following:			
	(Last, First)		Pass(es)	Ceremonial Role			
McCormick, N	like				onial Role" or "Other" describe below		
			2	To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales			
					Other D	Income	
			2	I checking Ceremo	mar Role of Other Describe Delor	η ν.	
C Name	Name of Outside Organization		Number of	Describe the sec	ribe the public purpose made pursuant to the agency's policy		
	e address and de		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	Int to the agency's policy	
	· · · · · · · · ·						
I. Verification						1997 - 14 0 01 2 54 (F 1 - 1	
		ulations 18944.1 ai	nd 18942. I have ve	erified that the distribution set	t forth above, is in accordance	with the requirements.	
l hai	,						
l hai	,		Sarah O	ddie	Supervisor's Assista	ant 05.31.2017	
_	ency Head or Designe		Sarah O		Supervisor's Assista Title	ant 05.31.2017 (Month, Day, Year)	

. A	gency Name		- 13 - 14 - 14 - 14 - 14		Date Stamp	California 802
A	lameda County					Form 002
Di	vision, Department, or Regi	on (If Applicable	э)			For Official Use Only
	oard of Supervisors					
De	esignated Agency Contact (Name, Title)				
	arah Oddie				Amendment (Must)	provide explanation in Part 3.)
	rea Code/Phone Number	E-mail	_		Date of Original Filing:	
	510) 272-6693		@acgov.org		Date of Original Filing:	(Month, Day, Year)
	unction or Event Infor				C	\$33
	pes the agency have a ticke		Yes 🛛 No [of Each Ticket/Pass \$ _	
E١	vent Description Baseball g	ame		Date(s)	5 , 06 , 17	///
		rionao mioizip			nd A's	
Ti	cket(s)/Pass(es) provided by	y agency?	Yes 🗌 🛛 No [If no: Oakla	Name of Si	ource
w	as ticket distribution made a	it the behest	No 🗌 Yes [If yes: Char	n, Wilma	
	of agency official?			∠ ii yes	Official's Name	(Last, First)
. R	lecipients		<u>an an 2720) i jananni kang 149759 (j. 14</u>	ninensen om sen som overs		
	Use Section A to identify the agenc	y's department or	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
P	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's		
			Pass(es)			
	B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Inclusion for if a			Ceremonial Role		Income
	Hankerson, Jennifer		2		nonial Role" or "Other" describe below: munity volunteer for his or her service to the	
-				Ceremonial Role	Other	Income
			2		onial Role" or "Other" describe below	
ī	C. Name of Outside Organization		Number of	Describe the pu	ublic purpose made pursuant to the agency's policy	
_	(include address and de		Ticket(s)/ Pass(es)	Describe the pe		ni to die agency o poncy
				and the second second second		
	/erification				t fauth a have in in an an and an an	with the requirements
11	ha	ns 18944.1 a			t forth above, is in accordance	
_	_	_	Sarah O		Supervisor's Assista	nt 05.31.2017 (Month, Day, Year)
6			Print Nan	//2	(iue	(would, Day, redi)
<i>,</i>	Comment:					

Comment: _____

1.	Agency Name	8* 10% - 10 0 9 0*.	·g•# == == ==	2	Date Stamp	California 000	
	Alameda County					Form OUZ	
	Division, Department, or Regi	on (If Applicable	e)		-	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		· · · · · · · · · · · · · · · · · · ·	-		
	Sarah Oddie						
	Area Code/Phone Number	E-mail	. '		Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2	Function or Event Inform		0 = 123 9 (C504 5	194 N	90-0 <u>9860-8-0</u>		
	Does the agency have a ticke		Yes 🛛 No 🛛	Face Value	of Each Ticket/Pass \$ _	\$33	
				Date(s)	5 , 08 , 17	//	
	Event Description Baseball g	Provide Title/Exp	lanation	Date(s)		/	
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🔲 No 🛙	d If no: Oakla	and A's		
				_	Name of So	burce	
	Was ticket distribution made a	it the behest	No 🗌 Yes 🛛	If yes: Cha	n, Wilma Official's Name (Last, First)		
	of agency official?		- <u></u>	· Sh		رو در معامل المحمد الم	
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, Departme		Number of Ticket(s)/		ublic purpose made pursuan		
			Pass(es)	ware to a set the set of the set			
	R Name of Individu		Number of				
	B. Name of Individu. (Last, First)	aı	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role If checking "Cerem	Other Other onial Role" or "Other" describe below.	Income	
				Ceremonial Role	Other Other		
	Name of Outside Organization		Number of Ticket(s)/	Describe the p	ublic purpose made pursuar	nt to the agency's policy	
	(include address and de	scription)	Pass(es)				
	Satellite Affordable Housing 1835 Alcatraz Ave, Berkele			To reward a scho to the community		ation for its contributions	
	Nonprofit affordable housin	ig developer					
4.	Verification			56 8 . D .		19 19 20 UNAL	
	11	'ions 18944.1 ai	nd 18942. I have ve	erified that the distribution se	et forth above, is in accordance v		
			Sarah Oo	ddie	Supervisor's Assista	nt 05.31.2017	

A Public Document

1.	Agency Name	• • • • • • • • • • •	- es p a	a	Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable)			-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@)acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	nation	645 - 6		15 8 8 8 9 99 <u>6 79</u>	
	Does the agency have a ticket	policy?	Yes 🖾 No [Face Value of	of Each Ticket/Pass \$.	\$80 ticket/\$20 park
	Event Description Baseball g	ame		Date(s)	5,05,17	1 1
	Event Description	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no: Oakla	nd A's	
					Name of S	Source
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🛛	If yes: Char	1, VVIIMa Official's Name	(Last First)
19.1				1 8 8 (<u>6 6 60 60 6 7 6</u> 7 9 8 8		
3.	• Use Section A to identify the agency	/'s department or u	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursua	
						<u> </u>
	· ····		Number of		·····	
	B. Name of Individua (Last, First)	3	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			1 435(65)	Ceremonial Role	Other	
					nial Role" or "Other" describe below	v:
				Ceremonial Role	Other	Income
				if checking "Ceremo	nial Role" or "Other" describe below	N:
	C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	Satellite Affordable Housing 1835 Alcatraz Ave, Berkele	y Associates, y, CA 94703	4	To reward a school to the community	ol or nonprofit organiz	ation for its contributions
	Nonprofit affordable housin	g developer				
-		ńе в 🖽				

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	05.31.2017
অдпаште от Agency пево or Designee	 Print Name	Title	(Month, Day, Year)

Comment: _____

Board of Sup Designated Ag Sarah Oddie Area Code/Ph (510) 272-66 Function of Does the ager Event Descrip Ticket(s)/Pass Was ticket dis of agency off Recipients • Use Section A t A. Name of B.	A pervisors A gency Contact (A A gency Conta	Vame, Title) E-mail sarah.oddie(nation t policy? ame Provide Title/Expl / agency? t the behest /'s department or int or Unit	@acgov.org Yes 🛛 No [Ianation Yes 🗌 No [No 🗌 Yes [Date(s) 0	Amendment (Must provide explan Date of Original Filing:(Month, E of Each Ticket/Pass \$\$80 tic 55 and A's	Official Use Only nation in Part 3.) Day, Year) Cket/\$20 park
Division, Depa Board of Sup Designated Ag Sarah Oddie Area Code/Ph (510) 272-66 Function of Does the ager Event Descrip Ticket(s)/Pass Was ticket dis of agency off Recipients • Use Section A t A. Name of B.	A seriment, or Region pervisors Agency Contact (A Agency Contact (A	Vame, Title) E-mail sarah.oddie(nation t policy? ame Provide Title/Expl / agency? t the behest /'s department or int or Unit	@acgov.org Yes X No [lanation Yes No [No Yes] unit. • Use Sec Number of Ticket(s)/ Pass(es)	Date(s) 0	Amendment (Must provide expland Date of Original Filing:(Month, E of Each Ticket/Pass \$\$80 ticks 5\$80 ticks 5 6 display to the source for the sourc	bation in Part 3.) Day, Year) cket/\$20 park / de organization.
Designated Ag Sarah Oddie Area Code/Ph (510) 272-66 Function of Does the ager Event Descrip Ticket(s)/Pass Was ticket dis of agency off Recipients • Use Section A t A. Name of B.	Agency Contact (A hone Number 593 or Event Inform ency have a ticket ption Baseball ga is (es) provided by stribution made a fficial? 5 to identify the agency of Agency, Departme	E-mail sarah.oddied nation policy? ame Provide Title/Expl / agency? t the behest /'s department or ont or Unit	Yes 🛛 No [lanation Yes 🗌 No [No 🗌 Yes [unit. • Use Sec Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Date(s) 0	Date of Original Filing:	Day, Year) cket/\$20 park / / de organization.
Sarah Oddie Area Code/Ph (510) 272-66 Function of Does the ager Event Descrip Ticket(s)/Pass Was ticket dis of agency off Recipients • Use Section A t A. Name of B.	hone Number 393 or Event Inform ency have a ticket ption Baseball ga as(es) provided by stribution made a fficial? to identify the agency of Agency, Departme Name of Individual	E-mail sarah.oddied nation policy? ame Provide Title/Expl / agency? t the behest /'s department or ont or Unit	Yes 🛛 No [lanation Yes 🗌 No [No 🗌 Yes [unit. • Use Sec Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Date(s) 0	Date of Original Filing:	Day, Year) cket/\$20 park / / de organization.
Area Code/Ph (510) 272-66 Function of Does the ager Event Descrip Ticket(s)/Pass Was ticket dis of agency off Recipients • Use Section A t A. Name of B.	hone Number 593 or Event Inform ency have a ticket ption Baseball ga is (es) provided by stribution made a fficial? 5 to identify the agency of Agency, Departme	sarah.oddied nation t policy? ame Provide Title/Expl y agency? t the behest y's department or ont or Unit	Yes 🛛 No [lanation Yes 🗌 No [No 🗌 Yes [unit. • Use Sec Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Date(s) 0	Date of Original Filing:	Day, Year) cket/\$20 park / de organization.
(510) 272-66 Function of Does the ager Event Descrip Ticket(s)/Pass Was ticket dis of agency off Recipients • Use Section A t A. Name of B.	593 or Event Inform ency have a ticket ption Baseball ga is (es) provided by stribution made a fficial? to identify the agency of Agency, Departme	sarah.oddied nation t policy? ame Provide Title/Expl y agency? t the behest y's department or ont or Unit	Yes 🛛 No [lanation Yes 🗌 No [No 🗌 Yes [unit. • Use Sec Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Date(s) 0	Date of Original Filing:	Day, Year) cket/\$20 park / de organization.
Function of Does the ager Event Descrip Ticket(s)/Pass Was ticket dis of agency off Recipients • Use Section A t A. Name of B.	or Event Inform ency have a ticket ption Baseball ga es(es) provided by stribution made a fficial? S to identify the agency of Agency, Departme	nation t policy? ame Provide Title/Expl / agency? t the behest /'s department or int or Unit	Yes 🛛 No [lanation Yes 🗌 No [No 🗌 Yes [unit. • Use Sec Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Date(s) 0	of Each Ticket/Pass \$	cket/\$20 park /
Does the ager Event Descrip Ticket(s)/Pass Was ticket dis of agency off Recipients • Use Section A t A. Name of B.	ency have a ticket ption Baseball ga es(es) provided by stribution made a fficial? to identify the agency of Agency, Departme	t policy? ame Provide Title/Expl / agency? t the behest /'s department or ont or Unit	Ianation Yes No No No No No Yes No Yes No Yes No Yes Number of Ticket(s)/Pass(es)	Date(s) 0	5 05 17 and A's Name of Source n, Wilma Official's Name (Last, First) dual. • Use Section C to identify an outside ablic purpose made pursuant to the ager	/de organization.
Event Descrip Ticket(s)/Pass Was ticket dis of agency off Recipients • Use Section A t A. Name of B.	ption Baseball ga es(es) provided by stribution made a fficial? 5 to identify the agency of Agency, Departme	ame Provide Title/Expl / agency? It the behest /'s department or int or Unit	Ianation Yes No No No No No Yes No Yes No Yes No Yes Number of Ticket(s)/Pass(es)	Date(s) 0	5 05 17 and A's Name of Source n, Wilma Official's Name (Last, First) dual. • Use Section C to identify an outside ablic purpose made pursuant to the ager	/de organization.
Ticket(s)/Pass Was ticket dis of agency off Recipients • Use Section A t A. Name of B.	ss(es) provided by stribution made a fficial? to identify the agency of Agency, Departme Name of Individua	Provide Title/Expl / agency? t the behest /'s department or int or Unit	Yes No No Yes unit. • Use Sec Number of Ticket(s)/ Pass(es)	If no: Oakla	And A's Name of Source n, Wilma Official's Name (Last, First) dual. • Use Section C to identify an outsid ablic purpose made pursuant to the ager	1
Was ticket dis of agency off Recipients • Use Section A t A. Name of B.	stribution made a fficial? to identify the agency of Agency, Departme Name of Individua	/ agency? t the behest /'s department or int or Unit	Yes No No Yes unit. • Use Sec Number of Ticket(s)/ Pass(es)	If no: Oakla	And A's Name of Source n, Wilma Official's Name (Last, First) dual. • Use Section C to identify an outsid ablic purpose made pursuant to the ager	1
Was ticket dis of agency off Recipients • Use Section A t A. Name of B.	stribution made a fficial? to identify the agency of Agency, Departme Name of Individua	t the behest /'s department or int or Unit	No Yes [unit. • Use Sec Number of Ticket(s)/ Pass(es)	If yes: Char tion B to identify an Individ	Name of Source n, Wilma Official's Name (Last, First) dual. • Use Section C to identify an outsid ablic purpose made pursuant to the ager	1
of agency off Recipients • Use Section A to A. Name of B.	fficial? 5 to identify the agency of Agency, Departme Name of Individua	r's department or int or Unit	Number of Ticket(s)/ Pass(es)	tion B to identify an individ	dual. • Use Section C to identify an outsid	1
of agency off Recipients • Use Section A to A. Name of B.	fficial? 5 to identify the agency of Agency, Departme Name of Individua	r's department or int or Unit	Number of Ticket(s)/ Pass(es)	tion B to identify an individ	dual. • Use Section C to identify an outsid	1
• Use Section A t A. Name of B.	to identify the agency of Agency, Departme Name of Individua	nt or Unit	Number of Ticket(s)/ Pass(es)		Iblic purpose made pursuant to the ager	
• Use Section A t A. Name of B.	to identify the agency of Agency, Departme Name of Individua	nt or Unit	Number of Ticket(s)/ Pass(es)		Iblic purpose made pursuant to the ager	
B.	Name of Individua		Ticket(s)/ Pass(es)	Describe the pu		ncy's policy
		al	Number of Ticket(s)/		Identify one of the following:	
		9]	Ticket(s)/		Identify one of the following:	
				Ceremonial Role	e Cther C onial Role" or "Other" describe below:	Income [
O Nor				Ceremonial Role If checking "Cerem	Other - Other	Income
	me of Outside Organ ude address and des		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant to the age	ncy's policy
	s on Wheels, 223 San Leandro, CA		6+1	To reward a scho to the community	ol or nonprofit organization for it	s contributions
Provides me homebound	neals to low-inco d seniors	me,				
Verificatio						
I hav	on			the state of the state of the	and the second	
Signature or	on .	ʻʻ's 18944.1 ar	nd 18942. I have vi Sarah O		et forth above, is in accordance with the require Supervisor's Assistant	rements. 05.31.2017

1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OUZ
	Division, Department, or Region (If Applicable,)			For Official Use Only
	Board of Supervisors	·			
	Designated Agency Contact (Name, Title)		,, . <u>.</u>		
	Sarah Oddie				
	Area Code/Phone Number E-mail		<u></u>	. Amendment (Must pr	ονιάθ θχριαπατίοπ in Part 3.)
	(510) 272-6693 sarah.oddie@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information	51 4 6		14 <u>69.</u> 'E G s 1 1 1	600 ti-lt/600 a rada
	Does the agency have a ticket policy?	Yes 🛛 No 🛛	Face Value c	of Each Ticket/Pass \$	\$80 ticket/\$20 park
	Event Description Baseball game		Date(s)05	5,05,17	1 1
	Provide Title/Expla	anation			······································
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Oaklar	nd A's Name of Sou	
	Was ticket distribution made at the behest	No 🗌 Yes 🛙	If yes: Chan	, Wilma	
	of agency official?			Official's Name (L	ast, First)
3.	Recipients	2.4			5 <u>5</u>
	• Use Section A to identify the agency's department or u	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, Frist)	Number of Ticket(s)/		Identify one of the following:	
		Pass(es)	Ceremonial Role	Other	Income
				nial Role" or "Other" describe below:	
			Ceremonial Role		Income
			If Checking "Geremor	nial Role" or "Other" describe below:	
	C. Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	Alameda Boys & Girls Club,1900 3rd St, Alameda, CA 94501	4+1	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions
	Inspire + enable youth to realize full potential as caring + responsible citizens				
4.	Verification	4 80 20 1	ant 4 2 44 € 144 € 96, 0	0	-128 e ta
		1 18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.
		Sarah Oo	ddie	Supervisor's Assistant	05.31.2017
	- จามูกสเขาะ บา กบูอกบร การสบ บา มาองเมูกสีชิ	Print Nam	θ	Title	(Month, Day, Year)
	Comment:				EPBC Form 902 (4/1)

eremonial Role Events and Ticl						
Agency Name			Date Stamp	California 802		
Alameda County		Form				
Division, Department, or Region (If Applicable,		For Official Use Only				
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name, Title)	-					
Sarah Oddie						
			Amendment (Must p	rovide explanation in Part 3.)		
	Dacqov.org		Date of Original Filing:	(Month, Day, Year)		
	9 C 10 5 5 50 50	an ang dinggan pang pa		(Mohin, Day, Year)		
		Face Value	of Each Ticket/Pass \$	\$80 ticket/\$20 park		
Event Description Description Provide Title/Expla	nation	Date(s)		//		
		Je Je Dakla	nd A's			
ficket(s)/Pass(es) provided by agency?	Yes 📋 No		Name of So	urce		
Was ticket distribution made at the behest	No 🗌 Yes	If ves: Char	n, Wilma			
of agency official?			Official's Name (Last, First)		
Recipients	(1994) (1995) (MAR) (1	0 C :	<u>2</u>	<u>a</u> a a a a a a a a a a a a a a a a a a		
• Use Section A to identify the agency's department or u	init. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	t to the agency's policy		
	Pass(es)					
B. Name of Individual (Last, Fast)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follow Other inial Role" or "Other" describe below:			
B. Name of Individual (Last, First)	Ticket(s)/	If checking "Ceremo Ceremonial Role	Other D	ing: Income [Income [
B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below: Other Other	income [
(Last, First) C. Name of Outside Organization	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Other nial Role" or "Other" describe below: Other Other nial Role" or "Other" describe below: blic purpose made pursuant	income [
(Last, First) C. Name of Outside Organization (include address and description) East Bay Innovations, 2450 Washington	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo	Other nial Role" or "Other" describe below: Other Other nial Role" or "Other" describe below: blic purpose made pursuant	Income [Income [
(Last, First) C. Name of Outside Organization (include address and description) East Bay Innovations, 2450 Washington Ave #240, San Leandro, CA 94577 Providing services to people with disabilities in Alameda County Verification	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo to the community	Other	Income [Income] t to the agency's policy tion for its contributions		
(Last, First) C. Name of Outside Organization (include address and description) East Bay Innovations, 2450 Washington Ave #240, San Leandro, CA 94577 Providing services to people with disabilities in Alameda County Verification	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo to the community	Other nial Role" or "Other" describe below: Other Other nial Role" or "Other" describe below: blic purpose made pursuant	Income [Income] t to the agency's policy tion for its contributions		
	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 Event Cosciliation Does the agency have a ticket policy? Event Description Baseball game Provide Title/Explant Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or units	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org Function or Event Information Does the agency have a ticket policy? Yes X No Event Description Baseball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes Was ticket distribution made at the behest of agency official? No Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit.	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number E-mail (510) 272-6693 sarah.oddie@acgov.org Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Event Description Baseball game Date(s)Ot Provide Title/Explanation Date(s)Ot Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:Oakla Was ticket distribution made at the behest no □ Yes ⊠ If yes:Char of agency official? • Use Section A to identify the agency's department or unit. • Use Section B to identify an individ A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the put	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 Function or Event Information Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$		

A Public Document

1. Agency Name		e <u>0-5</u> e e	Date Stamp	California 802			
Alameda County				Form 002 For Official Use Only			
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)						
Board of Supervisors							
Designated Agency Contact (Name, Title)			1				
Sarah Oddie							
Area Code/Phone Number E-mail			Amendment (Musi	t provide explanation in Part 3.)			
(510) 272-6693 sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)			
2. Function or Event Information	96 C		a	010 5 0			
Does the agency have a ticket policy?	Yes 🛛 No [312.50ticket/\$40 park			
Event Description Basketball Game			5 , 02 , 17	//			
Event Description	lanation	Date(s)	//				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Golde	n State Warriors				
		<u> </u>	Name of a	Source			
Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes: Char	n, Wilma Official's Name	o // oot Eirot)			
of agency official?	13 13 13 14 14 14 14 14 14	ಟ್ಟ್ ಟ್ರ್ ಮಾಡ್ನ ಮಿಡ					
Recipients 9 Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	Number of						
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	ant to the agency's policy			
B. Name of Individual	Number of Ticket(s)/		Identify one of the folio	owing:			
(Last, First)	Pass(es)						
Rupp, Candy		Ceremonial Role	Other Donial Role" or "Other" describe belo	Income			
Rupp, Canay	2+p		anceevent held at				
				enueconcession sales			
		Ceremonial Role	Other	Income			
	2+p	If checking "Ceremo	onial Role" or "Other" describe belo	W:			
	Number of						
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursu	ant to the agency's policy			
			<u> </u>				
5556576			11 - 14 (3) (3 A				
4. Verification I have read and understand EPPC: Regulations 18944.1 at	nd 18942. I have vi	erified that the distribution se	t forth above, is in accordance	e with the requirements.			
L	Sarah O	ddie	Supervisor's Assist	ant 05.31.2017			

Ha .	Saran Oddie	Supervisor's Assistant	05.31.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

10.07						California C.C.C.
Agency Name				Date Stamp	California 802	
	eda County					For Official Use Only
Divisio	on, Department, or Regi	on (If Applicable				
Board	t of Supervisors					
Desig	nated Agency Contact (/	Varne, Title)				
Sarah	n Oddie					provide explanation in Part 3.)
Area (Code/Phone Number	E-mail			_	
(510)	272-6693	sarah.oddie	@acgov.org		Date of Original Filing	:(Month, Day, Year)
Fund	ction or Event Inform	nation	(<u>- 9 6</u> 9 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6			3 12 E O ticket
	the agency have a ticket		Yes 🛛 No 🛛	🔲 🛛 🗖 Face Va	lue of Each Ticket/Pass \$.	312.50, ticket
Event	Description Basketball	Game		Date(s)	05 , 02 , 17	//
Lven		Provide Title/Exp	planation			
Ticket	t(s)/Pass(es) provided by	/ agency?	Yes 🗌 No [If no: <u>G</u>	olden State Warriors Name of S	Pouroo
						bource
	icket distribution made a gency official?	t the behest	No 🗌 Yes	🗵 If yes: 🖄	Chan, Wilma Official's Name	(Last, First)
			-	6-3 65a	្មា ដែកតំដូ <u>ដែល ដែលដែក ដ</u> ា ខ	ದ್ರಾ <u>ಕ್ ಕೆ ಕಳಸ್ತಿಗಳುವು</u>
	pients	/'s denartment o	runit. • Use Sec	tion B to identify an in	dividual. • Use Section C to ide	entify an outside organization.
A.			Number of		e public purpose made pursua	
А.	Name of Agency, Departme	int or Unit	Ticket(s)/ Pass(es)	Describe th	e public purpose made pursua	nt to the agency a policy
В.	Name of Individua (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
В.		al		Ceremonial		wing:
		al	Ticket(s)/ Pass(es)	If checking "C	Role Other D	Income
	(Last. First)	al	Ticket(s)/	If checking "C To promote at	Role Other D eremonial Role" or "Other" describe below tendanceevent held at a	Income Income a County
	(Last. First)	al	Ticket(s)/ Pass(es)	If checking "C To promote at facilitymaxim	Role Other C eremonial Role" or "Other" describe below tendanceevent held at a hize potential County reve	Income
	(Last. First)	al	Ticket(s)/ Pass(es)	If checking "C To promote at facilitymaxim Ceremonial	Role Other C eremonial Role" or "Other" describe below tendanceevent held at a nize potential County reve	Income Income a County enueconcession sales
	(Last. First)	nization	Ticket(s)/ Pass(es) 2	If checking "C To promote at facilitymaxim Ceremonial If checking "C	Role C Other C C C C C C C C C C C C C C C C C C C	Income
Lad,	(Lest First) Emily Name of Outside Organ	nization scription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "C To promote at facilitymaxim Ceremonial If checking "C Describe th Describe th	Role Other Cherronial Role" or "Other" describe below tendanceevent held at a nize potential County rever Role Other Cherronial Role" or "Other" describe below	Income

1	Agency Name		rening state of a		Date Stamp	California 000
	Alameda County		Bate damp	Form 802		
	Division, Department, or Regi	on (If Applicabl	4	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
	Sarah Oddie				Amondmont (hturi	(internetion in Dert 1.)
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	mation			5 0° C 48 15 G	
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	312.50 ticket
	Event Description	Game		Date(s) 05	5 <u>,</u> 04 , 17	1
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
					Name of Sou	urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Chan	1, VVIIMa Official's Name (L	act First
_					Onicial s Marine (E	
3.	* Use Section A to identify the agenc	y's department o	r unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
	B. Name of individu	al	Number of Ticket(s)/		Identify one of the follow	ing:
			Pass(es)	Communical Data	Other	income
	Brekke-Miesner, Lukas		2	To promote attend	nial Role" or "Other" describe below: anceevent held at a	County
				facilitymaximize	potential County reven	ueconcession sales
			2		Dther D niai Role" or "Other" describe below:	Income
	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					
	l have re	14.1 ai			forth above, is in accordance wi	
			Sarah O		Supervisor's Assistan	
	S.g.,	-	Print Nan	ne	Title	(Month, Day, Year)

		ur-				California
	Agency Name				Date Stamp	California 802
	Alameda County			For Official Use Only		
	Division, Department, or Regi	i on (If Applicab				
	Board of Supervisors				_	
	Designated Agency Contact (Name, Title)				
	Sarah Oddie				Amendment (Must prov	ide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			21	7 Diakat/\$40 park
	Does the agency have a ticke	t policy?	Yes 🔀 🛛 No 🛛		of Each Ticket/Pass \$ 🏄	
	Event Description Basketbal	Game		Date(s) 0	5 _ 04 _ 17	1 1
	Event Description	Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🔲 🛛 No 🕻	ম If no: Golde	en State Warriors	
		,			Name of Source	C 0
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: Chai	n, Wilma Official's Name (La	at Eirat
	of agency official?				Official's Name (La	st, First)
3.	Recipients					
	• Use Section A to identify the agence	y's department o				
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pu	iblic purpose made pursuant to	o the agency's policy
			Pass(es)			
	B. Name of individu	al	Number of Ticket(s)/		Identify one of the followin	9:
	(Last, First)		Pass(es)			······
	Dean, Velma			Ceremonial Role	e D Other D onial Role" or "Other" describe below:	Income
	Dean, veina		2+p		danceevent held at a C	countv
					potential County revenu	
			2+p	Ceremonial Role If checking "Cerem	Other Other or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant t	o the agency's policy
		<u> </u>				
		<u></u>		· · · · · ·		
4.	Verification					
4.	Verification I hav	etions 18944.1	and 18942. I have ve	erified that the distribution se	et forth above, is in accordance with	n the requirements.
4.		ations 18944.1	and 18942. I have ve Sarah O		et forth above, is in accordance with Supervisor's Assistant	n the requirements. 05.31.2017

Comment: _____

Agency Name				Date Stamp	California 802
Alameda County			Form		
Division, Department, or Re	gion (If Applicab	1	For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Sarah Oddie					
Area Code/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·		t provide explanation in Part 3.)
(510) 272-6693	sarah.oddi	e@acgov.org	4	Date of Original Filing	(Month, Day, Year)
Function or Event Info	rmation	5			217 50 ticket/\$40 perk
Does the agency have a tick		Yes 🗵 🛛 No 🛛	Face Value	of Each Ticket/Pass \$	312.50 ticket/\$40 park
Event Description Basketba	all Game		Date(s)		//
	Provide Title/Ex	planation			
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 🛛 No 🛛	If no: Golde	n State Warriors	Source
			If yes: Char		
Nas ticket distribution made of agency official?	e at the benest	No 🗌 Yes	If yes:	Official's Name	ə (Last, First)
A	ment or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	ant to the agency's policy
A. Name of Agency, Depart		Pass(es)			
B. Name of Individ		Number of Ticket(s)/		Identify one of the folic	owing:
		Number of	Ceremonial Role		
B. Name of Individ		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo		Income
B. Name of Individ		Number of Ticket(s)/	If checking *Ceremo To promote attend facilitymaximize	Other D onial Role" or "Other" describe below lanceevent held at potential County reve	Income [w: a County enueconcession sales
B. Name of Individ		Number of Ticket(s)/ Pass(es)	If checking *Ceremo To promote attend facilitymaximize Ceremonial Role	Other D nnial Role" or "Other" describe below anceevent held at	Income a County enueconcession sales Income
B. Name of Individ	dual	Number of Ticket(s)/ Pass(es) 2+p	If checking *Ceremo To promote attend facilitymaximize Ceremonial Role If checking *Ceremo	Other D nnial Role" or "Other" describe below danceevent held at potential County rever	Income w: a County enueconcession sales Income
B. Name of Individ (Last First) Chang, Emily C. Name of Outside Org (include address and o	dual	Number of Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/	If checking *Ceremo To promote attend facilitymaximize Ceremonial Role If checking *Ceremo	Other	Income a County enueconcession sales Income
B. Name of Indivia (Last First) Chang, Emily C. Name of Outside Org	dual ganization description)	Number of Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other	Income I a County enueconcession sales Income I
B. Name of Indivia (Last First) Chang, Emily C. Name of Outside Org (Include address and o	dual ganization description)	Number of Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/ Pass(es)	If checking *Ceremo To promote attend facilitymaximize Ceremonial Role If checking *Ceremo Describe the pu	Other Dianceevent held at potential County reve Other Other Other Dianceevent held at potential County reve Other Dianceevent held at potential County reve Dianceevent held at potential C	Income w: a County enueconcession sales Income w: ant to the agency's policy with the requirements.

14	eremonial Role Even	its and Tio	cket/Pass	Distributions		A Public Document
۱.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Reg	ion (If Applicab	le)]	For Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		· · · · · · · · · · · · · · · · · · ·	-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
-	Function or Event Infor					909.8C9 KI KI KI
	Does the agency have a ticke		Yes 🖾 No	Face Value of	of Each Ticket/Pass \$ _	312.50 ticket
		• •		04	5 14 17	
	Event Description Basketba	Provide Title/Exp	planation	Date(s)	5 14 11	///
	Ticket(a)/Decc(ac) provided k			Golde	n State Warriors	
	Ticket(s)/Pass(es) provided b	by agency?	Yes 🗌 No		Name of So	ource
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Char	n, Wilma	
	of agency official?				Official's Name ((Last, First)
	Recipients		െ,്യങ്ങ്ങളെം. ഇംഗ	1999 7 8 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		
	Use Section A to identify the agent	cy's department o	r unit. • Use Sec Number of	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
			1 450(50)			
					··· ·· · · · · · · · · · · · · · · · ·	
	R Name of Individu		Number of			
	B. Name of Individu	101	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	Other	Income
	Geisner, Ben		2	-	nial Role" or "Other" describe below:	
					anceevent held at a potential County rever	County nueconcession sales
				Ceremonial Role		
					nial Role" or "Other" describe below:	Income (_
			2			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	it to the agency's policy
		acription	Pass(es)			
Test					April 4 a C	0 4 ° 70 8 8 ° 70 ° 8 ° 8
1.	Verification	ono 19044 4 -	nd 19042 1 hours	arified that the distribution+	forth above, is in accordance w	ith the requirements
	Thave I					
	Simply of Annu that - Deel	<u> </u>	Sarah O		Supervisor's Assistar	
	Signature of Agency Head of Designe	70	Print Nan	ne	1 Me	(Month, Day, Year)
	Signature of Agency Head or Designe	38	Print Nan	ne	Title	(Month, Day

A Public Document

1	Agency Name		Q 4 Q 6	Date Stamp Collifornia 000
				Date Stamp California 802
	Alameda County Division, Department, or Region (If Applical			For Official Use Only
	Division, Department, or Region (ir Applical	ole)		
	Board of Supervisors			
	Designated Agency Contact (Name, Title)			1
	Sarah Oddie			
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)
	(510) 272-6693 sarah.oddi	ie@acgov.org		Date of Original Filing:(Month, Day, Year)
2.	Function or Event Information	• <u>i</u> •đ.		· · · · · · · · · · · · · · · · · · ·
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ <u>32.50ticket/\$40 park</u>
	Event Description Basketball Game	_		5 , 16 , 17
	Event Description Provide Title/Ex	xplanation	Date(s)	
	Ticket(s)/Pass(es) provided by agency?		If no. Golde	n State Warriors
	necet(a)/r ass(ca) provided by agency :	Yes 🗌 No		Name of Source
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	, Wilma
	of agency official?			Official's Name (Last, First)
3.	Recipients	ម្រុះមាន ខេត្ត ខេត្ត។	m 2 8246 € New End 1 7 7	a a tha an
	• Use Section A to identify the agency's department	or unit. • Use Sec	tion B to identify an individ	ual. • 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:
			Ceremonial Role	Other I Income
	Federico, Anthony	2		nial Role" or "Other" describe below:
		-	To reward a comm	unity volunteer for his or her service to the
		2		Other I Income Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	plic purpose made pursuant to the agency's policy
	Nonprofit Housing Assn. of N. CA, 369 Pine Street, Suite 350, SF CA 94104	2+p	To reward a schoo to the community	l or nonprofit organization for its contributions
	Nonprofit working to build & advocate for affordable housing	or		
4.	Verification		177-0-0 4 35.1 3.	

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

		Sarah Oddie	Supervisor's Assistant	05.31.2017
Signature of Agency Head or Designee	_	Print Name	Title	(Month, Day, Year)

Comment: _____

1.	Agency Name		<u></u>		Date Stamp	California 802
	Alameda County			Form OOZ For Official Use Only		
	Division, Department, or Reg	ion (If Applicabl		For Onicial Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Sarah Oddie					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693		@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			* <u>, (96 100 800 800 800 800 800 800 800 800 800</u>	
	Does the agency have a ticke	•	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$33
	Event Description Baseball g	game		Date(s)05	5,05,17	//
		Provide Title/Exp	blanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklai	nd A's Name of So	
	Was ticket distribution made a	at the hohest		If yes: Chan		Juice
	of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name	(Last, First)
3	Recipients	a 200 a	3°a5% ⊮			
•.	Use Section A to identify the agence	y's department o	runit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
			Pass(es)			
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving
	Joseph, Megan		Pass(es)	Ceremonial Role	Other intermediate and the second sec	Income
			2	To reward a comm public	unity volunteer for his	or her service to the
			2	Ceremonial Role If checking "Ceremor	Other Other Content of the tellow:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	it to the agency's policy
4.	Verification	0.4.sp 9 12.	<u> </u>		1	
	I hai	ıns 18944.1 ar	nd 18942. I have ve	erified that the distribution set t	forth above, is in accordance w	vith the requirements.
			Sarah O	ddie	Supervisor's Assistar	nt 05.31.2017
	Signature of Agency Head or Designe	e	Print Nan	ne	Title	(Month, Day, Year)
	Comment:					

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$60 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description _____Gabriel Iglesias Date(s) _____ 12 , 17 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 🛛 of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. 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 В. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) UFW Foundation, 427 Pajaro St. Suite 3 To reward a school or nonprofit organization for its contributions 4 Salinas, CA 93901 to the community Legal services + advocacy for undocumented immigrants Verification Λ

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

	Sarah Oddie	Supervisor's Assistant	03.27.2017
Synature of Agency Head or Designee	Print Name	Títle	(Month, Day, Year)

Comment: .

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l ha

3.

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 \$150 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description E-40, ScHoolboy Q, lamsu! and more 05 20 17 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No Yes X of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Å. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Pass(es) Identify one of the following: (Last First) Ceremonial Role Other Income Weinstein, Miguel If checking "Ceremonial Role" or "Other" describe below: 4 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 Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 4. ~ I hav ulations 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 Signature of Agency Head or Designee Print Name Title (Month, Day, Year) Comment: .

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: Gabriela.Christy@acgov.org (510) 272 - 5081 (Month, Day, Year) 2. Function or Event Information 20 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description GS Warriors vs. Utah Jazz 05 02 17 Date(s)_ Provide Title/Explanation If no: Golden State Warrio Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Marrishan

B. Name of Individual (Last First)	Ticket(s)/ Pass(es)	Identify one of the following:
Gonzalez, Robert	2	Ceremonial Role Cother Control Income Control Income Control If Checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the pubic
Boskovich, Alex	2	Ceremonial Role Other Other Income Income If <i>checking "Ceremonial Role" or "Other" describe below:</i> To reward a community volunteer for his service to the pubic
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

1944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Signature of Agency Head of Designee

Gabriela Christy

Print Name

A Public Document

Comment: .

Supervisor's Assistant

Title

_					
1. /	Agency Name	-		Date Stamp	California 802
,	Alameda County				10111
ī	Division, Department, or Region (If Applicable)			For Official Use Only
	Board of Supervisors				
Ī	Designated Agency Contact (Name, Title)		· · · · · · · · · · · · · · · · · · ·		
	Gabriela Christy			Amondmont (Must	provide explanation in Part 3.)
7	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	(510) 272 - 5081 Gabriela.Ch	risty@acgov	.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information			ų	hin FO
ſ	Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	
F	Event Description <u>GS Warriors vs. Utah</u> Ja Provide Title/Expl			<u>, 04 , 17</u>	/
-	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Golde	n: State Warriors Name of S	Tource
١	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name	District 2
	of agency official?			Official's Name	(Last, First)
	Recipients • Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
-	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuar	nt to the agency's policy
		Number of			
-	B. Name of Individual (Last First)	Number of Ticket(s) <i>i</i> Pass(es)		Identify one of the follow	wing:
-	B. Name of Individual (Last First) MUMOZ, ANGIS		-	Dther X	Income
	(Last First)	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role	Other X ial Role" or "Other" describe below unity volunteer for he	Income
	(Last First)	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Other Units volunteer for he Other Other	Income
	(Last First) MUMOZ, ANGIS C. Name of Outside Organization	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other o	Income
	(Last First) MUMOZ, ANGIS C. Name of Outside Organization	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other o	Income
	(Last First) MUMOZ, ANGIS C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon Describe the pull arified that the distribution set	Other o	Income

Comment: _____

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: Gabriela.Christy@acgov.org (510) 272 - 5081 (Month, Day, Year) 2. Function or Event Information 25 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Oakland A's vs. Detroit Tigers 17 05 05 17 05 06 1 Date(s) _ 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 🗵 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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
	, , , , , , , , , , , , , , , , , , ,		Ceremonial Role Other I Income Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role D Other D Income I Income I Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Nev	w Haven School's Foundation	4	To reward a non profit for its contributions to the community

4. Verification ,

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

_		Gabriela Christy	Supervisor's Assistant	05
Digitalization rigoticy i tead of Designee	\mathcal{T}	Print Name	Title	(Month,
Comment:			<u> </u>	

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

1.	Agency Name				Date Stamp	California 802	
·	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title)					Form 002 For Official Use Only	
						For Oricial Use Only	
	Gabriela Christy						
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
	(510) 272 - 5081 Gabriela.Christy@acgov.org			org	Date of Original Filing:		
2.	Function or Event Infor						
	Does the agency have a ticket policy? Yes 🗵 No 🗌				of Each Ticket/Pass \$ _	25	
	Event Description Oakland A's vs. Detroit Tigers Date(s)				5 , 07 , 17		
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 🛛 No 🛛	If no: Oakla	nd Athletics Name of S	0.0700	
	of agency official?	No 🗌 Yes 🛛	If yes:	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)			
3.	• Use Section A to identify the agend	y's department or	unit. • Use Sect	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			Describe the put	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role	Other	Income	
				lf checking "Ceremor	nial Role" or "Other" describe below:		
			+ +	Ceremonial Role	Other		
					nial Role" or "Other" describe below.		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuar	it to the agency's policy	
	New Haven School's Foundation 2 To		To reward a non p	rofit for its contributio	ns to the community		
		<u> </u>					
4.	Verification		J				

l hi

1944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. +----

	Gabriela Christy	Supervisor's Assistant	25/25/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

					Conservation of the second sec	
Agency Name				Date Stamp	California 802	
Alameda County	Alameda County				Form 002	
Division, Department, or Region (If Applicable)					For Official Use Only	
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name, Title)						
Gabriela Christy						
Area Code/Phone Num	ber E-mail	Amendment (Must provide explanation in Part 3.)				
(510) 272 - 5081		risty@acgov.org		Date of Original Filing	:(Month, Day, Year)	
Function or Event Information					(Month, Day, Year)	
Does the agency have	Yes 🛛 No 🗌	1 Face Value of	Each Ticket/Pass \$.	25		
			-	<u>5 08 17</u>		
Event Description Oakland A's vs. LA Angeles Date(s) 05				//		
			- Oakland	d Athletics		
Ticket(s)/Pass(es) provided by agency? Yes No [If no: Oakland Athletics Name of Source			
	Was ticket distribution made at the behest 🛛 No 🔲 Yes 🛙			Richard- Supervisor	District 2	
of agency official?				Official's Name	(Last, First)	
Recipients						
• Use Section A to identify the agency's department or unit. • Use Section B to identify an Individual. • Use Section C to identify an outside organization.						
A. Name of Agency, De	epartment or Unit	Number of Ticket(s)/	Describe the publi	c purpose made pursuar	nt to the agency's policy	
B. Name of In		Number of Ticket(s)/		Identify one of the follow	wing:	
B. Name of In			Ceremonial Role		Income	
		Ticket(s)/	If checking "Ceremonia Ceremonial Role	Other I Role" or "Other" describe below	Income [
	e Organization	Ticket(s)/	If checking "Ceremonia Ceremonial Role	Other I Role" or "Other" describe below Other I Other I Role" or "Other" describe below	Income [
C. Name of Outsid	e Organization and description)	Ticket(s)/ Pass(es)	If checking "Ceremonia Ceremonial Role If checking "Ceremonia Describe the publi	C purpose made pursuan	Income Income Income	

1.	Agency Name		Date Stamp California 802					
	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number					For Official Use Only		
					Amendment (Must provide explanation in Part 3.)			
	(510) 272 - 5081 Gabriela.Christy@acgov.org		org	Date of Original Filing	(Month, Day, Year)			
2.	Function or Event Inform					25		
				-	e value of Each Ticket/Pass \$			
	Provide Litle/Explanation				, 09 , 17			
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🗵			If no: Oakland Athletics				
				Name of Source Name of Source If yes: Valle, Richard- Supervisor District 2				
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes 🛛	If yes: valle,	Official's Name	(Last First)		
_					emola e Maine	(200), 1 100		
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, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursual	nt to the agency's policy		
	B. Name of Individual (Lasi, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:		
				Ceremonial Role If checking "Ceremon	Other Conternation Other Conternation Other Oth			
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below	Income 🗌		
	C. Name of Outside Organization (include address and description) Viola Blythe		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy		
			4	To reward a non pr	ofit for its contributic	ons to the community		
4.	Verificațion	ns 18944.1 an			orth above, is in accordance v			
	- Agnature of Agency Head or Designee		- Gabriela Chi Print Name	<u></u>	Supervisor's Assista	(Month Day, Year)		
	Comment:							

1.	Agency Name				Date Stamp	California 802	
	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors					Form OUZ	
						For Official Use Only	
	Designated Agency Contact (Name, Title)						
	Gabriela Christy						
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 272 - 5081	Gabriela.Chr	risty@acgov.	.org	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Inform	mation	·				
	Does the agency have a ticket policy? Yes ⊠ No □			Face Value o	of Each Ticket/Pass \$ _	60.00	
					5 , 12 , 17	//	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Golde	n State Warriors Name of So	urce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [If yes: Valle	, Richard- Supervisor Official's Name (District 2 Last, First)	
υ.	A. Name of Agency, Department		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to iden		
	B. Name of Individua (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role	Other 🔀		
	Rodriquez, Jessica		4		nonial Role" or "Other" describe below: munity volunteer for her service to the pubic		
			I o reward a coi		unity volunteer for her	service to the public	
			4	Ceremonial Role If checking "Ceremor	Other D	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe the pu Pass(es)		oublic purpose made pursuant to the agency's policy		
_							
4.	Varification	: 18944.1 and	1 18942. have ve	rified that the distribution set	forth above, is in accordance w	ith the requirements	

Gabriela Christy

Print Name

Comment: _

Signature of Agency Head or Designed

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(Mo

Dav

Supervisor's Assistant

Title
	eremonial Role Even	istributions		A Public Documen			
1.	Agency Name			Date Stamp	California 802		
	Alameda County	on (If Applicable)			For Official Use Only		
	Division, Department, or Reg	ion (If Applicable)					
	Board of Supervisors						
	Designated Agency Contact (Name,Title)					
	Gabriela Christy			Amondmont (Must	t provide evelopeties is Red 2.)		
	Area Code/Phone Number	L_	Amendment (Must provide explanation in Part 3.)				
	(510) 272 - 5081	Gabriela.Christy@acgov.	rg Da	ate of Original Filing:	inal Filing:(Month, Day, Year)		
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy? Yes 🛛 No 🛛	Face Value of Ea	Face Value of Each Ticket/Pass \$50			
	Event Description GS Warric	ors vs. San Antonio Spurs Provide Title/Explanation	Date(s)/_	14 , 17	//		
	Ticket(s)/Pass(es) provided b	If no: Golden St	ate Warrios Name of S	ource			
	Was ticket distribution made a of agency official?	If yes: <u>Valle, Ric</u>	chard- Supervisor Official's Name				

2 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 (Las: First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Maramontes, Sharon	4/1	Ceremonial Role C Other C Income I If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public
	4/1	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification l hav

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

	Gabriela Christy	Supervisor's Assistant	05,25,17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

						A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County			I STATIST			
	Division, Department, or Regi	on (If Applicabl	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	-				
	Cobriele Christy		· · · · · · · · · · · · · · · · · · ·				
	Gabriela Christy Area Code/Phone Number	E-mail	Amendment (Must	provide explanation in Part 3.)			
			riatu@oogou	ora	Date of Original Filing		
_	(510) 272 - 5081 Gabriela.Christy@acgov.org				Date of Original Filing	(Month, Day, Year)	
Ζ.	Function or Event Inform		Yes 🛛 No	_ _ \/.		312.50	
	Does the agency have a ticke		of Each Ticket/Pass \$ -	V.L. V			
	Event Description GS Warriors vs. San Antonio Spurs Date(s)			5 <u>, 16 , 17</u>	////		
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golde			n State Warrios	ource		
	Mos ticket distribution made a	t the heheet		- Valle	Richard- Supervisor	District 2	
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Valle of agency official?			If yes: Valle	, Richard- Supervisor Official's Name	(Last. First)	
2							
J.	• Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individ	ual • Use Section C to ide	ntify an outside organization	
	Use Section A to identify the agency's department or unit. Use Section B to identify an						
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the agency's p Pass(es)			
		Number of	·····				
	B. Name of Individual (Last. First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
			1 000(00)	Ceremonial Role	Other 🛛		
	Flores, Jamie				nial Role" or "Other" describe below.		
			4/1	To reward a comm	unity volunteer for he	r service to the public	
				Ceremonial Role		Income	
			4/1	If checking "Ceremor	ial Role" or "Other" describe below.		
			Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	it to the agency's policy	
	-		F d55(85)				
	ô		_				
_							

~ Gabriela Christy Supervisor's Assistant 05,25,17 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) Gabriela Christy **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272 - 5081 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 25 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Oakland A's vs. Boston Red Sox Date(s) 05 / 19 / 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 🗵 of agency official? Official's Name (Last, First)

3. Recipients

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
,			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Filipino Advocates for Justice		2	To reward a non profit for its contributions to the community

4. Mariflastion

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

	to 10042. There renned that the distri	buildin set forth above, is in accordance with the r	equirements.
	Gabriela Christy	Supervisor's Assistant	052517
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

_						12	
1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	002
	Division, Department, or Regi		For Official	Use Only			
	Board of Supervisors						
	Designated Agency Contact (1					
	Gabriela Christy				Amendment (Must pro	vide explanation in	Part 3)
	Area Code/Phone Number	E-mail					1 an 0.)
	(510) 272 - 5081	Gabriela.Ch	nristy@acgov.org		Date of Original Filing: _	(Month, Day, Yea	ar)
2.	Function or Event Inform	mation					
	Does the agency have a ticket policy? Yes ⊠ No 🗋			Face Value o	of Each Ticket/Pass \$		25
	Event Description Oakland A's vs. Boston Red Sox Provide Title/Explanation			Date(s)05	5 , 19 , 17	05 / 20	17
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			lf no: <u>Oaklar</u>	nd Athletics Name of Sou	rce	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official?			If yes: Valle,	, Richard- Supervisor D Official's Name (Li		

3. Recipients

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:
		Ceremonial Role Cother Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Dother 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
Sunol Glen	4	To reward a non profit for its contributions to the community
Sunol Glen		To reward a non profit for its contributions to the communit

4. Verification

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

Gabriela Christy

Print Name

Supervisor's Assistant

O смb Da

A Public Document

Comment:

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272 - 5081 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information \$90/\$20 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Oakland A's vs. Boston Red Sox Date(s) 05 , 19 , 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.

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 (Lasi First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Martinez, Lilian	3/1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below. To reward a community volunteer for her service to the public.
	3/1	Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

	Gabriela Christy	Supervisor's Assistant	05/25/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272 - 5081 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 150.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🗵 No 🗌 Event Description E-40, Schoolboy Q, Imasu 20 05 , 17 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last. Fire:)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Cother I Income Income It checking "Ceremonial Role" or "Other" describe below:
	-	Ceremonial Role Cther 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
James Logan High School	4	To reward a school for its contributions to the community
Verification	nd 18942. I have ve	rified that the distribution set forth above, is in accordance with the requirements.

Print Name

Signature of Agency Head or Designee

Gabriela Christy

Supervisor's Assistant

A Public Document

Comment: _

Title

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . Gabriela.Christy@acgov.org (510) 272 - 5081 (Month, Day, Year) 2. Function or Event Information 25 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Oakland A's vs. Boston Red Sox Date(s) _____ 05 ___ 21 ___ 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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		_	
В.	Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Dother 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
City	of Hayward	2	To reward a non profit organization for its contributions to the community

	1 and 18942. I have verified that the distri	bution set forth above, is in accordance with the r	equirements.
	Gabriela Christy	Supervisor's Assistant	05 25 17
_	Print Name	Title	(Month, Day, Year)

Comment: _

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

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272 - 5081 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 25 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Oakland A's vs. Miami Marlins 05 , 23 17 Date(s)_ 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 🗵 of agency official? Official's Name (Last, First)

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income
		Ceremonial Role Other I Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
City of Hayward	2	To reward a non profit organization for its contributions to the community
Verification		wified that the distribution sat forth above, is in accordance with the requirements

ed that the distribution set forth

Gabriela Christy Print Name

Supervisor's Assistant Title

A Public Document

Comment:

4

A Public Document

1	Agency Name				Date Stamp	California 002
	• •				Date Stamp	Form 802
	Alameda County Division, Department, or Regi	on /if Applicable	.)			For Official Use Only
	Division, Department, or Regi	ion (II Applicable	9			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272 - 5081	Gabriela.Ch	risty@acgov.	.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation			·	
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	25
	Event Description Oakland A	's vs. Miami N	/larlins	Deta(a) 05	<u>, 24 , 17</u>	
	Event Description	Provide Title/Expl	anation	Date(s)	//	//
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No [If no: Oaklar	nd Athletics	
					Name of Sou	
	Was ticket distribution made a	it the behest	No 🗌 Yes 🛛	If yes: Valle,	, Richard- Supervisor D Official's Name (L	District 2
_	of agency official?				Official's Name (L	ast, First)
3.	• Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/	· · · · · · · · · · · · · · · · · · ·	lic purpose made pursuant	
			Pass(es)			
	iter.					
	B. Name of Individua (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ng:
				Ceremonial Role	Other	
				If checking "Ceremon	ial Role" or "Other" describe below:	
					Other	Income
				lf checking "Ceremon.	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy
	Filipino Advocates for Justic	ce	2	To reward a non pr	ofit for its contributions	s to the community
4	Ki (k. 17)					

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

	44.1 and 18942. I have verified that the distribution	tion set forth above, is in accordance with the req	uirements.
	Gabriela Christy	Supervisor's Assistant	05/25/17
-	Print Name	Title	(Month, Day, Year)

Comment: _____

						A i ubile Document
1.	Agency Name			t 🦉 <u></u>	Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			<u></u>	
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	\$33
	Event Description Baseball g	jame		Date(s) 05	5 , 21 , 17	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklar	nd A's Name of So	
	Was ticket distribution made a	at the behast		🗵 Ifyes: <u>Chan</u>		urce
	of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (I	ast, First)
3.	Recipients	kfa	an 49 Anil 10 An 10 An	va e		
	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
			Number of			
	B. Name of Individue (Last, First)	31	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income
	McCormick, Mike		2		ial Role" or "Other" describe below:	
					anceevent held at a potential County reven	
					ial Role" or "Other" describe below:	Income
			2			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and des	scriptionj	Pass(es)			
	·					
_	ana karang serang serang serang ang mangkan serang si a		-10- 10-100 - 14		e e as a la la la ca	
4.	Verification	1-1	d 10010 1	iffered also as a structure and a	tenth above to be seen of	11. 4h
	I have and and understand CODO Day	is 10944.1 an				
			Sarah Oc		Supervisor's Assistant	(Month, Day, Year)
	,			-	100	(WORDT, Day, Tear)

	emonial Role Ever	its and Ti	cket/Pass	Bistributions		A Public Document
1. A	gency Name	and the second			Date Stamp	COS annothe
	ameda County					Form
DI	vision, Department, or Reg	ilon (if Appliceb.	le)			For Official Use Only
Bo	pard of Supervisors					
De	signated Agency Contact	(Name, Tille)			-	
Le	e Ann Fergerson, Superv	/isor's Assista	int		a di ka bita da mana ana ang ka pangang ng kanggang ng kang kang kang kan	
	ea Code/Phone Number	E-mail		an a	Amendment (Must	provide explanation in Part 3.}
(5	10) 272-6691	leeann.ferg	erson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
2. Fi	Inction or Event Infor	mation	an a chine a change and a said from the second	ing the second secon		210 0
Do	es lhe agency have a licke	t policy?	Yes 😒 🗆 No	Face Value	of Each Ticket/Pass \$ _	212.50
Ev.	ent Description War	nors	T	Date(s) 5	5,4,17	
L, V1		Provide Title/Exp	lanalion	Date(s)	and a second	Immericanter Zeits her er eine einen an einen
Tic	ket(s)/Pass(es) provided b	y agency?	Yes 🗖 No	📺 lf no: 🗲	<u>SM</u>	
	_			Ala	Name of Sciences	visor Scott Haggerty, D 1
	is ticket distribution made a agency official?	at the behest	No 🗌 Yes	🗗 if yes:	Officiel's Neme (Lest First)
The No. Loren	an an ann an Anna an A		and the state of the		a dala kanana pangana na mangan kakabali a sini kanan na mangan yang s	an and a standard designed and a standard of the
	ecipients se Section A to identify the agenc	y's department or	unit. • Use Se	ction B to identify an Individ	tual. • Use Section C to Iden	tify an outside organization.
۵	计算机 机动力的 网络马克马克马克马克				jic:purpose made purcuan	
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<u>(1 9</u>	ale estimative estimates and entry and a state time for		NO NORVOUGH			ener text of the text and the first of
В.	Name of Individual		Numberio! Tickeus)/ Pase(os):		Idontity one of the follow	ng.
_	r CC. D	1.	01	To promo	te attendance at a co	ounty sponsored
	tiffany Ric	N	14/	event in	order to maximize p	otential county
	•			revenue	e for concession and	parking sales
9-11-200-00				Caramonial Roia	Other 🗌	Incoma 🗌
				lí chacking "Ceremo	nial Role" or "Olher" doscribe bolow;	
		<i>*</i> /		1		
	and a search of the second second second second				ananan sa mananan sanan sa dalar	erre in companyation and according to the
C.	Name of Outside Organ	zation cription	Number of Tickst(e) Ease(ea)	Describe the pul	blic purpose made pursuant	to the agoncy s policy.
			(19:00 <u>-05:00</u> -04) (19:00-05:00-04)			BRINGER HALLE GERINGERS
				To reward a s	chool or non-profit or	ganization for
******					tributions to the com	
Ve	rification				n narze docimi (zano notro di a zarte transfortante)	See North (Sea of the Agent of the Control of
		300ns 18944.1 and	l 16942. I have ve	Inified that the distribution set :	forth above, is in accordance wil	h the requirements.
			Lee Ann Fer	gerson	Supervisor's Assistant	5-3-17
	ordination of Advice Loans of Carabusa		Print Nam		Ti#o	(Month, Day, Year)
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Coi	mment:					

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eremonial Role Events and Ticket/Pass Distributions	•	A Public Documen
. Agency Name	Date Stamp	Galifornia
Alameda County		
Division, Department, or Region (If Applicable)		For Official Use Only
Board of Supervisors		
Designated Agency Contact (Name, Tille)		
Lee Ann Fergerson, Supervisor's Assistant		Bon Minister managering particular in a state of the
Area Code/Phone Number E-mail	Amendment (Must	provide explanation in Parl 3.}
(510) 272-6691 leeann.fergerson@acgov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information Does the agency have a ticket policy? Yes No D Face Value	of Each Ticket/Pass \$ _	312.50
Ula social de la companya de	5 KL 17	
Event Description Date(s) Date(s)		
Ticket(s)/Pass(es) provided by agency? Yes No I If no:	500	
	Name of So	iurce
		visor Scott Haggerty, D
of agency official?	Officiel's Name (Lasi, Firsi)
Recipients		
Use Section A to identify the agency's department or unit. Use Section B to identify an individ Number of	Jar. • 090 Socuon C to Iden	thy an outside organization.
A. NameorAgency Department or Unit 5 The Number of Ticketts) (Describe the put Ticketts) (Describe the put (Page (es)	olic purpose made pursuari	to the agancy a policy.
TO THE PART OF SELECT ENDER THE REPORT OF THE PERCENCE STRUCTURE FRANCE STRUCTURE TO THE PERCENCE STRUCTURE FRANCE		
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B. Nameroff Strategy and Strate	Identify one of theirolow	19. 19.
event in c	e attendance at a co order to maximize po for concession and	tential county
Coromonial Rolo	Val Role" or "Other" doscribo bolow:	Income L
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C. Neme of Outside Organization Number of C. Neme of Outside Organization Describe draph Describe draph Describe draph	lic purpeso mada pursuant	to the agency's policy
(Include codroso and doscilled cp)		
	chool or non-profit on tributions to the comr	
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Verification	· · · · · · · · · · · · · · · · · · ·	· · ·
9944.1 and 18942. I have verified that the distribution set fo		5.17.1-
	Supervisor's Assistant	
Signalure of Agency Head or Creatignee Print Name	7720	(Month, Day, Your)

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Alameda County F Division, Department; or Region (if Applicable) F Board of Supervisors F Designated Agency Contact (Name, Title) E Lee Ann Fergerson, Supervisor's Assistant Image: Amendment (Must provide explored applicable) Area Code/Phone Number E-mail (510) 970, 6001 Date of Orlainal Ellipse;	Itoyinin (2002) Drift an Olficial Use Only anotion in Part 3.) Day, Year)
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number [610] 272-6691 Ideann. Fergerson, Quervisor's Assistant Dots of Original Filling: (510) 272-6691 Ideann. Fergerson@acgov.org 2. Function or Event Information Does the agency have a ticklet policy? Yes II Provide Titut@splanation Date of Original Filling: Provide Titut@splanation Date(s) Provide Titut@splanation Provide Titut@splanation Ticket(s)/Pass(es) provided by agency? Yes II No II Provide Titut@splanation If no: Wass ticket distribution made at the behest No II * Use Section A to identify the agency's department or unit. * Use Section A to identify the agency's department or unit. * Use Section A to identify the agency's department or unit. * Use Section A to identify the agency's department or unit. * Use Section A to identify the agency's department or unit. * Use Sect	or Olficial Uso Only analion in Parl 3.)
Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-5691 Leeann, fergerson@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes fill No I Face Value of Each Ticket/Pass \$ Provide TitudExplanation Does the agency have a ticket policy? Yes fill No I Face Value of Each Ticket/Pass \$ Provide TitudExplanation Provide TitudExplanation Provide TitudExplanation If no: Mame at Source Alameda County Supervisor Sco Officiel's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section a to identify public or to encou Staff development	anation in Part 3.)
Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691 Lee ann.fergerson@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes D No D Face Value of Each Ticket/Pass S Event Description Warder Title/Explanation Provide Title/Explanation Was ticket distribution made at the behest of agency official? No D Yes D S. Recipients • Las Section A to identify the agency's department or unit • Use Section B to identify an individual. • Use Section Publicy and public or to encou staff development B: Themps/Lingt/Guard Number Public or to encou staff development B: Themps/Lingt/Guard Number Public or to encou staff development B: Themps/Lingt/Guard Number Public or to encou staff development B: Themps/Lingt/Guard To promote attendance at a county spo event in order to maximize potential c	
Lee Ann Fergerson, Supervisor's Assistant Image: Amendmant (Mixet provide application of the provide applicati	
Area Code/Phone Number (510) 272-8691 E-mail leeann.fergerson@acgov.org Date of Original Filling:	
Area CodePhone Number E-mail (510) 272-6691 Leemn.fergerson@acgov.org Date of Original Filing:	
2. Function or Event Information Does the agency have a ticket policy? Yes I No Face Value of Each Ticket/Pass S 312 Event Description WARLORS BASKETBALL Date(s) Face Value of Each Ticket/Pass S 312 Event Description WARLORS BASKETBALL Date(s) Grade (Grade (<u>Day, Year)</u>
Does the agency have a ticket policy? Yes I No F Face Value of Each Ticket/Pass \$ Event Description Warding Backton automation Date(s) Face Value of Each Ticket/Pass \$ Ticket(s)/Pass(es) provided by agency? Yes I No F Date(s) Face Value of Each Ticket/Pass \$ Was ticket distribution made at the behest of agency official? No F Yes I No F If no: Name of Source A Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify on outset A. Name of Agency, Departing of or Unit Page (a) Face Value of Each Ticket/Pass \$	50
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FPPC Toll-Free Helpline: 856/ASK-FPPC (866/275-7772)

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Ceremonial Role Eve	nts and Ti	cket/Pas	s Distributions		A Public Documer
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Alameda County					FORD CU
Division, Department, or Re	gion (If Applicab	le)			For Olficial Use Only
Board of Supervisors					
Designated Agency Contac	t (Namo, Tille)	· ·		-	
Lee Ann Fergerson, Supe	rvisor's Assista	ant			rovida explanațion în Part 3.}
Area Code/Phone Numbar	E-mail		موجودية وريون ما المراجع (Li di mangan ang ang ang ang ang ang ang ang an		
(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filling:	(Month, Day, Year)
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Agency Name	Date Stamp California 000
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	
Area Code/Phone Number E-mail	Amendment (Must provide explanation in Part 3.)
(510) 272-6691 leeann.fergerson@acgov.org	Date of Original Filing:(Monih, Day, Year)
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D Lee Ann Fergerson	Supervisor's Assistant

FPPC Form 802 (4/12) FPPC Toll-Fras Helpilns: 866/ASK-FPPC (866/275-7772)

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Lee Ann Fergerson, Super	visor's Assista	ant				provide explanation in Part 3.)
Area Code/Phone Number	E-mail					
(510) 272-6691	leeann.ferg	erson@a	acgov.or	9	Date of Original Filing	(Month, Day, Year)
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(510) 272-6691		erson@acgc	v,org	Date of Original Filing:	(Month Day, Year)
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Ceremonial Role Events and Ticket/Pass	Distributions	•	A Public Docume
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Alameda County			1001
Division, Department, or Region (If Applicable)			For Olficial Use Only
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Designated Agency Contact (Name, Tille)			
Lee Ann Fergerson, Supervisor's Assistant		and a state of the second	
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(510) 272-6691 leeann.fergerson@acgo	v.org	Date of Original Filing: .	(Month Day, Year)
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		iool or non-profit orga	
	its contri	bulions to the comm	unity
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		h ebovo, is in accordance with (the requirements,
	jerson Si	upervisor's Assistant	5/18/17
Lee Ann Ferg		Titta	Becchi Fider Yanti
- Supering the second s		Nilo	(Alcail, Ody, Youl)

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Ceremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name	and the second			Date Stamp	Gillionte Off
Alameda County					ROM (0) 1/4
Division, Department, or Reg	Ion (If Applicable,)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Nama, Tille)		·····		
Lee Ann Fergerson, Superv	isor's Assistan	t			
Area Code/Phone Number	E-mail		<u></u>	Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691	leeann.ferger	son@acgo	v.org	Dale of Original Filing:	(Month Day, Year)
. Function or Event Inform	nation	a fai tha a tha an	and a second	and in the state of a	
Does the agency have a ticke	t policy?	Yes No	🗇 🛛 Face Value	of Each Ticket/Pass S _	40.00
Event Description A'4 1	Sasch	all	Date(s)	5,19,17	
	Provide Title/Explan	រេងប្រែក		$b \mid l \mid d$	XIII lice
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	🗂 If no: 🔟	Morne of So	HULTUS
Was ticket distribution made a	t the boboot		Ala	meda County Superv	lsor Scott Haggerty, D 1
of agency official?	t the Detrest	No 🗌 Yes	lf yes:	Olfidal's Name (l	
Recipients					
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A. Name of Agency, Dapartinal	i or Unit	fjumbar of Hekcusi	uq onisocripsed.	ម្រីខ្លាំងផ្លូវទទួល ការដែលខ្លាំងអំព័រពី	lo the agoncy a policy
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			event in d	e attendance at a col order to maximize po for concession and p	tential county
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C. Name of outside Organit	nplion)	Numporos Tiekulion Rescos	Describer Unitable	lle purpose made pursuant:	o Lin agency cipolicy
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	Le	e Ann Ferg	erson	Supervisor's Assistant	5/19/17
· F - N F - N		Pdnt Name		Τιμο	(Afcoth, Day, Year)
					/ '
Comment:					FPFC Form 802 (4/12)
12-		Χ.	I	rrro tom-ree Helpline; 86	G/ASK-FPPC (866/275-7772)

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Alameda County					Porn (0)0/2
Division, Department, or Reg	glon (If Applicab	ie)		4	For Olficial Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Tille)			-	
Lee Ann Fergerson, Super-	visor's Assista	int			
Area Code/Phone Number	E-mail			Amendment (Must p	rovido axplanation in Part 3.)
(510) 272-6691		erson@acgc	v.org	Date of Original Filing: .	(Month, Day, Year)
. Function or Event Infor Does the agency have a ticke Event Description Basel		Yes Z No		of Each Ticket/Pass \$	20.00
Event Description	Provide Title/Exp	leneļion	Dele(s)		
Ticket(s)/Pass(es) provided by	y agency?	Yes I No	E If no: 📿	kland Athl	etics
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of agency official?	ii ine penesi	No 🗌 Yes	🚺 If yes:	Officiel's Name (L	(h
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· Use Section A to identify the agency					
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			exemplary servi	ce to the public or to	encourage
			staff developme	nt	
B. Nimetuladiaua		Number of TEROMOV PATHODI		Ideñilly one of therein wh	
			event in o	attendance at a cou rder to maximize pot for concession and p	ential county
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(include address, and desc	Just Varsoty	Numberson Trefution Patrices	It chosking "Commany	P Rols" or "Other" describe balan:	· · · · · · · · · · · · · · · · · · ·
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(include address) and dest	Varsity varsity	TICKOTO !!	If the SMrg "Comman Dissertion" (Ind puts) Dissertion (Ind puts)	P Rois" or "Other" doscribe balan: Prois" or "Other" doscribe balan: Proise of the second	anization for
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	. Agency Name	Oale Stamp	CELLIDINE (O) AC				
	Alameda County		For Ol/Idal Use Only				
	Division, Department, or Region (If Applicebo	vision, Department, or Region (II Applicable)					
	Board of Supervisors						
	Designated Agency Contact (Name, Tille)						
	Lee Ann Fergerson, Supervisor's Assista	ee Ann Fergerson, Supervisor's Assistant					
	Area Code/Phone Number E-mail	han an a		ł	novida explenation in Parl 3.)		
		erson@acgov.or	rg	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information		<u>—————————————————————————————————————</u>	alisti alista andra a	10 00		
	Does the agency have a ticket policy?	Yes 🗌 No 🗖	Face Value	of Each Ticket/Pass \$ 2	10.00		
	Event Description <u>Dis basebo</u> Provida Titla/Exp	langlion	_ Date(s)	1,3,17	<u></u>		
	Tickel(s)/Pass(es) provided by agency?	Yes 🗌 No 🗖	lf по; <u>О</u> о	reland At	helpes		
	Was licket distribution made at the behest of agency official?	No 🗌 Yes 🗍	Ala If yes:	Name of So Imeda County Superv Olficiel's Name (isor Scolt Haggerty, D		
	Recipients • Uso Socilon A to Identify the agency's department or	uelt o lico Sacilan	B to klapity as individ	Luni - p lisp Socilon C to idur			
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	Lee Ann Fergerson	Supervisor's Assistant	5/17/17
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Comment:			EDDO Este 100 Milab

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FPPC Form 802 (4/(2) FPPC Toll-Fraa Halplina: 866/ASK-FPPC (866/276-7772)

			s Distrib			A Public Documen
1. Agency Name					Date Stamp	California
Alameda County						For Olficial Use Only
Division, Department, or Regio	on (If Applicab	le)				FOI OILIDE OSS Chily
Board of Supervisors						
Designated Agency Contact (A	Vame, Tille)					
Lee Ann Fergerson, Supervis	sor's Assista	ant			Amendment (Must pr	
	E-mail			anter a de la companya de la company		очин өхргалдиол т мал з.)
	leeann.ferg	erson@acg	ov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event inform	nation				0	nn
Does the agency have a ticket	policy?	Yés 🖾 No	o 🗖 🛛 F	ace Value o	f Each Ticket/Pass \$	10
Event Description	eva	\mathcal{U}	D	ate(s)	FISIT.	
	Provida Tilla/Exp	lanațion		\bigcirc	bound As	P. Ontor
Ticket(s)/Pass(es) provided by	agency?	Yes 🔤 No	⊳ □ If	no:	Name of Sou	
Was ticket distribution made at	the bekest	No 🗆 Yes	50 IF	Alan yes:	neda County Supervi:	sor Scott Haggerty, D 1
of agency official?			srfa n	yes,	Officiel's Namo (Le	ist, First)
3. Recipients		. Constant and the second s	B. Martin and S. Martin	an yan di san yang di san yang di	N 2	
 Use Section A to identify the agency's 						
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		Pass(es).				
			10 rew	ard a Cou	nty employee for his	or her
	<u></u>		staff d	evelopmer	e to the public or to	encourage
				ereiopinei		
B. Name of Individual		Numberiof Tickeusi/ Papelesi:			Identily one of the followin	
				event in or	attendance at a cound der to maximize pote for concession and pa	ential county
				amonial Role	Other C	Incoma
				•		
C. Name of Outside Organiz	illon (duon)	Number of Ticket(s)	Desc	nbe Unip UBI	cipurpõse madeipursvent ko j	the sgency/sipolicy
Spectrum Commu Services, Inc.	nity	18/3	To re		nool or non-profit orga	
ILU E. Stanley BL	•			its contri	butions to the commi	unity
LUPROMORE CA 9	4550		·			
Verification		terrent to an and the second	- Constant and Andrews	alle en el la companya en la company		anan manan manan manan karan manan ara ar
1	1944.1 and	18942. I havo ve	erified (hat the dis	stribution set for	h abova, is in accordance with t	he requirements.
C.	<u> </u>	ee Ann Fer		S	upervisor's Assistant	5/15/17
		Print Name			17120	(Niconin, Liay, 1981)
Comment: 10 provides	hot me	als to	home	sound	Seniors.	
Men	ly on	Whee	14	FF	PPC Toll-Fras Halpilne: 860	FPPC Form 802 (4/12) ASK-FPPC (866/276-7772)

Ceremonial Role Eve	nts and Tic	cket/Pass I	Distributions	•	A Public Document
1. Agency Name			an a	Dale Stamp	Calliona Call
Alameda County					Poin Citt
Division, Department, or Re	gion (If Applicabl	le)			For Olficial Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Tille)				
Lee Ann Fergerson, Supe	rvisor's Assista	int			h and the subtraction (= Out 0.)
Area Code/Phone Number	E-mail				t provida explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgov.	org	Date of Original Filing	;:(Month, Day, Year)
2. Function or Event Info	rmation		<u>an ann a stàirt an ann an ann an ann an ann an ann an a</u>		23 D
Does the agency have a tick	ket policy?	Yes 📮 No 🗆] Face Value of	of Each Ticket/Pass \$	5100
Event Description	Ball	(Date(s)	5,17	6,22,17
	Provida Tille/Exp	lanation	Ch	lela of	1 Octor
Ticket(s)/Pass(es) provided	by agency?	Yes 🛛 No 🗆	-	Name of	Source
Was ticket distribution made	at the behest	No 🗖 Yes 🗹	Ala If yes:	meda County Super	visor Scott Haggerty, D 1
of agency official?			.] II yeo, , , , , , , , , , , , , , , , , , ,	Official's Name	(Last, First)
3. Recipients		antanian yan bar menanan di terang teranak terang terang terang terang terang terang terang terang terang teran			an a
Use Section A to identify the ager	rcy's department or	unit. • Use Section	on B to identify an individ	ual. • Use Section C to Ide	intify an outside organization.
A. Namerof/Agency, Depart	nenî or Unit	i Number of Tickotis)	Describe the put	licipulpeso madelpursua	ក់ដែលដាន នៃពូលីកបុរី ទ ព្រំដែល
<u>的小学。这些,我们就是这些问题。</u>		21,11 <u>Pass(es)</u> .			

B. Namo ol Individ	ue au	Number of		dentily one of thereito	
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			Coromonial Role	lal Role" or "Other" describe balow	Income L
			n bebezeig. Derenter		
C Name of Outside Orgi	Inizition	Number of Ticket(e) S. Pass(es)	jDescHbb the pub		joncy/sipolicy
(include address and d	escription)	Pars (es)			
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Jacob III	2.	1. a.u.=		A	ger
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. Verification	ns 16944.1 an	d 18942. I have verif	ed that the distribution set f	orth ebove, is in accordance v	vith the requirements.
		Lee Ann Ferg		Supervisor's Assista	= $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$ $=$
	Million	Print Nama	\frown	Ti#0	(Marith, Day, Your)
aver. The		1 111	Pica Gol	RTownen	aut 5/1a/17
Comment: <u>WN</u> RW	mue I	young	- 170 00	V	FPPC Form 802 (4/12)
		\sim \circ	-	FPPC Toll-Free Helpline:	866/ASK-FPPC (866/276-7772)

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Ceremonial Role Eve	nts and Tic	cket/Pas	s Distributions		A Public Document
1. Agency Name	2007 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			Dale Stamp	California Q 0 2
Alameda County					Form OUL
Division, Department, or Re	gion (If Applicabl	le)		-	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name,Tille)		- <u></u>	-	
Lee Ann Fergerson, Super	viende Accieta	nt		and the second	
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acg	ov.org	Date of Original Filing	(Month, Day, Year)
2. Function or Event Info	rmation				2200
Does the agency have a tick	et policy?	Yes 🔁 No		of Each Ticket/Pass \$ -	
Event Description	Provide Tilla/Expl	LL Ianațion	Date(s)	, 6, 17	J
Ticket(s)/Pass(es) provided f	ov agency?	Yes 🔁 No	r] If no:		
		C	Ala	Name of Se meda County Super	ourco visor Scott Haggerty, D 1
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	P If yes:	Officiel's Name	(Last, Firsi)
Recipients					
Use Section A to identify the agent					
A. Name:of/Agency./Departit	eni or Unit	Number of Ticket(s)/	Clescribethe pub	lic:puipose madelpuisuan	l to the agoncy o polloy
Ramsey (SI	a h c l	7	To reward a Cou	inty employee for h	is or her
NAMOU D	mar			ce to the public or t	
			staff developme	nt	
B. Name of Individu	u	Number of , Tickous)/ Papelos):		lidentily one of the fellow	
			event in o	attendance at a co rder to maximize po for concession and	otential county
			Coremonial Role	Other	lncome
				al Role" or "Other" describe below:	
NamaorfoldallasOmai		Number of		cpurpose made pursuant	
C. Name of Outside Organ	emplion.	Numbanon fickol(a) FiFass(as)		icipurpose magapursuant	to the attendy sporey
			' To reward a so	hool or non-profit or	ganization for
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			5. Adam v		
					an a that the second statement of the second statement of the second state of the seco
Verification	Land	18942. I bava ve	rified that the distribution set fo	dh ebova, is in accordanca wil	h the requirements. 🧳 👔
		ee Ann Fer		Supervisor's Assistant	51517
יבוקנייטייקיט טעטור קאניעצרי וע טוענגווקטע		Pdnt Nam	<u></u>	7/20	(Manth, Day Your)
Comment:					FPPC Form 802 (4/12)
			F	PPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)

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Ceremonial Role Eve	nts and Ti	cket/Pass	Distributions	•	A Public Documen
1. Agency Name	She wate for all the second	AND A LOG AND ALL AND A DESCRIPTION	an a	Dale Stamp	California 202
Alameda County					Form Port
Division, Department, or Re	gion (If Applicabl		For Olficial Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Tille)			-	
Lee Ann Fergerson, Super	visor's Assista				
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	mation				$\sim \sim \sim$
Does the agency have a tick	et policy?	Yes 🔽 No	Face Value o	of Each Ticket/Pass \$ _	55
Front Description Bus	sebald	Ċ	Date(s)	1,8,17	i r
Event Description	Provida Tilla/Exp	lanațion			
Ticket(s)/Pass(es) provided t	y agency?	Yes 況 No	🗂 If no:	kland H	teletics
			Ala	Name of So meda County Superv	isor Scott Haggerty, D :
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	lf yes:	Official's Name (i	
. Recipients		وهمير ومدور والم	an a		a a she a she a she an
Use Section A to identify the agent	y's department or	unlt. • Use Sec	tion B to identify an individu	tal. • Use Section C to Ident	llfy an outside organization.
A. Name of Agency Departin	eni or Unit	Number of Tickous)	Describethe pub	lic;purpose made pursuant	Lo.Lbu'sgoncy's policy.
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			exemplary servi	ce to the public or to	o encourage
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B. Nemeroi Individu	.	Number of Ticketel/ Papelos):		Identify one of theffollow	
		H Papelool:			
Por Ian Les	fer	2	event in o	attendance at a count rder to maximize po for concession and p	tential county
			Coramonial Rola	Other	Incoma
			If checking "Ceremonia	al Role" or "Other" describe below:	
n without a second to be a little to but her a little to be		CAR CONTRACTOR			ter in a statistica and a later of the
C. Name of Outside Organ	ization oripilon	Numberof nickot(p) Pass(es)	Describe Unapubl	icipurpose made pursuant	to the agency spolicy
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		ļ		hool or non-profit org	
			its conti	ributions to the comn	nunity
			Jul ANNES		
Verification	1 and	18942. I hava ver	ified that the distribution set fo	rth above, is in accordance will	the requirements.
		ee Ann Ferg		Supervisor's Assistant	5/5/12
		Pdni Namo		17."o	(Mghilh, Day, Year)
Comment:		Pdat Nama	,	Ti20	(Mgril), Day, Yoar)
					FPPC Form 802 (4/1:

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	Gallfornia 202
Alameda County		Point 0.074
Division, Department, or Region (if Applicable)		For Official Use Only
Board of Supervisors		
Designated Agency Contact (Name, Tille)	1	
Lee Ann Fergerson, Supervisor's Assistant		
Area Code/Phone Number E-mail		rovide explanation in Parl 3.}
(510) 272-6691 leeann.fergerson@acgov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		53.00
	of Each Ticket/Pass \$ _	<u> </u>
Event Description Basebale Date(s)	essit	
Provide Title/Explanation		
Ticket(s)/Pass(es) provided by agency? Yes No I If no:	Nama of So	Urcó
Ala Was ticket distribution made at the behest No 🗋 Yes 🛱 If yes:		isor Scott Haggerty, D 1
of agency official?	Officiel's Nama (Last, First)
3. Recipients		n pendera in a second de construction de la de la construction de la de la construction de la construction de l
· Use Section A to identify the agency's department or unit. · · Use Section B to identify an individ	ual. • Use Section C to Iden	tify an outside organization.
A. Namerofragency, Department or Unit	licipurpose made pursuant	to the sgancy spolley.
B. Namostindividual a state and state an	Identify one of the follow	
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	an an anna an anna an an anna anna ann	
Ceremoniai Rola		Income
If checking "Ceremon	dal Rolo" or "Other" describe below:	
Namo of Cuisico Organization		to the anopey's notice
C. Namo of Quialde Organization	lite purpose made pursuant	
Sund Glen Community and -		1.0
	chool or non-profit or tributions to the com	
9 4586		Industry
4. Verification 344.1 and 18942. I have verified that the distribution set I	ladb showa is in accordance wi	h lba maximmanis
		FIELT
	Supervisor's Assistant	(Atonin, Gay, Yoai)
Pdat Namo		
\sim \cup	A - A	Cart
\sim \cup	nuchneeded	FUNDES TO FPPC FORM 802 (4/12)

24

Ceremonial Role Ever	nts and Tic	cket/Pass	Distributions	•	A Public Documen
I. Agency Name	an in the second se			Dale Stamp	California Q 0 9
Alameda County					Form
Division, Department, or Re	gion (If Applicabl	ie)			For Olficial Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Tille)				
Lee Ann Fergerson, Super	visor's Assista	int			
Area Code/Phone Number	E-mail	****		_ [_] Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgo	v.org	Date of Original Filing:	(Monih, Day, Year)
. Function or Event Infor	mation	çinan yanın içirin kardına finin yalan işinin yalar. Bi ile ile ile ile ile ile ile ile ile il	nin sayahin a sa minin kana sayahin saya barang		33.00
Does the agency have a tick	et policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	37.00
Event Description	Basebo	el	Date(s)	, 18, 17	
	Provide Tille/Exp	lanalion		Iland Ad	-1-lotico
Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no:	Name of Sc	NELICS
Was ticket distribution made	at like hohoot		Ala	meda County Super	isor Scott Haggerty, D 1
of agency official?	ai ine penesi	No 🛄 Yes	if yes:	Official's Name (
Recipients		andrage has been all all an andread and			
 Use Section A to Identify the agent 	y's department or		tion B to identify an Individu	ual. • Use Section C to Iden	lify an outside organization.
A. Name:of/Agency, Departm	ani or Unit	Number of Tickous)/ / Pass(es)	Describethe put	ic:puipose madeipursuan	ເວັເກີຍ ສູງຈົກດຸນີ້ອ policy
			To reward a Cou	unty employee for h	is or her
				ce to the public or t	
			staff developme		ů.
B. Name of Individu		I I Number official		udentily one of thefollow	n of the second seco
		Nuribaroll. Tickeys/ Paggiog)		Identity one of theffollow	
Esmavalda	Saveia	2	event in c	e attendance at a co order to maximize po for concession and	otential county
ersena pomana andre ante ante ante ante ante ante and a secondaria and a secondaria and a secondaria a seconda					
			Coromonial Role If checking 'Geremoni	al Rolp ⁺ or "Other" describe below:	income
	-0		<i></i>	Le.	
C. Name of Outside Orger	ization	Number of Ticket(s) Pass(es)	Describe the pub	lc;purpose made pursuant	to the agency's policy
1. (Include address) and de	eripilon)	Pass(os)			
		1	To several a se	heel or non profit ar	appiration for
		<u> </u>		chool or non-profit or ributions to the com	
	•				
	ni qa'a shira mara a sumon mara su manasa musika ina sa				
Verification	[1 and	18049 10000 000	ified that the distribution set fo	onth ebove, is in accordance wit	h the requirements.
				Supervisor's Assistant	5/2/2
V Signature of Agency Head or Dasignee		Lee Ann Ferg Pdat Nama		100 200 2 Maalalan	(Month, Day, Yosi)
					/
Comment:					FPPC Form 802 (4/12)

C Toll-Free Helpline: 866/ASK-FPPC (8)

4.

<

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Anna Gee **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 510-891-5585 Date of Original Filing: anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass Yes 🔀 No 🗖 Event Description Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🔲 No 🛛 e of Source Was ticket distribution made at the behest Miley, Nate No 🗌 Yes 🛛 If ves: of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit.
 Use Section 8 to identify an individual.
 Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: ices fost Pass(es) Ceremonial Role Other 🚺 Income If checking "Cere nonial Roli or "Other" describe below m 0 0YM f. Cou Maria 'n Ceremonial Role Other Income cki.<mark>l</mark>a "Ce nonial Ro<mark>te</mark>" or "Ot KIN Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification ations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Anna Gee Executive Assistant Signature of Agency Head or Designed Print Name Title Comment: FPPC Form 802 (4/12)

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

1.	Agency Name				Date Stamp	California	12
	Alameda County					Form 8	JZ
	Division, Department, or Regio	on (If Applicable	e)			For Official Use On	у
	Board of Supervisors						
	Designated Agency Contact (N	lame.Title)		·····			
	Anna Gee						
	Area Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)	
	510-891-5585	anna.gee@a	acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	ation				ul on	
	Does the agency have a ticket	policy?	Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$ 🗳	04.80	
	Event Description	Provide Title/Expl	anation	Date(s)	<u> </u>	4,4,17	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no: Grad	A Jak Wa Name of Sol	IT I AS	
	Was ticket distribution made at of agency official?	the behest	No 🗋 Yes 🛛	If yes: <u>Miley</u>	, Nate Official's Name (L	ast. First)	
3.	Recipients						
	 Use Section A to identify the agency's 	s department or i	unit. • Use Section	a B to identify an individu	al. • Use Section C to identi	ify an outside organization	I ,
	A. Name of Agency. Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
						<u></u>	
	B. Name of Individual		Number of				
	$d_{\rm c}$ by $F_{\rm p}({\rm st})$		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Slevencan, Vanessa		4		Other K.	Incorr	ne 🗌
				To promo	ote attendance at an	event	
				•	County facility in ord		ne 🗖
	fodngwz, Kosa		4		e potential revenue f g and concession sale		
	C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy	1
				<u>Stand and a finite fin</u>			
	(
4.	Verification	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	$\sim \sim \sim$	ions 18944.1 and	18942. I have verified	d that the distribution set fo	orth above, is in accordance with	the requirements.	
-			Anna Gee		Executive Assistant	5/./.7	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Yea	ar)
	0						
	Comment:						

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regio	n (If Applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)				
	Anna Gee		Amendment (Must provide explanation in Part 3.)			
	Area Code/Phone Number E	E-mail				
	510-891-5585	anna.gee@acgov	.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation	n na shinan namala		-	red as
	Does the agency have a ticket p	policy? Yes 🛛	No 🗖	Face Value o	f Each Ticket/Pass \$ 🗹	204.80
	Event Description	Provide Title/Explanation		_ Date(s)		///
	Ticket(s)/Pass(es) provided by a	agency? Yes	No 🔀	If no: Gold	den State 1 Name of Sci	Varnas
	Was ticket distribution made at of agency official?	the behest No	Yes 🛛	lf yes: <u>Miley</u> ,	Nate Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency's	department or unit.	Use Section	B to identify an individu	al. • Use Section C to Iden	tify an outside organization.
	Å. Name of Agency, Department	for Unit	ber of (et(s)/ (s(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
	BUS District 4 St.	aff -	4 7	o reward a pemplary 4	ervice to H	notopa for the
	Health Care Serv	Los Agay	4	• /	in a final and the second s	γ- <u></u>
	B. Name of Individual	Ticl	iber of (et(s)/ is(es)		Identify one of the follow	ing:
				-	Other o	Income
				Ceremonial Role	al Role" or "Other" describe below:	Income
	C. Name of Outside Organiza (include address and descr	Intion) Tick	ber of et(s)/ s(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
4	Verification				•	
		ons 18944.1 and 18942.	l have verified	I that the distribution set fo	rth above, is in accordance wil	th the requirements.
-	n nag Tinan	Α	nna Gee		Executive Assistant	בולואת
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment: HCSA YUU	inf 4/10	tix	2		EBBC Earry 000 (4/40)

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

4 Amongous Norma				
1. Agency Name			Date Stamp	California Form 802
Alameda County Division, Department, or Region (If Applicable			-	For Official Use Only
Division, Department, or Region (if Applicable	2)			
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Anna Gee				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
510-891-5585 anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🔀 🛛 No 🗖	Face Value o	of Each Ticket/Pass \$	<u>84.80 / 312.30</u>
Including Cin	ML		4 12 IZ	4 10 17
Event Description		Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Gold	Aca State W Name of So.	WICe
Was ticket distribution made at the behest of agency official?	No 🗋 Yes 🛛	If yes: <u>Miley</u>	, Nate Official's Name (I	_ast, First)
3. Recipients • Use Section A to identify the agency's department or	unit a Hara Canadan	B to identify an individu		
	Number of			tify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)		lic purpose made pursuant	
Alameda Nealth Systems	2	To promot	e attendance at an e County facility in orde	er to
			potential revenue fr	rom
		naximize	and concession sale	S.
			and concession care	-
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role	Other X	Income
Handig, Beina	4	п спескину фенентал	a Role of Other describe below.	
0.	4			ant
		•	attendance at an ev ounty facility in order	the second se
let Broknes	1		potential revenue fro	
Peter (Groffner	C		and concession sales.	
		parking c		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
				an a
\int				
4. Verification				
	18942. I have verified	that the distribution set fo	orth above, is in accordance with	h the requirements.
,	Anna Gee		Executive Assistant	-1,112
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
duli in 1	dia Isa			
Comment: Stand & Yumen	+112 +14		· · · · · · · · · · · · · · · · · · ·	
\mathcal{O}		r	DDC Toll Eroo Halpling, 9	FPPC Form 802 (4/12)

				A i done bocument	
1. Agency Name			Date Stamp	California 802	
Alameda County		Form OUZ For Official Use Only			
Division, Department, or Region (If Ap	Division, Department, or Region (If Applicable)				
Board of Supervisors					
Designated Agency Contact (Name. Tit	le)				
Anna Gee					
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
510-891-5585 anna.g	gee@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				(wohu, Day. Tear)	
Does the agency have a ticket policy?	Yes 🛛 No 🗖	Face Value of	of Each Ticket/Pass \$ 🕇	312.50	
Event Departmention Backerball	baren la Comercia				
	Event Description				
Ticket(s)/Pass(es) provided by agency	Ticket(s)/Pass(es) provided by agency? Yes □ No 🛛 If no:				
			Name of Sc	urce	
Was ticket distribution made at the be of agency official?	hest No 🗌 Yes 🛛	If yes: Miley	, Nate Official's Name (Last First	
			Oniciai s Name (Last, Firstj	
 Recipients Use Section A to identify the agency's departs 					
	htumber of	B to identity an individu	unL • Uan Section C to Iden	tity an outside organization.	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	Hic purpose made pursuant	to the agency's policy	
B. Name of Individual	Number of Ticket(sj/ Pass(es)		Identify one of the follow	ing:	
Andrews, Jean	4	Ceremonial Role	Other Other is a contract of the solution of t	income	
		— To promot	te attendance at an o	event	
			County facility in ord		
			potential revenue f		
		parking	and concession sale	25.	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
4. Verification					
	14.1 and 18942. I have verified	I that the distribution set fo	orth above, is in accordance wit	h the requirements	
-	Anna Gee		Executive Assistant	5/1/17	
Signature of Agency Head or Designer	Print Name		Title	(Nonth, Day, Year)	
Comment:			······································		

. Agency Name				Date Stamp	California 802
Alameda County		Form OU2			
Division, Departm	ent, or Region (If Applicable)			For Official Use Only
Board of Supervis	sors				
Designated Agenc	y Contact (Name, Title)				
Anna Gee					
Area Code/Phone	Number E-mail			Amendment (Must p	provide explanation in Part 3.)
510-891-5585	anna.gee@a	acqov.orq		Date of Original Filing:	
Function or Ev					(Month, Day. Year)
	nave a ticket policy?	Yes 🔀 No 🗌	Face Value o	f Each Ticket/Pass \$ _	33
	baschall lance		A		
Event Description.	Provide Title/Expl	anation	Date(s) <u> </u>	122,17	
Ticket(a)/Deas(as)			If no: Dal	Paul Athlet	118
HCKel(S)/Fass(es)	provided by agency?	Yes 🗌 No 🛛		Name of Sc	ource -
	tion made at the behest	No 🗌 Yes 🔀	If yes: Miley,	Nate	
of agency official?	?		,	Official's Name ('Last, First)
Recipients					
Use Section A to iden	tify the agency's department or	unit. • Use Section I	B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agen	cy, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
		Pass(es)			
B. Nam	e of Individual Les Free	Number of Ticket(s) Pass(es)		Identify one of the follow Other I Other I al Role" or "Other" describe below:	ing:
			Ceremonial Role [Other describe below:	Income
	utside Organization mass and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
United Seniors of Oa	kland & Alameda County	2	To promote	e health and wellnes	ss to
7200 Band	croft Ave #251	6	vulnerable p	opulations such as f	oster
Oaklar	nd 94605		kids and sen	iors that receive co	unty
SENIOR	ADVOCACY	* 		services.	
VELINGATION					
	Conc Regulations 18944.1 and	18942. I have verified i	that the distribution set fo	orth above, is in accordance wi	th the requirements.
~		Anna Gee			5/1/12
* Signature of Agency H	land as Directory	Print Name		Title	(Month, Day, Year)
SENIOR	ADVOCACY Regulations 18944.1 and	Anna Gee		services. with above, is in accordance wi Executive Assistant	th the requirements.

4

A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 510-891-5585 Date of Original Filing: anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Date(s) Provide Title/Explanation If no: Ualdana Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 If yes: Miley, Nate Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit.
 Use Section B to identify an individual.
 Use Section C to identify an outside argunization. Number of A Name of Agency. Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) To Flore tor brentan Distru Number of B. Name of Individual Ticket(s)/ Pass(es) identify one of the following: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other П Income If checking "Ceremonial Role" or "Other" describe below Number of C. Name of Outside Organization Ticket(s)/ Pass(es) (include address and description) Describe the public purpose made pursuant to the agency's policy Verification too Degulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lha Anna Gee **Executive Assistant** Signature of Agency Head or Designee Print Name Title Comment
A Public Document 1. Agency Name Date Stamp California Alameda County Form For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name. Title) 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 32 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗋 ame **Event Description** l Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🔲 No 🛛 Name Miley, Nate Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit.
 Use Section B to Identify an Individual.
 Use Section C to identify an outside organization. Number of Å. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Amstron Other Income If checking "Ceremobial Role promole same 2 TU a 0 a Mad Ceremonial Role Other Income , Raymonal If checking 2 Salg. revenue Darlin from an Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (Include address and description) Verification 144.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Anna Gee Executive Assistant Signature of Agency Head C Desig Print Name Title received N Comment:

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

1. Agency Name

Comment:

Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Anna Gee **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 510-891-5585 Date of Original Filing: anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information ふろ Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Daxba same Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No 🛛 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 A 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: LE \$. + 45; Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 10 enus erification ²C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Anna Gee Executive Assistant lead or Designee Print Name Title Siak ature of Agency

A Public Document

California

Date Stamp

A Public Document

					A Fublic Document
. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Reg	ion (If Applicable)			-	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Anna Gee				······································	
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
510-891-5585	anna.gee@ac			Date of Original Filing:	·
Function or Event Infor		gov.org	an a		(Month, Day, Year)
Does the agency have a ticke			Eaco Value d	of Each Ticket/Pass \$ _	うろ
And In	all Ran a	es 🛛 No 🗌	,	$\int Lach flocked Fass \phi_{-}$	1 11 17
Event Description	Províde Title/Explana	ation	Date(s)	<u>15,1</u>	4, 16, 17
			If no: Dale	david Alple	400
Ticket(s)/Pass(es) provided b	y agency? Y	es 🔲 No 🛛	If no:	Name of Sc	ource
Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: Miley	, Nate	
of agency official?			17 y 00.	Official's Name	(Last. First)
Recipients					
 Use Section A to identify the agenc 	y's department or uni	L . Use Section	n B to identify an individ	ual. • Use Section C to liter	ntify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	lic purpose made pursuan	it to the agency's policy
		Pass(es)			
8. Name of Individu	a)	Number of	-		41.5
iken, finnij		Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
······································			Ceremonial Role	Other	Income
				ial Role" or "Other" describe below:	
C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
(include address and des	ecubacu)	Pass(es)			
untra semos of Va	illard 5	-> 10	promote hea	ur and well	us to vulnerabl
Mameda Counts -72	OD Bancial	0	ozulations	such as for	skr come chible
Aug,#257-Daklaron	gutoos	-#		()	
SENJOR AD	VOCACY	the a	on somers	-	
Verification					
1	ations 18944.1 and 18	942. I have verifie	d that the distribution set f	orth above, is in accordance w	ith the requirements,
		Anna Gee		Executive Assistant	5/1/17
Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
Clean and an in the	And A	le li	-0		1
Signature of Agency Head or Designee Comment: Charmber Ve	received 4	Print Name	ρ.	Title	(Montf, Day, Year)
		,			EFFG FORM 802 14/1

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

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



Agency Name

Alameda County

3. Recipients

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

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 Rest. Field	Number of Ticket(\$)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income I Income II Inc
		Ceremonial Role Other I Income Income Income Income Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Costro Valley Chamber <u>7160 Costro Valley Bhod</u> # 274, Castro Valley 9452		To reward a non profit organization for their contributions to the among
MODICION OF MELCHAS		

					All abile booallient
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OUZ
	Division, Department, or Region (If Applicable	<i>;)</i>	·····		For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			1	
	Anna Gee				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	510-891-5585 anna.gee@a	acgov.org		Date of Original Filing	(Month, Day. Year)
2.	Function or Event Information	×			0.7
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	05
	Event Description Description)	Date(s)	-17,17	4,18,17
	Provide Title/Exp.	lanation			/ 、
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Date	land Athlet	US
	Was ticket distribution made at the behest		If yes: Miley	Nate	ource
	of agency official?	No 🗌 Yes	If yes: If yes:	Official's Name	(Last, First)
3.	Recipients				
σ.	 Use Section A to identify the agency's department or 	unit. 💿 Use Se	ction B to identify an individu	ual, • Use Section C to Ide	ntify an outside organization.
	A. Name of Agency. Department or Unit	Number of Ticket(s)/	Describe the put	lic purpose made pursuar	nt to the agency's policy
		Pass(es)			
					Malinia
		Number of			ก็กฏิจังว่าในการการการการการการการการการการการการการก
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			Ceremonial Role	Other	income
ļ	Nashington, Tanya		To promote at	ial Role" pr "Other" descrife below	event held at
	Q I P				
			Ceremonial Role		to promote potental
				ial Role" or "Other" describe below.	
			revenue for	n parting an	d concession soles.
)	' 0	
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	nt to the agency's policy
ł	half I and And I A	Pass(es)	to marke log 0	the of the three	s la milia de
	unund seners of calibary i	2	1/0 promoke near	the abor wellines	ss to villeverse
	Manda (muth - 1102 Givent		populations "	such as juster	care children
1	the \$751. Oaldard 94405		And mine	V	
	SEANOR ADVOCACY		and serving	4	
4.	Verification	110010 1	added that the distribution of	arth above is is according.	with the year warmante
_	egulations 18944.1 and		erified that the distribution set f		-11-0
	signature of Agency Head of Designee	Anna G		Executive Assistant	
	pignature or agency nead or Designee	Print Nar.	1	inte	(Month, Day, Year)
	Comment: Washington vecent	4/15	1 tix		······
	0	(<i>,</i>	FPPC Toll-Free Heinline	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

1	Agency Name	Distance and a second			Data Stamp	
	Alameda County				Date Stamp	California Form 802
	Division, Department, or Regi	ion (If Applicabl	e)	· · · · · · · · · · · · · · · · · · ·		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name Title)				
	Anna Gee	,				
	Area Code/Phone Number	E-mail		.	Amendment (Must	provide explanation in Part 3.)
	510-891-5585	anna.gee@	acgov.org		Date of Original Filing	(Month. Day, Year)
2.	Function or Event Inform					(Wonth, Day, Year)
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value	of Each Ticket/Pass \$.	カワ
		Provide Title/Exp	11 Graine	Date(s)	6,19,17	4,21,17
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Dale	fand Attiche Name of S	L . ource
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🛛	If yes: <u>Mile</u>	y, Nate Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	's department or	unit. 🔹 Use Secti	on B to identify an individ	dual. • Use Section C to Ide	ntify an outside organization.
	A. Name of Agency, Departme	at or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
			Number of			
	B. Name of Individua start into		Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role If checking "Ceremo	Other	Income
				Ceremonial Role If checking "Ceremo	Other D	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	nt to the agency's policy
	unital Semons of Date	stand 7	4	10 promote hear	eth and welines	\$ stucks to
		r I A I V		VUILVAN D	OWNASION SUL	MAN MELLA
20	incrat Are \$ 25170	actoud ?	1405	care chillre	en and genior	s .
20	Mameria UMA	aboud ?	Hart	care childre	in and semiar	5
		actored 9. CF Intions 18944.1 and	d 18942. I have veril Anna Ge		forth above, is in accordance v	11

Comment: _

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$40 park 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 🛛 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 Â. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last First Pass(es) Ceremonial Role Other Income 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 Other Ceremonial Role 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) Verification 4. 1h 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)

1. Agency Name			Date Stamp California			
Alameda County				Form OOZ For Official Use Only		
Division, Department, or Region (If Applicable		For Official Use Only				
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name, Title)			1			
Sarah Oddie			Amendment (Must pl	revide evelopetiep in Part 2.)		
Area Code/Phone Number E-mail						
(510) 272-6693 sarah.oddie(@acgov.org		Date of Original Filing: .	(Month, Day, Year)		
Function or Event Information				\$204.00 ticket		
Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$304.80 ticket		
Event Description Basketball Game		Date(s)04	, <u>19</u> , 17	/		
Provide Title/Expl	enation					
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sol	1722		
Was ticket distribution made at the behest		📼 Chan	Wilma			
of agency official?	No 🗌 Yes	If yes: Chan	Official's Name (L	ast, First)		
Recipients		5 01 0 10 00 00 00 00 00 00 00 00 00 00 0				
• Use Section A to identify the agency's department or i	unit. ● Use Sec	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.		
A. Name of Agency, Department or Unit	Number of		lic purpose made pursuant			
A. Hume of Agency, Department of ome	Ticket(s)/ Pass(es)	Describe the pub	ne purpose made pursuant	to the ugency a poncy		
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	na:		
(Last, First)	Pass(es)					
	2		L Other L ial Role" or "Other" describe below:	Income		
		Ceremonial Role	Other	Income		
Kubo, Theresa						
			al Role" or "Other" describe below:			
	2	If checking "Ceremoni To promote attenda		County		
C. Name of Outside Organization (include address and description)	2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda facilitymaximize p	ial Role" or "Other" describe below: ance…event held at a C	County ueconcession sales		
C. Name of Outside Organization	Number of Ticket(s)/	If checking "Ceremoni To promote attenda facilitymaximize p Describe the publ	ial Role" or "Other" describe below: anceevent held at a C potential County revent	County ueconcession sales to the agency's policy		
C. Name of Outside Organization (include address and description) Asian Health Services, 818 Webster St,	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda facilitymaximize p Describe the publ To reward a school	ial Role" or "Other" describe below: anceevent held at a C potential County revent lic purpose made pursuant f	County ueconcession sales to the agency's policy		
C. Name of Outside Organization (include address and description) Asian Health Services, 818 Webster St, Oakland, CA 94607 Provide affordable healthcare to low-income immigrants	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda facilitymaximize p Describe the publ To reward a school	ial Role" or "Other" describe below: anceevent held at a C potential County revent lic purpose made pursuant f	County ueconcession sales to the agency's policy		
C. Name of Outside Organization (include address and description) Asian Health Services, 818 Webster St, Oakland, CA 94607 Provide affordable healthcare to low-income immigrants Verification	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremoni To promote attenda facilitymaximize p Describe the publ To reward a school to the community	ial Role" or "Other" describe below: anceevent held at a C potential County revent lic purpose made pursuant f	County ueconcession sales to the agency's policy on for its contributions		
C. Name of Outside Organization (include address and description) Asian Health Services, 818 Webster St, Oakland, CA 94607 Provide affordable healthcare to low-income immigrants Verification	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremoni To promote attenda facilitymaximize p Describe the publ To reward a school to the community	al Role" or "Other" describe below: anceevent held at a C potential County revenu lic purpose made pursuant of or nonprofit organizati	County ueconcession sales to the agency's policy on for its contributions		
C. Name of Outside Organization (include address and description) Asian Health Services, 818 Webster St, Oakland, CA 94607 Provide affordable healthcare to low-income immigrants Verification	Number of Ticket(s)/ Pass(es) 2 18942. I have ve	If checking "Ceremoni To promote attenda facilitymaximize p Describe the publ To reward a school to the community	al Role" or "Other" describe below: anceevent held at a C potential County revenu lic purpose made pursuant of or nonprofit organizati	County ueconcession sales to the agency's policy on for its contributions		

. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applicable	le)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Sarah Oddie				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693 sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ $\frac{3}{2}$	304.80 ticket/\$40 park
Event Description Basketball Game	- (+ +	Date(s)	5 <u>, 02 , 17</u>	//////
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	en State Warriors	
			Name of So.	urce
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Char	0fficial's Name (I	Last, First)
 Recipients Use Section A to identify the agency's department or 	unit. ● Use Sec	ction B to identify an individ	Iual. • Use Section C to ident	tifv an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	na
"Last First	Pass(es)			
Rupp, Candy		Ceremonial Role	nial Role" or "Other" describe below:	Income
	2+p	To promote attend	anceevent held at a potential County reven	
		Ceremonial Role	Other	Income
	2+p	If checking "Ceremor	nial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
Verification	d 18042 / have up	ated that the distribution set i	forth above is in accordance with	
- guarons 16944.1 800	Sarah Oc		Supervisor's Assistant	
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
Comment:				FPPC Form 802 (4/12)

A Public Document

Agency Name	and a state of the second s		Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applica	able)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Sarah Oddie				
Area Code/Phone Number E-mail	X		Amendment (Must pro	vide explanation in Part 3.)
(510) 272-6693 sarah.odd	lie@acgov.org		Date of Original Filing: _	(Month, Day, Year)
Function or Event Information	i bla grondlard			¢204 00 ticket
Does the agency have a ticket policy?	Yes 🗵 No		of Each Ticket/Pass \$	
Event Description Basketball Game		Date(s) 05	5 _ 02 _ 17 _	
Provide Title/E	Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of Sour	
				ce
Was ticket distribution made at the behes of agency official?	t No 🗌 Yes	If yes: Chan	Official's Name (La	ast, First)
1974 J + 20 20 - 20 - 20 - 20 - 20 - 20 - 20 -				
 Recipients Use Section A to identify the agency's department 	orunit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to identif	y an outside organization.
	Number of		blic purpose made pursuant to	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuant o	o me agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	g:
(Last, First)	Pass(es)			Г
Lad, Emily		Ceremonial Role	Dther describe below:	Income
200, 200, 9	2	-	anceevent held at a C	County
		facilitymaximize	potential County revenu	econcession sales
		Ceremonial Role	Other	Income
	2	lf checking "Ceremor	ial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant t	o the agency's policy
		· · · · · · · · · · · · · · · · · · ·		
Verification			त <u>रूप</u> रूप स्टब्स् रूपते	× • =0.

Print Name

Title

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

(Month, Day, Year)

Comment: _

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A Public Document

Ala Divi Boa Des Sar Are (51 2. Fu Doe Eve	ency Name ameda County ision, Department, or Regi ard of Supervisors signated Agency Contact (rah Oddie a Code/Phone Number 0) 272-6693 nction or Event Inforr es the agency have a ticket ent Description Basketball ket(s)/Pass(es) provided by	Name, Title) E-mail sarah.oddie(nation t policy?			Date Stamp	California 802 For Official Use Only		
Divi Boa Des Sar Are (51 2. Fu Dos Eve	ision, Department, or Regi ard of Supervisors signated Agency Contact (rah Oddie a Code/Phone Number 0) 272-6693 nction or Event Inforr es the agency have a ticket ent Description Basketball	Name, Title) E-mail sarah.oddie(nation t policy? Game	@acgov.org		_	ovide explanation in Part 3.)		
Boa Des Sar (51 2. Fu Doe Eve	ard of Supervisors signated Agency Contact (rah Oddie a Code/Phone Number 0) 272-6693 nction or Event Inforr es the agency have a ticket ent Description Basketball	Name, Title) E-mail sarah.oddie(nation t policy? Game	@acgov.org		_			
Des Sar Are (51 2. Fu Doe Eve	aignated Agency Contact (rah Oddie a Code/Phone Number 0) 272-6693 nction or Event Inforr es the agency have a ticket ent Description Basketball	E-mail sarah.oddie(nation t policy? Game	- 14 - 19 -		_			
Sar Are (51 2. Fu Doe Eve	rah Oddie a Code/Phone Number 0) 272-6693 nction or Event Inforr es the agency have a ticket ent Description Basketball	E-mail sarah.oddie(nation t policy? Game	- 14 - 19 -		_			
Are (51 2. Fu Doe Eve	a Code/Phone Number 0) 272-6693 nction or Event Inforr es the agency have a ticket ent Description Basketball	sarah.oddie(nation t policy? Game	- 14 - 19 -	en grad produkt – , for a fermale	_			
(51 2. Fu Doe Eve	0) 272-6693 nction or Event Inforr es the agency have a ticket ent Description Basketball	sarah.oddie(nation t policy? Game	- 14 - 19 -		Date of Original Filing: _	(Month Dour Veer)		
2. Fu Doe Eve	nction or Event Inforr es the agency have a ticket ent Description Basketball	nation t policy? Game	- 14 - 19 -			CONTRACT LAV TRACT		
Doe Eve	es the agency have a ticket ent Description Basketball	t policy? Game	Yes 🗵 No					
Eve	ent Description Basketball	Game		Face Value o	of Each Ticket/Pass \$	\$304.80 ticket		
		Browido Title (Evel			60417	, ,		
	<pre>ket(s)/Pass(es) provided by</pre>	Frovide Hitle/EXPL	anation	Date(s)				
Tick		/agency?	Yes No No If no: Golde		n State Warriors			
TICK		rugeney.			Name of Sour	ce		
	Nas ticket distribution made at the behest of agency official?		No 🗌 Yes 🛛 🛛 If yes: <u>Chan</u> ,		n, Wilma Official's Name (Last, First)			
			, 루 3 3 3 3 4 4 4					
	cipients se Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identif	ly an outside organization.		
A.	Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant t			
			Pass(es)					
					······································			
-		.1	Number of					
В.	Name of Individua	N	Ticket(s)/ Pass(es)		Identify one of the followin	ig:		
				Ceremonial Role	Other	Income		
Bre	ekke-Miesner, Lukas		2		ial Role" or "Other" describe below:			
			-	To promote attenda	anceevent held at a C potential County revenu	ounty		
				Ceremonial Role				
					ial Role" or "Other" describe below:	Income		
			2					
			Number of					
C.	Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy		
<u></u>								
				•				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rification	-1,2 2 3 Co 0			еле <u>и 351257, е</u> бив 6 е 55	- 4		

Prese Part and the result of t

	Sarah Oddie	Supervisor's Assistant	05.31.2017
н.	Print Name	Title	(Month, Day, Year)
محرن			

Comment: _____

1. Agency Name				Date Stamp	California 802		
	ameda County					Form OOL	
	vision, Department, or Reg	ion (If Applicabl	e)			For Official Use Only	
Bc	pard of Supervisors						
	signated Agency Contact	Name, Title)					
Sa	arah Oddie						
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)		
(5)	10) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)	
2. Fi	unction or Event Inform	mation				\$204.80 tickot/\$40 park	
Do	es the agency have a ticke	t policy?	Yes 🛛 No 🛛	Face Value of	Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$40 park		
Ev	Event Description Basketball Game		Date(s)		5 <u>04</u> 17	///	
200		Provide Title/Exp	planation				
Tic	ket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors Name of S	ource	
10/0	as ticket distribution made a	t the behast		If yes: Chan	, Wilma		
	f agency official?	at the benest	No 🗌 Yes [X If yes:	Official's Name	(Last, First)	
2 D	ecipients		18 D. X.		and a set of a second set of a		
• U	Ise Section A to identify the agenc	y's department or	r unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
A	Name of Agency, Departme	ant or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy	
	· · · · · · · · · · · · · · · · · · ·			<u> </u>			
			Number of				
B.	Name of Individua (Last First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
			1 400(00)	Ceremonial Role	Other	Income	
De	ean, Velma		2+p		nial Role" or "Other" describe below		
			ZTP	To promote attendanceevent held at a County facilitymaximize potential County revenueconce		a County	
				.Ceremonial Role If checking "Ceremo.	nial Role" or "Other" describe below		
			2+p				
c.	Name of Outside Organ (include address and dea		Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy	
			Pass(es)				
					<u></u>		
				·			

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.

Ŷ	Sarah Oddie	Supervisor's Assistant	05.31.2017
\neq -	Print Name	Title	(Month, Day, Year)

Comment: ___

Ceremonial Role Events and T	icket/Pass	Distributions		A Public Document
1. Agency Name	<u> 917 ()</u> 9. (Date Stamp	California 802
Alameda County				Form For Official Use Only
Division, Department, or Region (If Applica	able)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)		<u>,</u>		
Sarah Oddie				1
Area Code/Phone Number E-mail		······································	Amendment (Must pr	ovide explanation in Part 3.)
	lie@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$304.80 ticket
Event Description Basketball Game		Data(a) 05	5 , 14 , 17	1 1
Event Description Provide Title/I	Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	
Was ticket distribution made at the behes of agency official?	t No 🗌 Yes	If yes: Char), VVIIIIIa Officiai's Name (L	ast, First)
				్వాహ ల బర్హింగ్, రాష్ కి.రి.రి. రాష
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outsi				
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
B. Name of Individual (i.ost. First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	1 435(50)	Ceremonial Role	Other	Income
Geisner, Ben	2	If checking "Ceremo	nial Role" or "Other" describe below:	_
	2	To promote attend facilitymaximize	lanceevent held at a potential County reven	County ueconcession sales
		Ceremonial Role	Other D mial Role" or "Other" describe below:	Income
		in cheening borenie		
	2			
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
C. Name of Outside Organization (include address and description)	Number of	Describe the pu	blic purpose made pursuant	to the agency's policy
	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy

Comment: _

A Public Document Date Stamp California 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: sarah.oddie@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _______ \$304.80 ticket/\$40 park Does the agency have a ticket policy? Yes 🗵 No 🗌 17 16 05 Basketball Game 1 Date(s) _ Event Description Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If ves: Chan, 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 Â. 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 If checking "Ceremonial Role" or "Other" describe below: Federico, Anthony 2 To reward a community volunteer for his or her service to the public Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) To reward a school or nonprofit organization for its contributions Nonprofit Housing Assn. of N. CA, 369 2+p to the community Pine Street, Suite 350, SF CA 94104 Nonprofit working to build & advocate for affordable housing 4. Verification julations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Signature of Agency Head or Designee
 Sarah Oddie
 Supervisor's Assistant
 05.31.2017

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

Comment: _

A Public Document California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: sarah.oddie@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes 🛛 No 🗋 Event Description Basketball Game 17 05 , 14 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 Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ Last First Pass(es) Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Chang, Emily 2+p 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+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 : 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. l have

	Sarah Oddie	Supervisor's Assistant	05.31.2017
7	Print Name	Title	(Month, Day, Year)
/			

Comment: _