California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela CHRIST Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** Gabriela.Christy@acgov.org (510) 272-6692 (Month, Day, Year) 2. Function or Event Information \$312.50/30 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🗵 No 🗖 Event Description GS Warriors vs. Cleveland Cavs Date(s) \_\_\_\_\_/ 01 \_/\_\_\_/ 04 17 06 17 Provide Title/Explanation GOIDENSTATE WORFIDES If no: \_ 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 B to identify an individual. • Use Section C to identify an outside organization. • Use Section A to identify the agency's department or unit. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es)

B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Valle, Richard	4/1	Ceremonial Role Other I Income I Income I Income To obtain oversight of Facilities or events that have received County funding or support
Valle, Richard	4/1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To obtain oversight of Facilities or events that have received County funding or support
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	1.1 and 18942. I have verified that the distri	bution set forth above, is in accordance with the r	equirements.
Signature of Agency Head or Designee	Gabriela Christy Print Name	Supervisor's Assistant	(Month, Day, Year)
Comment:			

## FPPC Form 802 (4/12)

A Public Document

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

#### Agency Report of: te and Ticket/Pass Distributions С

. . . . 

UE	eremonial Role Events and Tick	EUF d55 1	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		· · · · · · · · · · · · · · · · · · ·		
	Gabriela UTRISTY				
	Area Code/Phone Number E-mail			Amendment (Must pro	
	(510) 272-6692 Gabriela.Chri	sty@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				0010 EO/
	Does the agency have a ticket policy?	Yes 🛛 No [		of Each Ticket/Pass \$	
	Event Description GS Warriors vs. Clevelar Provide Title/Explai	nd Cavs		<u> </u>	
		Yes 🔲 No 🛙	If no: <u>Golde</u>	n State Warriors Name of Sol	
	Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor [ Official's Name (L	ast. First)
	of agency official?				
3.	• Use Section A to identify the agency's department or u		tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
					<u> </u>
	B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role		Income
	Valle, Richard	2/1	1	nial Role" or "Other" describe below: It of Facilities or events support	that have received
	Aro, Mark		Ceremonial Role If checking "Ceremo	Other 🔀	Income
		2	To reward a comm	nunity volunteer for his	service to the public
	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
_	Verification				
4	Verification				

#### 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

Supervisor's Assistant 0 30 Title

Signature of Agency Head or Designee

(Month, Day, Year)

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) Gabriela CATRIST **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6692 Gabriela.Christy@acgov.org (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 Watch Party 06 , 07 , 17 \_\_\_\_\_ Date(s) \_ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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:
Ramos, Xochitl	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service of the provide the service of
Ramos, Soledad	2	Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the PUDI
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

#### Verification 4.

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

	Gabriela Christy	Supervisor's Assistant	G130/17-
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				Form For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	e)			i of official dae only
	Board of Supervisors					
	Designated Agency Contact (	(Name, Title)				
	Gabriela CAPISTY				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6692	Gabriela.Ch	nristy@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				25
	Does the agency have a ticke	et policy?	Yes 🛛 No 🗌		of Each Ticket/Pass \$	
	Event Description Watch Pa	rty		Date(s)06	<u> </u>	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No 🛛	If no: Golde	n State Warriors Name of Sou	rce
	Was ticket distribution made	at the behest	No 🗌 Yes 🛛	lf ves. Valle	, Richard- Supervisor D	District 2
	of agency official?	at the ponoot		n yes	Official's Name (L	ast, First)
3.	Recipients	cy's department o	r unit • Use Section B	to identify an individ	ual. • Use Section C to ident	ify an outside organization.

<ul> <li>Use Section A to identify the agency's department or unit.</li> </ul>	<ul> <li>Use Section B to identify an individual.</li> </ul>	<ul> <li>Use Section C to identify an outside organization</li> </ul>

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:
Snowball, Sharon	2	Ceremonial Role Cother Control Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
Lopez, Victor	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Gabriela Christy	Supervisor's Assistant	10/30/17
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 Regi	on (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Gabriela OHPIST					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Chi	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 \$ _	200
	Event Description Dia Nacion	nal De La Ban	da	Date(s)6	5 , 03 , 17	
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No [	If no: Golde	n State Warriors	
					Name of So	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name (	LISUTICE Z
					omata a Name (	
3.	• Use Section A to identify the agency	y's department or		tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	t to the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			1 400(00)	Ceremonial Role	Other 🔀	
	Leal, Luz				nial Role" or "Other" describe below:	
			2	To reward a comm	unity volunteer for her	r service to the public.
	Borboa, Alicia			Ceremonial Role If checking "Ceremon	Dther X	Income
			2	To reward a comm	unity volunteer for her	r service to the public.
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	t to the agency's policy

#### 4. Verification

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

 Gabriela Christy
 Supervisor's Assistant
 Ce/30/17

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

**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 CURIST Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: Gabriela.Christy@acgov.org (510) 272-6692 (Month, Day, Year) 2. Function or Event Information 350 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗌 06 , **10** 17 Roger Waters 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 yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy А. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Lasi First) Pass(es) Other 🔀 Ceremonial Role Income Trullinger, Rick If checking "Ceremonial Role" or "Other" describe below: 4 To reward a community volunteer for his service to the public. Other 🛛 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below Number of Ticket(s)/ Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 4 ions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements I hav

Gabriela Christy

Print Name

Comment: \_

Signature of Agency Head or Designee

Supervisor's Assistant

Title

**A Public Document** 

1.	Agency Name		Date Stamp	California 802		
	Alameda County				Form	
	Division, Department, or Reg	ion (If Applicable)				
	Board of Supervisors					
	Designated Agency Contact	(Name,Title)				
	Gabriela OffRISTY				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6692	Gabriela.Chri	sty@acgov.oi	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				150
	Does the agency have a ticke	et policy?	Yes 🛛 No 🗆	Face Value o	f Each Ticket/Pass \$	
	Event Description Poison			Date(s)06	, 13 , 17	/
		Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided b	by agency?	Yes 🗌 No 🛛	If no: Golder	n State Warriors Name of Sour	rce
	The state of the state of the state of the	-4.46 - 10 - 10 - 04		valle.	, Richard- Supervisor D	
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes 🛛	I If yes:	Official's Name (La	ast, First)
3.	• Use Section A to identify the agen	cy's department or L	init. • Use Sectio	on B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant (	

		ø
B. Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Carmen, Susan	2	Ceremonial Role Cother Conternation Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
	W	Ceremonial Role Other S 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

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.

	Gabriela Christy	Supervisor's Assistant	06/30/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

eremonial Role Events and i	ICKEUP ass L	Jistinbutions		A Public Document
Agency Name			Date Stamp	California 802
Alameda County				Form <b>OOL</b>
Division, Department, or Region (If Applic	able)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Gabriela OFFLSTY				
Area Code/Phone Number E-mail			Amendment (Must µ	provide explanation in Part 3.)
	.Christy@acgov.o	ora	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No	T Face Value of	of Each Ticket/Pass \$ _	25
Event Description Javele McGee (A)	mtt softball	$\frac{1}{10000000000000000000000000000000000$	<u> </u>	//
		· Oakla	nd A's	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 🛛 No 🛛		Name of Se	
Was ticket distribution made at the behe	st No 🗌 Yes 🛙	If yes: Valle	, Richard- Supervisor Official's Name	District 2
of agency official?		- ,	Official's Name	(Last, First)
	Pass(es)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
		Ceremonial Role	nial Role" or "Other" describe below	Income
Cisneros, Arty	3			s service to the public.
	14	Ceremonial Role	Other 🔀	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	nt to the agency's policy

#### 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.

read and understand FPPC Regulations 1894	4. I and 16942. I have vermed that the distribu	alion set form above, is in decordance was no	
	Gabriela Christy	Supervisor's Assistant	04/30/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 Gabriela.christy@acgov.org (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. Washington Nationals 06 02 17 Date(s) Provide Title/Explanation If no: \_Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ Pass(es) (Last First) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Π Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) To reward a nonprofit organization for its contribution to the Ruby's Place 1180 B Street 2 community non-profit in Hayward that provides shelter and supportive services

#### Verification 4.

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

	Gabriela Christy	Supervisor's Assistant	ap 23/17
 Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

1.

C	eremonial Role Events and T	licket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applic	able)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Gabriela Christy			Amandmant (14)	and ide and (anotion in Root 2.)
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	(510) 272-6692 Gabriela.	christy@acgov.c	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				05
	Does the agency have a ticket policy?	Yes 🗵 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$ -	25
	Event Description Oakland A's vs. Toro		Date(s)6	, 05 , 17	06 , 06 , 17
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 🛛 No 🛛	If no: Oaklar	nd A's	
				Name of S	
	Was ticket distribution made at the behave of agency official?	st 🛛 No 🗍 Yes 🛛	If yes: Valle,	Richard- Supervisor	/Last_First)
				Chicial S Name	(2831, 11/30)
3.	Recipients		ian Dés identifican individu	al - Llas Castian C to ide	ntife an autoida arranization
	Use Section A to identify the agency's department	Number of		2	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
	B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below	
			Ceremonial Role If checking "Ceremon	Other in Other is the selow	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy
	Ruby's Place 1180 B Street	4	To reward a nonpro	ofit organization for it	s contribution to the
	non-profit in Hayward that provides shelter and supportive services				

#### 4. Verification

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

	Gabriela Christy	Supervisor's Assistant	010/50/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

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) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ Gabriela.christy@acgov.org (510) 272-6692 (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. Washington Nationals 06 , 03 17 Date(s) \_ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: 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 (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Arenas, Rosemarie	2	Ceremonial Role Conter 2 Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: to reward a community volunteer for her service to the public.
		Ceremonial Role C 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

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

	 Gabriela Christy	Supervisor's Assistant	043017
ature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

#### Comment: \_

Sign

- 1.-

California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6692 Gabriela.christy@acgov.org (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. Washington Nationals 06 04 17 Date(s) \_ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: 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	Number of Ticket(s)/	Identify one of the following:
Huang, Meihon	Pass(es)	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: to reward a community volunteer for her service to the public.
		Ceremonial Role D Other I Income Income It 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

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.

	Gabriela Christy	Supervisor's Assistant	06/30/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

#### Comment: \_

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) Gabriela Christy Amendment (Must provide explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: \_ Gabriela.christy@acgov.org (510) 272-6692 (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. Toronto Blue Jays Date(s) \_\_\_\_\_\_ 06 \_\_\_\_ 07 \_\_\_\_ 17 Provide Title/Explanation If no: Oakland A's 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
<u>В.</u>	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Cother Contraction Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role D Other Sincome 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
Ede	en Youth and Family Center 80 Tennyson Pd. Haywald	2	To reward a nonprofit organization for its contributions to the community
ado	dress the area's disproportionate lack services		

#### 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.

		Gabriela Christy	Supervisor's Assistant	003017
•	Signature of Agency Head of Designee	 Print Name	Title	(Montil, Day, Year)

Comment: \_\_

el alia

**A Public Document** 

1.	Agency Name				Date Stamp	California 802	
	Alameda County				l.	Form OOL For Official Use Only	
	Division, Department, or Regi	on (If Applicable	<del>)</del>			, or official cost only	
	Board of Supervisors						
	Designated Agency Contact (						
	Gabriela Christy			Amendment (Must pro	vide explanation in Part 3.)		
	Area Code/Phone NumberE-mail(510) 272-6692Gabriela.christy@acgov.org				<b></b>		
					Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				25	
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value of Each Ticket/Pass \$         23           Date(s)061817        /			
	Event Description Oakland A	's vs. NY Yar	nkees				
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No 🛛	If no: Oakland A's Name of Source			
	Was ticket distribution made at the behest 🛛 No 🗖 Yes 🛛			If vec. Valle,	If yes: Valle, Richard- Supervisor District 2		
	of agency official?			II yes	Official's Name (La	ast, First)	
3.	• Use Section A to identify the agence	y's department of	r unit. • Use Section B	to identify an individ	ual. • Use Section C to identi	fy 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		
 B.	Name of Individual	Number of Ticket(s)/	Identify one of the following:		
		Pass(es)	Ceremonial Role Other I Income I Income I Income		
			Ceremonial Role Other 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		
	en Youth and Family Center	and $2$	To reward a nonprofit organization for its contributions to the community		
ado	dress the area's disproportionate lack				

#### 4. Verification

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

1110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1-11
	Gabriela Christy	Supervisor's Assistant	0430 FT
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Regi	on (If Applicable				
	Board of Supervisors					
	Designated Agency Contact (					
	Gabriela ChristyArea Code/Phone NumberE-mail(510) 272-6692Gabriela.christy@acgov.org				Amendment (Must pro	ovide explanation in Part 3.)
					_	
					Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation		Face Value of Each Ticket/Pass \$		25
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌			
	Event Description Oakland A's vs. Houstor Provide Title/Expla Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?				<u>, 19 , 17</u>	06 , 20 , 17
			Yes 🗌 No 🛛	If no: Oakland A's Name of Source If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)		rce
			No 🗋 Yes 🛛			District 2 ast, 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 I Income I Income		
			Ceremoniai Role Other I Income I Income I Income I		
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		
Ede	en Youth and Family Center	4	To reward a nonprofit organization for its contributions to the community		
	dress the area's disproportionate lack services				

### 4. Verification

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

Jeaovand understand FPPC Requiain	and understand FPPC Regulations 18944, 1 and 16942. Thave vehiced that the distribution set form above, form above								
	/	Gabriela Christy	Supervisor's Assistant	00/30/17					
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) 272-6692 Gabriela.christy@acgov.org (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. NY Yankees 06 , 15 17 Date(s) \_ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last First) Pass(es) Other 🛛 Ceremonial Role Income Yukumoto, Clayton If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his service to the public. Other 🛛 Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. 2 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

## Verification

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

of Agency Head or Designee

Gabriela Christy Print Name

Supervisor's Assistant

Title

Comment: .



**A Public Document** 

1. Agency Name				Date Stamp	California 802
Alameda County					Form OOL For Official Use Only
Division, Department,	or Region (If Applicable			Tor Official Osc Only	
Board of Supervisors					
Designated Agency Co	ontact (Name, Title)				
Gabriela Christy				Amendment (Must provide ex	ovide explanation in Part 3.)
Area Code/Phone Num	Area Code/Phone Number E-mail				
(510) 272-6692	Gabriela.ch	risty@acgov.org		Date of Original Filing: -	(Month, Day, Year)
2. Function or Event	Information				25
Does the agency have	a ticket policy?	Yes 🛛 No 🗌	Face Value of Each Ticket/Pass \$		2
Event Description Oal	Event Description Oakland A's vs. NY Yankees Provide Title/Explanation			6 , 16 , 17	//
Ticket(s)/Pass(es) prov	vided by agency?	Yes 🗌 No 🛛	lf no: Oaklar	nd A's Name of Sou	urce
Was ticket distribution of agency official?	made at the behest	No 🗋 Yes 🛛	If yes: <u>Valle</u> ,	, Richard- Supervisor [ Official's Name (I	District 2 .ast, 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	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Reynoso, Eric	2	Ceremonial Role C Other C Income I Income I If checking "Ceremonial Role" or "Other" describe below:
	2	Ceremonial Role Conternation Conternation 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

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

Signature of Agency Head or Designee

Gabriela Christy Print Name

Supervisor's Assistant

Title

Comment: .

1.	Agency Name				Date Stamp California 80	
	Alameda County				Form For Official Use Only	
	Division, Department, or Regi	on (If Applicable)				
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Gabriela ChristyArea Code/Phone NumberE-mail(510) 272-6692Gabriela.christy@acgov.org				Amendment (Must pro	vide explanation in Part 3.)
					Date of Original Filing:(Month, Day, Year)	
2.	Function or Event Inform	mation				100
	Does the agency have a ticke	t policy? γ	/es 🛛 No 🗖	Face Value of Each Ticket/Pass \$		
	Event Description       Oakland A's vs. NY Yankees         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?       Yes I No I		Date(s)6	5 , 16 , 17	//	
			If no: Oakland A's Name of Source		Irce	
	Was ticket distribution made a of agency official?	at the behest	No 🗋 Yes 🛛	If yes: <u>Valle</u>	, Richard- Supervisor D Official's Name (L	ast, First)

#### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an 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:
Flottte, Bianca	2	Ceremonial Role C Other C Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public.
Nguyen, Long	2	Ceremonial Role Cother Constraints Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification I ha

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

Signature of Agency Head or Designee

Gabriela Christy Print Name

Supervisor's Assistant

Title

**A Public Document** 

#### Agency Report of: onte and Ticket/Pass Distributions С

A Public Document

ceremonial Role Event	s and the	levrass I	Jannunons		A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County					Form OO22 For Official Use Only
Division, Department, or Regio	on (If Applicable)	)			For Onicial Ose Only
Board of Supervisors					
Designated Agency Contact (A	Vame, Title)				
Gabriela Christy				Amendment (Must pri	ovide explanation in Part 3.)
-	E-mail			_	
(510) 272-6692	Gabriela.chri	sty@acgov.c	org	Date of Original Filing: _	(Month, Day, Year)
. Function or Event Inform	nation				25
Does the agency have a ticket	Yes 🛛 No 🛛		f Each Ticket/Pass \$		
Event Description Oakland A	s vs. NY Yan Provide Title/Expla	kees	Date(s)06	<u> </u>	//
	Provide nile/Lxp/	anation	Oaklai	nd A's	
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗋 No 🕻	If no: Oaklar	Name of Sou	Irce
Was ticket distribution made a	t the behest	No 🗌 Yes [	Valle	, Richard- Supervisor [	District 2
of agency official?			Official's Name (Last, First)		
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
					- 00
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role		Income
Gutierres, Joel		2		nial Role" or "Other" describe below: nunity volunteer for his	service to the public.
		2	Ceremonial Role If checking "Ceremo	Other X nial Role" or "Other" describe below:	Income
C. Name of Outside Organ (include address and dea	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy

S ..... 1.1 ment CDDC Derivations 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

Gabriela Christy	
Print Name	

Supervisor's Assistant

Title

(Month

A Public Document

Je	eremonial Role Even	its and fici	CUL 422 1			A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Reg	jion (If Applicable	)			For Official Ose Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		· · · ·		
	Gabriela Christy					provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6692	Gabriela.chri	sty@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				25
					of Each Ticket/Pass \$ _	
	Event Description Oakland A's vs. Houston Astros Date(s)			Date(s)6	<u>, 21 , 17</u>	//
	Event Description     Provide Title/Explanation       Provide Title/Explanation     If no: Oakl				nd A's	
	Ticket(s)/Pass(es) provided	by agency?	Name of Sc	ource		
	Was ticket distribution made	at the behest	If yes: Valle	, Richard- Supervisor	District 2	
	of agency official?		Official's Name (	Last, First)		
3.	Recipients					
	Use Section A to identify the ager	icy's department or	unit. • Use Sec			
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pul	e the public purpose made pursuant to the agency's policy	
	B. Name of Individ (Last First)	lual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			<u>/</u>	Ceremonial Role		Income
	Gutierrez, Freddie		2		nial Role" or "Other" describe below.	
				To reward a comn	nunity volunteer for his	s service to the public.
				Ceremonial Role	Other 🔀	income [
					nial Role" or "Other" describe below	:

C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

Gabriela Christy

Print Name

## 4. Verificațion

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

Supervisor's Assistant Title

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) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: Gabriela.christy@acgov.org (510) 272-6692 (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. Houston Astros 22 17 06 Date(s) \_ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit А. Ticket(s)/ Pass(es)

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

#### Verification 4.

11

ons 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

Gabriela Christy Print Name

Supervisor's Assistant Title

A Public Document

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

**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
	Division, Department, or Region (If Applicable)					Tor Onicial Ose Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Gabriela Christy			Amendment (Must pro	vide explanation in Part 3.)	
	Area Code/Phone Number	E-mail				
	(510) 272-6692	Gabriela.ch	risty@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				25
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$	25
	Event Description Oakland A	s vs. Atlanta	Braves	Date(s)06	30 , 17	/
	Ticket(s)/Pass(es) provided by	_	Yes 🗌 No 🛛	If no: Oaklar	Name of Sour	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: <u>Valle</u> ,	, Richard- Supervisor D Official's Name (La	istrict 2 ast, 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
 B.	Name of Individual	Number of Ticket(s)/	Identify one of the following:
	(Last First)	Pass(es)	Ceremonial Role . Other . Income . Income .
			Ceremonial Role Conter
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
	meda Creek Alliance ). Box 2626, Niles, CA	2	To reward a nonprofit organization for its contribution to the community.
	mmunity watershed group to protect restore natural ecosystems		

#### 4. Verification

1		,	1 10 -11 -
	Gabriela Christy	Supervisor's Assistant	0630/17
	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) 272-6692 (Month, Day, Year) 2. Function or Event Information 90/20 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Oakland A's vs. Washington Nationals 06 02 17 Date(s) \_ Provide Title/Explanation lf no: Oakland A's 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)

B.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role  Other  Ceremonial Role" or "Other" describe below:
			Ceremonial Role Dother S 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
Hay	ward Education Foundation	18/3	To reward a nonprofit organization for its contribution to the community.
	icated to helping ALL Hayward dents Succeed		

#### 4. Verification

1 ha

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

Gabriela Christy
Print Name

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**A Public Document** 

Comment: .

ature of Agency Head or Designee

Supervisor's Assistant

Title

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	ion (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692	Gabriela.chris	sty@acgov.c	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation				15
	Does the agency have a ticke	t policy?	Yes 🛛 No 🛛		of Each Ticket/Pass \$ .	
	Event Description 2017 Alameda County Fai Provide Title/Explana		air 2 for 1 tix	Date(s) 06	<u>5, 16, 17</u>	
			nation	Duto(0)		
			Yes 🛛 No [	lf no:	Name of S	
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor	(Last. First)
	of agency official?					
0.	Recipients     Use Section A to identify the agency's department or u		Init. • Use Sect			
	A. Name of Agency, Departm	Name of Agency, Department or Unit		Describe the pul	blic purpose made pursua	nt to the agency's policy
	X					
	B. Name of Individu	Ial	Number of Ticket(s)/ Pass(es)	Identify one of the following:		wing:
			F 455(65)	Ceremonial Role	Other	income
					onial Role" or "Other" describe below	
			<u> </u>			
				Ceremonial Role	Donial Role" or "Other" describe belo	income L
				I Checking Celenic		
	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 p		ant to the agency's policy
	Union City Apostolic Churo 33700 Alvarado Niles Roa		30	To reward a nonp community.	rofit organization for i	ts contribution to the
	To connect all people in th	e bay area by				-
	offering a life changing exp	perience	İ			
_						

## 4. Verification

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

	Gabriela Christy	Supervisor's Assistant	04/30/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

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) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . Gabriela.christy@acgov.org (510) 272-6692 (Month, Day, Year) 2. Function or Event Information 15 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description \_2017 Alameda County Fair 2 for 1 tix 06 16 17 Date(s) \_ Provide Title/Explanation If no: \_\_\_\_ 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 I Income Income It checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Dother 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
Centro De Servicios 525 H St, Union City		40	To reward a nonprofit organization for its contribution to the community.
	voted to assisting the residents of the -City Area in securing services		

#### 4. Verification

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

111	0 / 00 / //			I al.
	-	Gabriela Christy	Supervisor's Assistant	04 30 12
-	 	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_

#### Agency Report of: ents and Ticket/Pass Distributions С

A Public Document

U	eremonial Role Events and Ticke	50F 455 D	13th Dution3		A Fublic Document	
1.	Agency Name			Date Stamp California		
	Alameda County				Form OUL	
	Division, Department, or Region (If Applicable)		· · · · · ·		For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Gabriela Christy					
	Area Code/Phone Number  E-mail	<u> </u>		Amendment (Must pr		
	(510) 272-6692 Gabriela.christ	ty@acgov.or	g	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information					
	Does the agency have a ticket policy?	′es⊠ No 🗌		of Each Ticket/Pass \$		
	Event Description 2017 Alameda County Fa	Date(s)6	<u> </u>	//		
	Ticket(s)/Pass(es) provided by agency?	íes 🛛 No 🗌		Name of Sou		
	Was ticket distribution made at the behest	If yes: Valle	, Richard- Supervisor [	District 2		
	of agency official?	Official's Name (L	.ast, First)			
3.	Recipients • Use Section A to identify the agency's department or un A. Name of Agency, Department or Unit	nit. • Use Section Number of Ticket(s); Pass(es)		ual. • Use Section C to ident		
	B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ing: Income	
			Ceremonial Role If checking "Ceremo	Other	Income [	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
	Viola Blythe Community Services Center 37365 Ash St, Newark, CA	40	To reward a nonp community.	rofit organization for its	contribution to the	
	nonprofit organized to promote, support and advoccate social and human service					

## 4. Verification

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

0

Spnature of Agency Head or Designee

Print Name

Gabriela Christy

Supervisor's Assistant

Title

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) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . Gabriela.christy@acgov.org (510) 272-6692 (Month, Day, Year) 2. Function or Event Information 15 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🗵 No 🗋 Event Description 2017 Alameda County Fair 2 for 1 tix 06 16 17 Date(s) \_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes 🛛 No 🗌 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy А. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Β. Ticket(s)/ (Last, First) Pass(es) Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Income Other Ceremonial Role 🔲 If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. Ticket(s)/ (include address and description) Pass(es) To reward a nonprofit organization for its contribution to the Afghan Coalition 35 community. 39155 Liberty St, Fremont, CA dedicated to strengthening Afghan families 4. Verification ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements 11 Gabriela Christv Supervisor's Assistant Title Print Name Signature of Agency Head or Designee Comment: \_

eremoniai Role						
Agency Name					Date Stamp	California 802
Alameda County						
Division, Department	t, or Region	(If Applicable)				For Official Use Only
Board of Supervisor	rs					
Designated Agency (	Contact (Nam	ne, Title)				
Gabriela Christy					Amondmont (Musto	rovide explanation in Part 3.)
Area Code/Phone Nu	imber E-r	mail				
(510) 272-6692	Ga	abriela.chris	sty@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
Function or Ever	nt Informa	tion				
Does the agency hav	/e a ticket po	blicy?	Yes 🗵 No 🕻	_ Face Value o	of Each Ticket/Pass \$ _	15
Event Description 20	017 Alameda	a County Fa	air 2 for 1 tix	Date(s) 06	5 , 16 <u>, 17</u>	/
Event Description 20	Pro	ovide Title/Explai	nation	Date(3)		
Ticket(s)/Pass(es) pr	ovided by ac	gency?	Yes 🛛 No [	] If no:	Name of So	
Was ticket distributio of agency official?	n made at th	ie behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor Official's Name (	
Recipients	with a paparoute d	lonartmant or u	unit A Lleo Soc	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
			Number of			
A. Name of Agency	, Department o	or Unit	Ticket(s)/	Describe the put	blic purpose made pursuan	t to the agency's policy
A. Name of Agency			Pass(es)			
B. Name	of Individual Las( First)		Number of Ticket(s)/		identify one of the follow	ving:
B. Name			Number of		Identify one of the follow	Income
B. Name			Number of Ticket(s)/	If checking "Ceremo Ceremonial Role	Other Other nial Role" or "Other" describe below:	Income
B. Name			Number of Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other	Income
B. Name	Las( First) tside Organiza ess and descrij	ption)	Number of 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:	Income
B. Name of Ou (include addred Matt Jimenez Com	tside Organiza ess and descrip nmunity Cen	nter	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 25	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a nonpr	Other  nial Role" or "Other" describe below:  Other  Other  nial Role" or "Other" describe below:  blic purpose made pursuan	Income
B. Name of Ou (include addred Matt Jimenez Com 28200 Ruus Rd, enrich the quality of	tside Organiza ess and descrip nmunity Cen	ption) hter r ety of activi	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 25	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a nonpr community.	Other  nial Role" or "Other" describe below:  Other  Other  nial Role" or "Other" describe below:  blic purpose made pursuan  rofit organization for its	Income
B. Name of Ou (include addred Matt Jimenez Com 28200 Ruus Rd, enrich the quality of community by prov	tside Organiza ess and descrip nmunity Cen	ption) hter r ety of activi	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 25	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a nonpr community.	Other  nial Role" or "Other" describe below:  Other  Other  nial Role" or "Other" describe below:  blic purpose made pursuan	Income
B. Name of Ou (include addred) Matt Jimenez Com 28200 Ruus Rd, enrich the quality of community by prov. Verification	tside Organiza ess and descrip nmunity Cen of life for our viding a vari	ption) hter r ety of activi	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 25	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a nonpr community.	Other  nial Role" or "Other" describe below:  Other  Other  nial Role" or "Other" describe below:  blic purpose made pursuan  rofit organization for its	Income

**A Public Document** 

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OOZ For Official Use Only	
Ī	Division, Department, or Regi	ion (If Applicable,	)			T Di Onicial Oscionity	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number	E-mail	· · · · ·		Amendment (Musi	provide explanation in Part 3.)	
	(510) 272-6692		isty@acgov.or	g	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Inform	mation			2	15	
	Does the agency have a ticke		Yes 🛛 No 🗆				
	Event Description 2017 Alar	neda County F Provide Title/Expl	air 2 for 1 tix	Date(s)0	<u>, 16 , 17</u>	/	
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🛛 No 🗆	I If no:			
		,			Name of S		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🗵	If yes: Valle	, Richard- Superviso Official's Name	e (Last, First)	
3.	• Use Section A to identify the agence	y's department or	unit. • Use Section	on B to identify an individ	ual. • Use Section C to id	entify an outside organization.	
		Number of			Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individu	lal	Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:	
	.2			Ceremonial Role	Other Inial Role" or "Other" describe belo	income [	
				Ceremonial Role	Other I		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursu	ant to the agency's policy	
	South Hayward Parish 27287 Patrick Ave,		35	To reward a nonpr community.	rofit organization for	its contribution to the	
	to engage people in the en partnership of building and						
4.	VerifiAntion	ons 18944.1 ar	nd 18942. I have ver	ified that the distribution se	forth above, is in accordance	e with the requirements.	

Gabriela Christy Print Name

Signature of Agency Head or Designee

X

Supervisor's Assistant

Title

A Public Document

Celemonial Role Lvei	no anu no	ACUT 435 L			AT ubite Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form OOZ For Official Use Only
Division, Department, or Re	gion (If Applicable	e)			For Onicial Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Gabriela Christy					
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692		risty@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	rmation				15
Does the agency have a tick		Yes 🛛 No 🗌		of Each Ticket/Pass \$ _	
Event Description 2017 Ala	meda County	Fair 2 for 1 tix	Date(s) 06	6 , 16 , 17	//
Event Description	Provide Title/Exp	blanation	Dute(0)		
Ticket(s)/Pass(es) provided	by agency?	Yes 🛛 No 🗌	اf no:	Name of Sc	
	, , ,				
Was ticket distribution made	e at the behest	No 🗋 Yes 🛛	If yes: Valle	, Richard- Supervisor Official's Name (	UISLITICI Z
of agency official?					
A. Name of Agency, Depart		Ticket(s)/ Pass(es)		olic purpose made pursuan	
B. Name of Individ (Lasi, First)	dual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role	Other Inial Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremo	D Other nial Role" or "Other" describe below	
C. Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
FESCO 21455 Birch St #5		30	To reward a nonpr community.	rofit organization for it	s contribution to the
to support homeless fam move from crisis to stabil					
4. Verification	.1 a	and 18942. I have ve	rified that the distribution set	forth above, is in accordance v	with the requirements.

1 and 18942. I have verified that the distribution set forth at	bove, is in accordance with the requirem
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Gabriela Christy

Print Name

Supervisor's Assistant
 Title

a (Month, Day,

Comment: \_

Signature of Agency Head or Designee

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) 272-6692 Gabriela.christy@acgov.org (Month, Day, Year) 2. Function or Event Information 15 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗋 Event Description \_\_\_\_\_ Alameda County Fair 2 for 1 tix 06 16 17 Date(s) \_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ Yes 🛛 No 🗌 Name of Source If ves: 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) Number of Β. Name of Individual Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Ruby's Place To reward a nonprofit organization for its contribution to the 20 1180 B St community. non-profit agency in Hayward that has provided shelter and supportive services

#### 4. Verification

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

Gabriela Christy

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment: \_

**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region	(If Applicable)			0	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nan	ne, Title)				
	Gabriela Christy					
	•	mail			Amendment (Must pro	ovide explanation in Part 3.)
		abriela.chris	ty@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Informa	tion				
	Does the agency have a ticket po	licy? ך	res 🛛 No 🕻	_ Face Value o	f Each Ticket/Pass \$	. 15
	Event Description 2017 Alamed	a County Fa	air 2 for 1 tix		, 16 , 17	1 1
	Event Description	vide Title/Explan	nation	Date(s)	//	//
	Ticket(s)/Pass(es) provided by ag	gency?	Yes 🗵 No [	☐ If no:		
					Name of Sou	
	Was ticket distribution made at th of agency official?	e behest	No 🗌 Yes [	If yes: Valle,	Richard- Supervisor E Official's Name (L	JISTRICT 2
_						
3.	• Use Section A to identify the agency's d	lepartment or ur	nit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Department of	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role If checking "Ceremon	Other tial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe celow:	Income
	C. Name of Outside Organizat (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Kidango- Hayward 680 Tennyson Rd, Hayward,		20	To reward a nonpro	ofit organization for its	contribution to the
	Day Care center, Infant center					

4. Verification
These read and understand EDDC Regulations 18944.1 and 18942. These verified that the distribution set forth above, is in accordance with the requirements.

Gabriela Christy Supervisor's Assistant -, Print Name Title

Agenc	v Namo						
_	a County				Date Stamp	California 802	
	, Department, or Regi	on (If Applicable	e)		-	For Official Use Only	
	- · ·		•,				
	of Supervisors ted Agency Contact (	Nome Title			_		
-	•••	wame, nue)					
	a Christy de/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	72-6692		risty@acgov.	ora	Date of Original Filing:		
· · · ·	on or Event Infor		nsty@acgov.			(Month, Day, Year)	
	agency have a ticket				of Each Ticket/Pass \$ _	15	
			Yes 🛛 No				
Event De	escription 2017 Alam	Provide Title/Exp	Hair 2 for 1 til	Date(s)	6 , 16 , 17	//	
licket(s)	/Pass(es) provided by	/ agency?	Yes 🛛 No	If no:	Name of Sc	ource	
Was tick	et distribution made a	t the behest	No 🗌 Yes	If yes. Valle	, Richard- Supervisor	District 2	
of agen	ncy official?			II yoo	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)		
Recipi	ents				· · · · · · · · · · · · · · · · · · ·		
Use Sect	tion A to identify the agency	/'s department or	_	tion B to identify an individ	lual. • Use Section C to iden	tify an outside organization.	
<b>A.</b> N	ame of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy	
			Pass(es)				
<u></u>							
<u></u>							
	Nome of Individua		Number of				
	Name of Individua (Last, First)	al de la constante de la consta	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
В.		1	Ticket(s)/	Ceremonial Role		ring:	
B.		1	Ticket(s)/				
B.		J	Ticket(s)/		Other		
B.		1	Ticket(s)/	If checking "Ceremo	Dother nial Role" or "Other" describe below:	Income	
B.		J	Ticket(s)/	If checking "Ceremo Ceremonial Role	Other  nial Role" or "Other" describe below:  Other  Other		
B.		1	Ticket(s)/	If checking "Ceremo Ceremonial Role	Dother nial Role" or "Other" describe below:	Income	
B.		J	Ticket(s)/	If checking "Ceremo Ceremonial Role	Other  nial Role" or "Other" describe below:  Other  Other	Income	
		ization	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other  nial Role" or "Other" describe below:  Other  Other		
C. Union C	(Last, First)	ization cription)	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:	Income	
<b>C</b> . Union ( 725 Wh	(Last, First) Name of Outside Organ (Include address and des Dity Kids Zone hipple Rd, Union City	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a nonpr	Other  nial Role" or "Other" describe below:  Other  Other  nial Role" or "Other" describe below:  blic purpose made pursuant	Income	
<b>C.</b> Union ( 725 Wh	(Last, First) Name of Outside Organ (include address and des City Kids Zone	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a nonpr	Other  nial Role" or "Other" describe below:  Other  Other  nial Role" or "Other" describe below:  blic purpose made pursuant	Income	
<b>C</b> . Union ( 725 Wh	(Last, First) Name of Outside Organ (include address and des City Kids Zone hipple Rd, Union City es "cradle to career"	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a nonpr	Other  nial Role" or "Other" describe below:  Other  Other  nial Role" or "Other" describe below:  blic purpose made pursuant	Income	
C. Union C 725 Wr promote	(Last, First) Name of Outside Organ (include address and des City Kids Zone hipple Rd, Union City es "cradle to career"	ization cription) , SUCCESS	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a nonpr community.	Other  nial Role" or "Other" describe below:  Other  Other  nial Role" or "Other" describe below:  blic purpose made pursuant	Income	
C. Union C 725 Wr promote	(Last, First) Name of Outside Organ (include address and des City Kids Zone hipple Rd, Union City es "cradle to career"	ization cription) , SUCCESS	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 30 d 18942. I have ve	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a nonpr community.	Other Inial Role" or "Other" describe below: Other Inial Role" or "Other" describe below: Inial	Income	
C. Union C 725 Wr promote	(Last, First) Name of Outside Organ (include address and des City Kids Zone hipple Rd, Union City es "cradle to career"	ization cription) , SUCCESS	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a nonpr community.	Other Inial Role" or "Other" describe below: Other I Other Inial Role" or "Other" describe below: blic purpose made pursuant ofit organization for its	Income	

1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applica	ble)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Gabriela Christy				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6692 Gabriela.c	hristy@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			·	· · · · · · · · · · · · · · · · · · ·
	Does the agency have a ticket policy?	Yes 🗵 🛛 No 🗌	Face Value c	of Each Ticket/Pass \$ _	15
	Event Description 2017 Alameda County	y Fair 2 for 1 tix	Date(s) 06	<u> </u>	1 1
	Provide Title/E	xplanation	Date(3)	//	
	Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No 🕻	] If no:		
			—	Name of So	
	Was ticket distribution made at the behest of agency official?	t No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor Official's Name (	Listifici Z
J.	• Use Section A to identify the agency's department	or unit. • Use Sect	ion B to identify an individ	ual. • Use Section C to iden	tifv an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	<u>-</u> *	lic purpose made pursuan	
		1 400(00)			
	B. Name of Individual (Last, First)	Number of 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 D	
				ial Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	Solid Rock Church	30		ofit organization for its	contribution to the
	5970 Thornton Ave		community.		
	Church located in Newark which helps and serves its community				

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

Gabriela Christy

Print Name

**A Public Document** 

Comment: \_

Signature of Agency Head of Designee

Supervisor's Assistant

Title

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6692 Gabriela.christy@acgov.org (Month, Day, Year) 2. Function or Event Information 15 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗌 Event Description 2017 Alameda County Fair 2 for 1 tix 06 16 17 Date(s) \_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗵 No 🗌 If 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) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) **Drivers for Survivors** To reward a nonprofit organization for its contribution to the 15 39270 Paseo Padre Pkwy, #355 community. provides free transportation service and supportive companionship for ambulatory Varification 4. 1h 1d FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Gabriela Christy Supervisor's Assistant

lead or Designee Print Name

\_\_\_\_

Comment: .

Title

				A Fublic Document
. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicable)	)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Gabriela Christy				
Area Code/Phone Number E-mail			Amendment (Must )	provide explanation in Part 3.)
(510) 272-6692 Gabriela.chri	istv@acqovic	na	Date of Original Filing:	
Function or Event Information				(Month, Day, Year)
	Yes 🛛 No 🗌	T Face Value o	of Each Ticket/Pass \$ _	15
		_		
Event Description 2017 Alameda County F	anation	Date(s)0	, 10 , 17	//
never(s) rass(es) provided by agency?	Yes 🛛 No 🗌		Name of Sc	ource
Was ticket distribution made at the behest	No 🗌 Yes 🗵	If ves: Valle,	, Richard- Supervisor	District 2
of agency official?			Official's Name (	(Last, First)
Recipients	·			
Use Section A to identify the agency's department or u		ion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Pass(es)			
	┥━───┤-			
-	Number of			
B. Name of Individual (Last First)	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
		Ceremonial Role		
			ial Role" or "Other" describe below:	
<u> </u>		Ceremonial Role		
			Other in Other is the below:	
				Income
Name of Outside Organization	Number of	If checking "Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon		
(include address and description)	Ticket(s)/ Pass(es)	If checking "Ceremon Describe the pub	ial Role" or "Other" describe below: lic purpose made pursuant	t to the agency's policy
C. Name of Outside Organization (include address and description) East Bay Community Recovery Project 22973 Sutro St, Hayward, CA 94541	Ticket(s)/	If checking "Ceremon Describe the pub To promote attenda	ial Role" or "Other" describe below: lic purpose made pursuant ance at a County spor	t to the agency's policy
East Bay Community Recovery Project 22973 Sutro St, Hayward, CA 94541	Ticket(s)/ Pass(es)	If checking "Ceremon Describe the pub To promote attenda	ial Role" or "Other" describe below: lic purpose made pursuant	t to the agency's policy
(include address and description) East Bay Community Recovery Project 22973 Sutro St, Hayward, CA 94541 supports self-sufficiency and wellness of	Ticket(s)/ Pass(es)	If checking "Ceremon Describe the pub To promote attenda	ial Role" or "Other" describe below: lic purpose made pursuant ance at a County spor	t to the agency's policy
(include address and description) East Bay Community Recovery Project 22973 Sutro St, Hayward, CA 94541 supports self-sufficiency and wellness of individuals and families	Ticket(s)/ Pass(es)	If checking "Ceremon Describe the pub To promote attenda	ial Role" or "Other" describe below: lic purpose made pursuant ance at a County spor	t to the agency's policy
(include address and description) East Bay Community Recovery Project 22973 Sutro St, Hayward, CA 94541 supports self-sufficiency and wellness of individuals and families	Ticket(s)/ Pass(es) 35	If checking "Ceremon Describe the pub To promote attenda maximize potential	ial Role" or "Other" describe below: lic purpose made pursuant ance at a County spor County revenue from	t to the agency's policy nsored event in order to concession sales.
(include address and description) East Bay Community Recovery Project 22973 Sutro St, Hayward, CA 94541 supports self-sufficiency and wellness of individuals and families	Ticket(s)/       Pass(es)       35       18942. I have verified	If checking "Ceremon Describe the pub To promote attenda maximize potential fied that the distribution set fo	ial Role" or "Other" describe below: lic purpose made pursuant ance at a County spor County revenue from	t to the agency's policy nsored event in order to concession sales.
(include address and description) East Bay Community Recovery Project 22973 Sutro St, Hayward, CA 94541 supports self-sufficiency and wellness of individuals and families	Ticket(s)/ Pass(es) 35	If checking "Ceremon Describe the pub To promote attenda maximize potential fied that the distribution set fo	ial Role" or "Other" describe below: lic purpose made pursuant ance at a County spor County revenue from	t to the agency's policy nsored event in order to concession sales.
(include address and description) East Bay Community Recovery Project 22973 Sutro St, Hayward, CA 94541 supports self-sufficiency and wellness of individuals and families	Ticket(s)/ Pass(es) 35 18942. I have verit Gabriela Ch	If checking "Ceremon Describe the pub To promote attenda maximize potential fied that the distribution set fo	ial Role" or "Other" describe below: lic purpose made pursuant ance at a County spor County revenue from orth above, is in accordance wi Supervisor's Assistan	t to the agency's policy nsored event in order to concession sales.
**A Public Document** 

eremonial Role Events and th	CREUF ass i	Distributions		A Fublic Document
Agency Name			Date Stamp	California 802
Alameda County				1 Shin
Division, Department, or Region (If Applicat	ole)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Gabriela Christy				
Area Code/Phone Number E-mail				provide explanation in Part 3.)
	hristy@acgov.c	org	Date of Original Filing	(Month, Day, Year)
Function or Event Information				15/10
Does the agency have a ticket policy?	Yes 🗵 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$ .	15/10
Event Description 2017 Alameda County Provide Title/E.	/ Fair	Date(s) 06	<u> </u>	//
Provide Title/E.	xplanation	Duto(0)		
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No [	If no:	Name of S	2011202
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor	(Last, First)
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department</li> </ul>	or unit a Lice Sec	tion B to identify an individ	lual. • Use Section C to ide	entify an outside organization.
_	Number of		blic purpose made pursua	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	In to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the folio	wing:
(Lasi, Fist)	Pass(es)			
Cutierrez Mericele		Ceremonial Role	Donial Role" or "Other" describe below	Income
Gutierrez, Maricela	51			er service to the public.
				,
		Ceremonial Role	Other 🛛	Income
Schmidt, Alia	5	-	onial Role" or "Other" describe belo	
		To reward a comr	nunity volunteer for h	er service to the public.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	ant to the agency's policy
tions 18944.1	l and 18942. I have v	erified that the distribution se	t forth above, is in accordance	with the requirements.
10944. /	Gabriela C		Supervisor's Assista	or local
	Gabriela		Title	(Month Day Veer)

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

Agency Nam					Date Stamp	California 802
Alameda County						Form OUZ
Division, Depar		on (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
Gabriela Chris	-	. ,				
Area Code/Pho	•	E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must p	
(510) 272-669			isty@acgov.@	org	Date of Original Filing:	(Month, Day, Year)
Function or		mation				
Does the agen	cy have a ticke	t policy?	Yes 🛛 No [	Face Value of	of Each Ticket/Pass \$ _	15/10
Event Descripti	2017 Alam	neda County F	air	Date(s) 06	5 , 16 , 17	//
Event Descripti	ion	Provide Title/Expl	anation	Date(3)	//	
Ticket(s)/Pass(	es) provided b	y agency?	Yes 🛛 No [	If no:	Name of So	
Was ticket dist of agency offi		at the behest	No 🗌 Yes 🛛	If yes: <u>valle</u>	, Richard- Supervisor Official's Name (	Last, First)
		·····				
Use Section A to	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individ					tify an outside organization.
	Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
			Number of			
B.	Name of Individu (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ring:
Frausto, Dina			5/1	-	nial Role" or "Other" describe below:	Income
				I o reward a comm	nunity volunteer for he	r service to the public.
<u> </u>				Ceremonial Role	Other 🔀	Income
Jensen, Carr	ie		14 A	If checking "Ceremo	nial Role" or "Other" describe below: nunity volunteer for he	r service to the public.
C. Namo (includ	e of Outside Orga e address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
•			nd 18942. I have vi	erified that the distribution set	forth above, is in accordance w	vith the requirements.
		<i>-</i>	Gabriela C		Supervisor's Assistar	an 12010
Signature of A	gency meau or besigne		Print Nar		Title	(Month, Day, Year)
Comment:						5000 Form 802 (4

Agency Name				Date Stamp	California QO2	
	Alameda County				Form 802	
Division, Department, or Reg	ion (If Applicable			For Official Use Only		
Board of Supervisors						
-	Designated Agency Contact (Name, Title)					
Gabriela Christy						
Area Code/Phone Number	E-mail		<u>,</u> . <u></u>		rovide explanation in Part 3.)	
(510) 272-6692	Gabriela.chr	isty@acgov.c	org	Date of Original Filing: .	(Month, Day, Year)	
Function or Event Info	rmation				15/10	
Does the agency have a tick	et policy?	Yes 🛛 No 🛛		of Each Ticket/Pass \$ _		
Event Description _2017 Ala	meda County F	air	Date(s)06	<u> </u>	//	
	Provide Title/Expl	lanation				
Ticket(s)/Pass(es) provided	by agency?	Yes 🖾 🛛 No 🛛	If no:	Name of So	urce	
AND ADD ADD ADD ADD ADD ADD ADD ADD ADD						
Was ticket distribution made of agency official?	at the benest	No 🗋 Yes 🕻	X If yes:	, Richard- Supervisor   Official's Name (I	Last, First)	
• 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 org					tify an outside organization.	
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
		Pass(es)				
			· · · · · · · · · · · · · · · · · · ·			
B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	ing:	
(Last First)		Pass(es)		Other 🔀		
Sanders, Daniel			Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below:		
•••••••••		21	To reward a comm	nunity volunteer for his	service to the public.	
		· ·	·			
			Ceremonial Role		Income	
Wimsett, James		1	-	mial Role" or "Other" describe below:	service to the public	
		1		a community volunteer for his service to the public.		
C Name of Outside Org	anization	Number of	Durite the		t to the econovia policy	
C. Name of Outside Org (include address and d		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
			· ·			
I. Verification			G.		· · · · · · · · · · ·	
l ha	ilations 18944.1 ai	nd 18942. I have ve	erified that the distribution set	t forth above, is in accordance w	vith the requirements.	
		Gabriela C	Christy	Supervisor's Assistar	nt 04/30/17	
— — — — — — —	9	Print Nan		Title	(Month, Day, Year)	
Comment:					FPPC Form 802 (4/1	

1.	Anonov Nomo				Data Stamp	California 000
	Agency Name				Date Stamp	California Form 802
	Alameda County	am /16 A 11 6			-	For Official Use Only
	Division, Department, or Regi	оп (іт Арріісарі	e)			
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Gabriela Christy					revide evelopeirs in Dect 2.)
	Area Code/Phone Number	E-mail		<u> </u>		rovide explanation in Part 3.)
	(510) 272-6692	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	of Each Ticket/Pass \$ _	15/10
	Event Description 2017 Alam	neda County	Fair		5 , 16 , 17	//
	Event Description	Provide Title/Exp	planation	Date(s)	//	/
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🛛 No	□ lf no:	Name of So	
		,, -				
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name (	District 2
	of agency official?					Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department o	r unit. • Use Sec Number of	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the pu	blic purpose made pursuant	t to the agency's policy
	,		Pass(es)			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ring:
	B. Name of Individua (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
	(Lasi, Frist)	al	Ticket(s)/	Ceremonial Role	Other 🔀	ing: Income
	B. Name of Individua (Lasi, First) Cisneros	al	Ticket(s)/	If checking "Ceremo	Dther X	Income
	(Lasi, Frist)	al	Ticket(s)/	If checking "Ceremo	Other 🔀	Income
	(Lasi, Frist)	al	Ticket(s)/	If checking "Ceremo	Other Inial Role" or "Other" describe below: nunity volunteer for his	Income
	(Lasi, Frist)	al	Ticket(s)/	If checking "Ceremo To reward a comn Ceremonial Role	Other Inial Role" or "Other" describe below: nunity volunteer for his	Income
	(Lasi, Frist)	al	Ticket(s)/	If checking "Ceremo To reward a comn Ceremonial Role	Other  O	Income
	(Lasi, Frist)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role	Other  O	Income
	Cisneros , ARTY	nization	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role If checking "Ceremo	Other  O	Income
	(Lasi, Frist) Cisneros , ARTY	nization	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role If checking "Ceremo	Other  Other  Control of the service below: nual Role" or "Other" describe below: Other  Other  Cother  Cothe	Income
	Cisneros , ARTY	nization	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role If checking "Ceremo	Other  Other  Control of the service below: nual Role" or "Other" describe below: Other  Other  Cother  Cothe	Income
	Cisneros , ARTY	nization	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role If checking "Ceremo	Other  Other  Control of the service below: nual Role" or "Other" describe below: Other  Other  Cother  Cothe	Income
	Cisneros , ARTY	nization	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role If checking "Ceremo	Other  Other  Control of the service below: nual Role" or "Other" describe below: Other  Other  Cother  Cothe	Income
	Cisneros , ARTY	nization	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role If checking "Ceremo	Other  Other  Control of the service below: nual Role" or "Other" describe below: Other  Other  Cother  Cothe	Income
4.	Cisneros , ARTY	nization	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role If checking "Ceremo	Other  Other  Control of the service below: nual Role" or "Other" describe below: Other  Other  Cother  Cothe	Income
4.	(Last First) Cisneros , APTY C. Name of Outside Organ (include address and det	nization scription)	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo Describe the pu	Other  Other  Control of the service below: nual Role" or "Other" describe below: Other  Other  Cother  Cothe	Income
4.	Cisneros , ARTY C. Name of Outside Organ (include address and des Verification	nization scription)	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comm Ceremonial Role If checking "Ceremo Describe the pu	Other Other Image: Control of the service below: Dunity volunteer for his Other Image: Other Other Image: Ot	Income

Agency Name				<b>5</b> ( ) ()	the second
Alexande Oswatu		Date Stamp	California 802		
Alameda County					Form
Division, Department, or Region (If Applicable)					For Official Use Only
Board of Supervisors					
	lame, Title)				
Gabriela Christv					
	E-mail			. C Amendment (Must pr	rovide explanation in Part 3.)
(510) 272-6692	Gabriela.chri	sty@acgov.	org	Date of Original Filing: .	(Month, Day, Year)
Function or Event Inform	nation				( <i>Institut, Bay, Toury</i>
Does the agency have a ticket	policy?	Yes 🕅 No	Face Value o	f Each Ticket/Pass \$	15/10
	eda County F	air		<u>, 16 , 17</u>	//
	,		☐ If no:	Name of So	urre
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes			District 2
Recipients	s denartment or i	unit a Lleo Soc	tion B to identify an individu	ual a Lico Soction C to ident	
A		Number of Ticket(s)/ Pass(es)			
			· · · · ·		
B. Name of Individual (Lasi, Firsi)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
Gonzalez, Michele		efi	-		Income
Gonzalez, Robert		भ	If checking "Ceremon	ial Role" or "Other" describe below:	Income
		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					20
	Board of Supervisors Designated Agency Contact (A Gabriela Christy Area Code/Phone Number (510) 272-6692 Function or Event Inform Does the agency have a ticket Event Description 2017 Alame Ticket(s)/Pass(es) provided by Aas ticket distribution made at of agency official? Recipients Use Section A to identify the agency' A. Name of Agency, Departmen B. Name of Individual (Lasi, First) Gonzalez, Michele Gonzalez, Robert C. Name of Outside Organiz	Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Function or Event Information Does the agency have a ticket policy? Event Description 2017 Alameda County F Provide Title/Explo Ticket(s)/Pass(es) provided by agency? Avas ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit B. Name of Agency, Department or Unit B. Name of Individual (Lasi, First) Gonzalez, Michele Gonzalez, Robert	Board of Supervisors         Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number (510) 272-6692       E-mail Gabriela.christy@acgov.         Function or Event Information Does the agency have a ticket policy? Yes ⊠ No         Event Description       2017 Alameda County Fair Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency? Yes ⊠ No         Nas ticket distribution made at the behest of agency official?       No □ Yes         Recipients         Use Section A to identify the agency's department or unit.       • Use Section A to identify the agency's department or unit.         B.       Name of Individual (Lest, First)         Gonzalez, Michele       Image: First)         Gonzalez, Robert       Image of Outside Organization Ticket(s)/         Name of Outside Organization (include address and description)       Number of Ticket(s)/	Board of Supervisors         Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number       E-mail         (510) 272-6692       Gabriela.christy@acgov.org         Function or Event Information       Does the agency have a ticket policy? Yes ⊠ No □       Face Value of Event Description         2017 Alameda County Fair       Date(s)	Board of Supervisors

## 4. Verification

1

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

	Gabriela Christy	Supervisor's Assistant	06/30/17
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			Form OUZ			
	Division, Department, or Reg	ion (If Applicable	)		-	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	-				
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must )	provide explanation in Part 3.)	
	(510) 272-6692	1	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	15/10	
	Event Description Alan	neda County I Provide Title/Exp	air	Date(s)0	<u>5</u> <u>16</u> <u>17</u>	//	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗵 No	If no:	Name of S	ource	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor	District 2	
	of agency official?				Official's Name (Last, First)		
	A. Name of Agency, Department or Unit			ction B to identify an individ	public purpose made pursuant to the agency's policy		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuan	t to the agency's policy	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuan	t to the agency's policy	
	A. Name of Agency, Department B. Name of Individu (Last, First)		Ticket(s)/	Describe the pu	olic purpose made pursuan		
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ving:	
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follow	ving:	
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follow	ving:	
	B. Name of Individu (Last, First) Miley, Angelina		Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremo To reward a Coun	Identify one of the follow	ving:	
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a Coun public. Ceremonial Role If checking "Ceremo	Identify one of the follow         Other         Other         mial Role" or "Other" describe below.         ty employee for her exployee for her exployee for her exployee for her explored.         Other       Other         Image: Other "Other" describe below.	ving: Income	
	B. Name of Individu (Last, First) Miley, Angelina		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a Coun public. Ceremonial Role If checking "Ceremo	Identify one of the follow         Other         Other         mial Role" or "Other" describe below.         ty employee for her exployee for her exployee for her exployee for her explored.         Other       Other         Image: Other "Other" describe below.	ving: Income	
	B. Name of Individu (Last, First) Miley, Angelina	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To reward a Coun public. Ceremonial Role If checking "Ceremo To reward a Coun public.	Identify one of the follow         Other         Other         mial Role" or "Other" describe below.         ty employee for her exployee for her exployee for her exployee for her explored.         Other       Other         Image: Other "Other" describe below.	ving: Income C kemplary service to the Income C	
	B. Name of Individu (Last, First) Miley, Angelina Miley, Christopher C. Name of Outside Orga	al	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         \/	Ceremonial Role If checking "Ceremo To reward a Coun public. Ceremonial Role If checking "Ceremo To reward a Coun public.	Identify one of the follow         Other X         nial Role" or "Other" describe below.         ty employee for her ex         Other X         nial Role" or "Other" describe below.         ty employee for her ex         nial Role" or "Other" describe below.         ty employee for her ex         nial Role" or "Other X         nial Role" or "Other ther ex         ty employee for his ex	ving: Income kemplary service to the Income semplary service to the	
	B. Name of Individu (Last, First) Miley, Angelina Miley, Christopher C. Name of Outside Orga	al	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         \/	Ceremonial Role If checking "Ceremo To reward a Coun public. Ceremonial Role If checking "Ceremo To reward a Coun public.	Identify one of the follow         Other X         nial Role" or "Other" describe below.         ty employee for her ex         Other X         nial Role" or "Other" describe below.         ty employee for her ex         nial Role" or "Other" describe below.         ty employee for her ex         nial Role" or "Other X         nial Role" or "Other ther ex         ty employee for his ex	ving: Income [ kemplary service to the Income [	
	B. Name of Individu (Last, First) Miley, Angelina Miley, Christopher C. Name of Outside Orga	al	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         \/	Ceremonial Role If checking "Ceremo To reward a Coun public. Ceremonial Role If checking "Ceremo To reward a Coun public.	Identify one of the follow         Other X         nial Role" or "Other" describe below.         ty employee for her ex         Other X         nial Role" or "Other" describe below.         ty employee for her ex         nial Role" or "Other" describe below.         ty employee for her ex         nial Role" or "Other X         nial Role" or "Other ther ex         ty employee for his ex	ving: Income C kemplary service to the Income C	

Gabriela Christy Print Name Supervisor's Assistant

00 50

Signature of Agency Head or Designee

Title

. Agency	/ Name				Date Stamp	California 802
Alameda	Alameda County					Form OOZ
Division,	Division, Department, or Region (If Applicable)					For Official Use Only
	f Supervisors					
Designat	Designated Agency Contact (Name, Title)					
Gabriela	a Christy				Amendment (Must p	rovide explanation in Part 3.)
Area Coc	de/Phone Number	E-mail		<u> </u>		, ,
(510) 27	2-6692	Gabriela.chr	isty@acgov.	org	Date of Original Filing:	(Month, Day, Year)
. Functio	on or Event Infor	mation				15/10
Does the	agency have a ticke	t policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	· · · · · · · · ·
Event De	escription 2017 Alar	neda County F Provide Title/Expl	air Anation	Date(s)6	<u>, 16 , 17</u>	//
Ticket(s)	/Pass(es) provided b		Yes 🛛 No	lf no:	Name of So	
	et distribution made a cy official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name (	Last First)
-						
<ol> <li>Recipie</li> <li>Use Section</li> </ol>		y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
<b>A.</b> Na	ame of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	t to the agency's policy
В.	Name of Individu (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	īng:
	(Last. First)	al	Ticket(s)/		Other 🛛	
		al	Ticket(s)/	If checking "Ceremon	Dther X	Income
	(Last. First)	al	Ticket(s)/	If checking "Ceremon To promote attend	Dther X	Income
Boskovi	(Last, First) ich, Alexandra	al	Ticket(s)/	If checking "Ceremon To promote attend maximize potential Ceremonial Role	Other  o	Income C nsored event in order to concession sales
Boskovi	(Last. First)	al	Ticket(s)/	If checking "Ceremon To promote attend maximize potential Ceremonial Role If checking "Ceremon	County revenue from County revenue from County revenue from County rouce at a County spor	Income
Boskovi	(Last, First) ich, Alexandra	al	Ticket(s)/	If checking "Ceremon To promote attend maximize potential Ceremonial Role If checking "Ceremon To promote attend	County revenue from County revenue from County revenue from County rouce at a County spor	Income C nsored event in order to concession sales Income C nsored event in order to
Boskovi Amgott-	(Last, First) ich, Alexandra	nization	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend maximize potential Ceremonial Role If checking "Ceremon To promote attend maximize potential	County revenue from County accribe below: County ance at a County spore C	Income
Boskovi Amgott-	(Last. First) ich, Alexandra -Kwan, Jared Name of Outside Orga	nization	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend maximize potential Ceremonial Role If checking "Ceremon To promote attend maximize potential	Other      Other      Other      other      other describe below:     ance at a County spor     County revenue from     Other      Other      nial Role" or "Other" describe below:     ance at a County spor     County revenue from	Income
Boskovi Amgott-	(Last. First) ich, Alexandra -Kwan, Jared Name of Outside Orga	nization	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend maximize potential Ceremonial Role If checking "Ceremon To promote attend maximize potential	Other      Other      Other      other      other describe below:     ance at a County spor     County revenue from     Other      Other      nial Role" or "Other" describe below:     ance at a County spor     County revenue from	Income
Boskovi Amgott-	(Last. First) ich, Alexandra -Kwan, Jared Name of Outside Orga	nization	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend maximize potential Ceremonial Role If checking "Ceremon To promote attend maximize potential	Other      Other      Other      other      other describe below:     ance at a County spor     County revenue from     Other      Other      nial Role" or "Other" describe below:     ance at a County spor     County revenue from	Income
Boskovi Amgott-	(Last. First) ich, Alexandra -Kwan, Jared Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend maximize potential Ceremonial Role If checking "Ceremon To promote attend maximize potential Describe the put	Other  O	Income
Boskovi Amgott-	(Last. First) ich, Alexandra -Kwan, Jared Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend maximize potential Ceremonial Role If checking "Ceremon To promote attend maximize potential Describe the put	Other      Other      Other      other      other describe below:     ance at a County spor     County revenue from     Other      Other      nial Role" or "Other" describe below:     ance at a County spor     County revenue from	Income

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 Gabriela.christy@acgov.org (Month, Day, Year) 2. Function or Event Information 15/10 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗌 Event Description 2017 Alameda County Fair 06 16 17 1 Date(s) \_ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ 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) Number of Name of Individual В. Ticket(s)/ Pass(es) identify one of the following: (Lasi, First) Other 🔀 Ceremonial Role Income Huerta, Ricardo If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales Ceremonial Role Other 🔀 Income Potter, Laurel 1 If checking "Ceremonial Role" or "Other" describe below:

		9/1	To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	······································		

#### 4. Verification

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

Gabriela Christy	Supervisor's Assistant	ce su l'
Print Name	Title	(Month, Day, Year)

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) 272-6692 Gabriela.christy@acgov.org (Month, Day, Year) 2. Function or Event Information 15/10 Face Value of Each Ticket/Pass \$ \_\_\_\_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description 2017 Alameda County Fair 06 16 17 Date(s) \_ 1 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: \_ 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)

	Ceremonial Role 🗌 Other 🛛 Income
211	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.
411	Ceremonial Role Dother Income Income It checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
-	
	Ticket(s)/

#### 4. Verification

1

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

	Gabriela Christy	Supervisor's Assistant
Signature of Agency Head or Designee	Print Name	Title

Comment: \_

Ce	eremonial Role Events and Ticl	ket/Pass	Distributions	A Public Docum		
	Agency Name	Date Stamp	California 802			
	Alameda County				Torm	
	Division, Department, or Region (If Applicable,		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Gabriela Christy					
	Area Code/Phone Number E-mail	Amendment (Must p	rovide explanation in Part 3.)			
	(510) 272-6692 Gabriela.chri				(Month, Day, Year)	
2.	Function or Event Information				15/10	
	Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	15/10	
	Event Description 2017 Alameda County F	air	Date(s)06	<u>, 16 , 17</u>	/	
	Provide Title/Expla	anation				
	Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No	🗌 lf no:	Name of So		
	Was ticket distribution made at the behest			, Richard- Supervisor I		
	of agency official?	No 🗌 Yes	If yes:	Official's Name (i	Last, First)	
3	Recipients					
	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 or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
		1				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Maxi, Micheal		Ceremonial Role	Dther X	Income	
		5/2		ance at a County spor County revenue from	nsored event in order to concession sales.	
	Sanborn, Robert	,		Other X nial Role" or "Other" describe below:	Income	
		5/1	To promote attend		nsored event in order to concession sales.	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	

#### 4. Verification

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

			120/1-
	Gabriela Christy	Supervisor's Assistant	06/30/17
Signature of Agency mead of Designee	Print Name	Title	(Month, Day, Year)

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



#### Agency Name

Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Macavoy, Zion	5/1	Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.
Macavoy, Zoey	5	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.
Rodriquez, Jessica	5	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.
Rodriguez, Robert	5	Ceremonial Role Other Other . Income I If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event in order to maximize potential County revenue from concession sales.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

A Public Document

_						A Fublic Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County				Form 002			
	Division, Department, or Reg	ion (If Applicable	1	For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)		·	4			
	Gabriela Christy							
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 272-6692		istv@accov.	ora	Date of Original Filing: _			
2		(510) 272-6692 Gabriela.christy@acgov.org Date of Original Filing:						
<u>.</u>	Does the agency have a ticke		Yes 🗵 No	🗖 🛛 🗖 Eace Value d	of Each Ticket/Pass \$	15/10		
	Event Description 2017 Alan		anation	Date(s)	<u> </u>	//		
	Ticket(s)/Pass(es) provided b	y agency?	[] If no:	Name of Sou	irce			
	Was ticket distribution made a	at the behest	No 🗋 Yes	Valle,	, Richard- Supervisor [	District 2		
	of agency official?				e, Richard- Supervisor District 2 Official's Name (Last, First)			
	Recipients     • Use Section A to identify the agency's department or u     A. Name of Agency, Department or Unit     B. Name of Individual     (Last First)		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ident			
			Number of Ticket(s)/		Identify one of the following	ng:		
			Pass(es)					
	Macavoy, Regina		in .	Ceremonial Role	Dther X Nial Role" or "Other" describe below:	Income		
			φ.		ance at a County spon County revenue from	sored event in order to concession sales.		
	Foriada Carlos			Ceremonial Role		Income		
	Farjado, Carlos		$(0)$	_	ial Role" or "Other" describe below:			
					County revenue from	sored event in order to concession sales.		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
					·			
4	Verification	·						
- <b>1</b>	A PROPERTY OF THE TAXABLE PROPERTY OF THE TAXABLE PROPERTY OF THE TAXABLE PROPERTY OF THE TAXABLE PROPERTY OF T							

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

Supervisor's Assistant

Gabriela Christy

Print Name

Comment: \_\_\_\_

Title

A Public Document

						A Public Document
1.	Agency Name			-	Date Stamp	California 802
	Alameda County			Form 002		
	Division, Department, or Regi	i <b>on</b> (If Applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	-			
	Cabriela Christy					
	Gabriela Christy           Area Code/Phone Number         E-mail				Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.chri	stv@acoov.	ora	Date of Original Filing:	
2	Function or Event Infor				1	(Month, Day, Year)
	Does the agency have a ticke		Yes 🛛 No [	T Face Value o	of Each Ticket/Pass \$ _	15/10
	Event Description 2017 Alameda County Fair Date(s) Date(s)					//
	T					
	Ticket(s)/Pass(es) provided by	y agency?	If no:	Name of So	urce	
	Was ticket distribution made a	at the behest	No 🗌 Yes [	X If yes. Valle,	, Richard- Supervisor Official's Name (	District 2
	of agency official?			n yos	Official's Name (	Last, First)
	• Use Section A to Identify the agency's department or u A. Name of Agency, Department or Unit		nit. • Use Sector Number of Ticket(s)/ Pass(es)		ual. • Use Section C to iden	
			Number of			
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	îng:
				Ceremonial Role If checking "Ceremon	Other X ial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other  Other  International  Other   Income	
	C. Name of Outside Organization (include address and description) Tennyson All America Festival 2451 W. Tennyson Rd., Hayward, CA		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			15/2	To promote attenda maximize potential	ance at a County spor County revenue from	nsored event in order to concession sales.
	Hayward celebrates the 24 <sup>2</sup> the country and build pride					
4.	Varificatión 1.	ions 18944.1 and	18942. I have vei	rified that the distribution set f	orth above, is in accordance wi	th the requirements.

-	_	Gabriela Christy	Supervisor's Assistant	oup 17
- Signature of Agency mean of Designee		Print Name	Title	(Month, Day, Year)

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

ion A to identify the agenc	(Name, Title) <b>E-mail</b> sarah.oddie <b>mation</b> et policy? game Provide Title/Exp by agency? at the behest	e@acgov.org Yes X No [ planation Yes No I No Yes [	Date(s) <u>06</u> , <u>15</u> , <u>17</u> If no: <u>Oakland A's</u> Name of Source					
Department, or Regination of Supervisors and Agency Contact (Contact (Conta	(Name, Title) <b>E-mail</b> sarah.oddie <b>mation</b> et policy? game Provide Title/Exp by agency? at the behest	e@acgov.org Yes X No [ planation Yes No I No Yes [	For Official Use Only         For Official Use Only         For Official Use Only         Amendment (Must provide explanation in Part 3.)         Date of Original Filing:         (Month, Day, Year)         Face Value of Each Ticket/Pass \$         \$90 ticket/\$20 park         Date(s)       06         15       17         Name of Source         If no:       Oakland A's         Name of Source					
f Supervisors ed Agency Contact ( Oddie de/Phone Number 72-6693 on or Event Inform agency have a ticket escription Baseball g /Pass(es) provided b et distribution made a cy official?	(Name, Title) <b>E-mail</b> sarah.oddie <b>mation</b> et policy? game Provide Title/Exp by agency? at the behest	e@acgov.org Yes X No [ planation Yes No I No Yes [	Amendment (Must provide explanation in Part 3.)     Date of Original Filing:					
ed Agency Contact ( Oddie de/Phone Number 72-6693 On or Event Inform agency have a ticke escription Baseball g /Pass(es) provided b et distribution made a cy official? ents	E-mail sarah.oddie mation et policy? game Provide Title/Exp by agency? at the behest	Yes 🛛 No [ planation Yes 🗌 No [ No 🗌 Yes [	Date of Original Filing:					
Oddie de/Phone Number 72-6693 on or Event Inform agency have a ticke escription Baseball g /Pass(es) provided b et distribution made a cy official? ents lion A to identify the agence	E-mail sarah.oddie mation et policy? game Provide Title/Exp by agency? at the behest	Yes 🛛 No [ planation Yes 🗌 No [ No 🗌 Yes [	Date of Original Filing:					
de/Phone Number 72-6693 on or Event Inform agency have a ticke escription Baseball g /Pass(es) provided b et distribution made a cy official? ents	sarah.oddie mation et policy? game Provide Titte/Exp by agency? at the behest	Yes 🛛 No [ planation Yes 🗌 No [ No 🗌 Yes [	Date of Original Filing:					
de/Phone Number 72-6693 on or Event Inform agency have a ticke escription Baseball g /Pass(es) provided b et distribution made a cy official? ents	sarah.oddie mation et policy? game Provide Titte/Exp by agency? at the behest	Yes 🛛 No [ planation Yes 🗌 No [ No 🗌 Yes [	Date of Original Filing:					
on or Event Informed agency have a ticked escription Baseball g /Pass(es) provided b et distribution made a cy official?	mation et policy? game Provide Title/Exp by agency? at the behest	Yes 🛛 No [ planation Yes 🗌 No [ No 🗌 Yes [	Face Value of Each Ticket/Pass \$\$90 ticket/\$20 park Date(s) Date(s)// If no: Oakland A's Name of Source If yes: Chan, Wilma					
e agency have a ticke escription Baseball g /Pass(es) provided b et distribution made a cy official? ents	et policy? game <i>Provide Title/Exp</i> by agency? at the behest	planation Yes ☐ No [ No ☐ Yes [	Face Value of Each Ticket/Pass \$\$90 ticket/\$20 park     Date(s) 061517/      If no: Oakland A's     Name of Source     If yes: Chan, Wilma					
e agency have a ticke escription Baseball g /Pass(es) provided b et distribution made a cy official? ents	et policy? game <i>Provide Title/Exp</i> by agency? at the behest	planation Yes ☐ No [ No ☐ Yes [	Date(s) <u>06</u> <u>15</u> <u>17</u> <u></u> Date(s) <u>06</u> <u>Name of Source</u> If no: <u>Oakland A's</u> Name of Source      If yes: Chan, Wilma					
/Pass(es) provided b et distribution made a cy official? ents ion A to identify the agenc	at the behest	planation Yes ☐ No [ No ☐ Yes [	Date(s) <u>06</u> , <u>15</u> , <u>17</u> If no: <u>Oakland A's</u> Name of Source					
/Pass(es) provided b et distribution made a cy official? ents ion A to identify the agenc	at the behest	Yes 🗌 No 🛛 No 🗌 Yes 🕻	If no: Oakland A's Name of Source					
et distribution made a cy official? ents ion A to identify the agenc	at the behest	No 🗌 Yes [	Name of Source					
et distribution made a cy official? ents ion A to identify the agenc	at the behest	No 🗌 Yes [	Name of Source					
cy official? ents lon A to identify the agenc	ৰ প্ৰদায় নিৰ্দান নাৰ্ভালন		If yes: <u>Chan, Wilma</u> Official's Name (Last, First)					
ents ion A to identify the agenc	cy's department o	or unit e Use Sec	Official's Name (Last, First)					
ion A to identify the agenc	cy's department o	or unit • Use Sec						
	cy's department o	r unit e Use Sec	Recipients					
	Number of		tion B to identify an individual. • Use Section C to identify an outside organization.					
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
Name of Individu	Jaj	Number of Ticket(s)/	Identify one of the following:					
(Last First)		Pass(es)						
			Ceremonial Role D Other D Income If checking "Ceremonial Role" or "Other" describe below:					
			Ceremonial Role D Other D 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					
2000 Park Blvd, Oal	kland, CA	5	To reward a school or nonprofit organization for its contribution to the community					
and family services								
2	(Lasi, First) Name of Outside Orga (include address and de 2000 Park Blvd, Oa	Name of Outside Organization (include address and description) 2000 Park Blvd, Oakland, CA and family services ation	Name of Individual (Last First)     Ticket(s)/ Pass(es)       Name of Outside Organization (include address and description)     Number of Ticket(s)/ Pass(es)       2000 Park Blvd, Oakland, CA     5       and family services     1					

 Sarah Oddie
 Supervisor's Assistant
 06.30.2017

 Print Name
 Title
 (Month, Day, Year)

Comment: \_

	Agency Name				Date Stamp	California <b>Q12</b>
	Alameda County			Form 002		
	Division, Department, or Regi	on (If Applicable	-	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (i	Name, Title)				
	Sarah Oddie		Amendment (Must	provide explanation in Part 3.)		
	Area Code/Phone Number	É-mail			<b>  -</b>	
2	(510) 272-6693		@acgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform					\$100
	Does the agency have a ticket		of Each Ticket/Pass \$ _			
	Event Description Baseball g	ame		Date(s)	6 , 16 , 17	//
	·	Provide Title/Exp	anation			
	Ticket(s)/Pass(es) provided by	y agency?	and A's Name of S	ource		
	Was ticket distribution made a	it the hehest	n, Wilma			
	of agency official?	it the benest	If yes: Cha	Official's Name	(Last, First)	
8	Recipients	91 97 <u>13</u> 15 191	<u></u>	E	र्थ्यास्त्र क्रिटिंग्रंड स	a (), <u>a 200 - 10 2 a 10 a</u>
••	• 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)/ Pass(es)	Describe the p	ublic purpose made pursuar	nt to the agency's policy	
	*					
	R Name of Individua	al	Number of			
	B. Name of Individua (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	
	B. Name of Individua (Last, First) Mendieta, Rene	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceren		Income
	(Last, First)	al	Ticket(s)/	If checking "Ceren To promote atten	Other	
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Cerem To promote atten facilitymaximize Ceremonial Rol	Other	Income a County nueconcession sales
	(Last, First)	nization	Ticket(s)/ Pass(es) 2	If checking "Cerent To promote atten facilitymaximize Ceremonial Role If checking "Cerent	Other     Other     onnial Role" or "Other" describe below danceevent held at a potential County reve     Other	Income
	(Last, First) Mendieta, Rene	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerent To promote atten facilitymaximize Ceremonial Role If checking "Cerent	Other Other Other Other danceevent held at a potential County rever Other	Income
	(Last, First) Mendieta, Rene C. Name of Outside Organ (include address and dea	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerent To promote atten facilitymaximize Ceremonial Role If checking "Cerent	Other Other Other Other danceevent held at a potential County rever Other	Income
4.	(Last, First) Mendieta, Rene	nization scription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Cerem To promote atten facilitymaximize Ceremonial Rol- If checking "Cerem Describe the p	Other Other danceevent held at a potential County rever Other Other Other Other County rever Other County rever Other County rever	Income
4.	(Last, First) Mendieta, Rene C. Name of Outside Organ (include address and dea Verification	nization scription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Cerem To promote atten facilitymaximize Ceremonial Rol- If checking "Cerem Describe the p	Other Other Other Other danceevent held at a potential County rever Other	Income

	Agency Name			Date Stamp	California 000	
	Alameda County		Form 802			
	Division, Department, or Region (If Appli	-	For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	4				
	Sarah Oddie					
	Area Code/Phone Number E-mail	Amendment (Must p	rovide explanation in Part 3.)			
		die@acgov.org		Date of Original Filing:		
- -	Function or Event Information		9 22 572 FD 1 9	(Month, Day, Year)		
٤.	Does the agency have a ticket policy?	Yes 🔀 No		of Each Ticket/Pass \$	\$80 ticket/\$20 parking	
	Event Description Baseball game	6 _ 21 _ 17	//			
		If no: Oakia	and A's			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of So	urce	
	Was ticket distribution made at the behe of agency official?	est No 🗌 Yes	If yes: <u>Cha</u>			
3.	Recipients • Use Section A to identify the agency's departme	dual. • Use Section C to ident	tify an outside organization.			
	A. Name of Agency, Department or Unit	Number of		blic purpose made pursuant		
	The manie of Agency, Department of Unit	Ticket(s)/ Pass(es)	Describe the pt	ione purpose made pursuant	to the agency's policy	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Cerem	Identify one of the follow	Ing:	
	B. Name of Individual (Last, First)	Ticket(s)/	If checking "Cerem Ceremonial Role	Other Donial Role" or "Other" describe below:		
	<ul> <li>Name of Individual (Last, First)</li> <li>C. Name of Outside Organization (Include address and description)</li> </ul>	Ticket(s)/	If checking "Cerem Ceremonial Role If checking "Cerem	Other	Income	
	(Last, First) C. Name of Outside Organization	Ticket(s)/ Pass(es)	If checking "Cerem Ceremonial Role If checking "Cerem Describe the pu	Other	Income [ Income [ Income ]	
	(Last, First) C. Name of Outside Organization (Include address and description) Purple Silk Music Foundation, 484 La	Ticket(s)/ Pass(es)       Number of Ticket(s)/ Pass(es)	If checking "Cerem Ceremonial Role If checking "Cerem Describe the pu	Other  onial Role" or "Other" describe below:  Other  Other  onial Role" or "Other" describe below:  blic purpose made pursuant	Income [ Income [ to the agency's policy	
1.	C. Name of Outside Organization (Include address and description) Purple Silk Music Foundation, 484 La Park Ave. #366, Oakland, CA 94610 Music education for inner city youth	Ticket(s)/ Pass(es)       Number of Ticket(s)/ Pass(es)       ake       18+3	If checking "Cerem Ceremonial Role If checking "Cerem Describe the pu To reward a schoo to the community	Other  onial Role" or "Other" describe below:  Other  Other  onial Role" or "Other" describe below:  blic purpose made pursuant ol or nonprofit organizat	Income [ Income ] Income ] to the agency's policy tion for its contributions	
1.	C. Name of Outside Organization (Include address and description) Purple Silk Music Foundation, 484 La Park Ave. #366, Oakland, CA 94610 Music education for inner city youth	Ticket(s)/ Pass(es)       Number of Ticket(s)/ Pass(es)       ake       18+3	If checking "Cerem Ceremonial Role If checking "Cerem Describe the pu To reward a schoo to the community	Other  onial Role" or "Other" describe below:  Other  Other  onial Role" or "Other" describe below:  blic purpose made pursuant	Income [ Income ] Income ] to the agency's policy tion for its contributions	
F.	C. Name of Outside Organization (Include address and description) Purple Silk Music Foundation, 484 La Park Ave. #366, Oakland, CA 94610 Music education for inner city youth	Ticket(s)/ Pass(es)       Number of Ticket(s)/ Pass(es)       ake       18+3	If checking "Cerem Ceremonial Role If checking "Cerem Describe the pu To reward a schoo to the community	Other  onial Role" or "Other" describe below:  Other  Other  onial Role" or "Other" describe below:  blic purpose made pursuant ol or nonprofit organizat	Income	

1.	Agency Name	o are de c	Date Stamp California				
	Alameda County			Form 002			
	Division, Department, or Regi	ion (If Applicabl	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)	-				
	Sarah Oddie			rovide explanation in Part 3.)			
	Area Code/Phone Number				rovide explanation in Part 3.)		
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation	0.0000	<i>c +</i> • • %	* Ma (1) g =	¢22	
	Does the agency have a ticke		of Each Ticket/Pass \$ _	\$33			
	Event Description Baseball g	ame		Date(s)06	3 , 02 , 17	///	
		Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by	y agency?	nd A's Name of So				
			_ Chan		urce		
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Cha of agency official?				Official's Name (	Last. First)	
		CC 4 4 5 5 5	jā — 24	a	5 g. 0 5 6		
3.	• Use Section A to identify the agency	v's department o	ual. • Use Section C to iden	tify an outside organization			
	A. Name of Agency, Departme	14	Number of Ticket(s)/		14		
	141 Hans of Agency, Department of offic		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 follow	ing:	
	Rosas, Juanita		2	Ceremonial Role If checking "Ceremor	Dther nial Role" or "Other" describe below:	Income	
			2		anceevent held at a potential County rever	County ueconcession sales	
					Other	Income	
			2		nial Role" or "Other" describe below:	_	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the put	ublic purpose made pursuant to the agency's policy		
			Pass(es)				
	1.200 · 11 · 1 · 10 · 10 · 10 ·	• • • • • •	in the in c	0 12 Per 6 5 * * * * *	±36•€. (7€ € 533		
4.	Ver:fination	ons 18944.1 a	nd 18942, I have ve	arified that the distribution set	forth above, is in accordance wi	ith the requirements.	
						· · · · · · · · · · · · · · · · · · ·	
			Sarah O	uule	Supervisor's Assistan	t 06.30.2017	
	Signature of Agency Head or Designee	, <u> </u>	Print Narr		Supervisor's Assistan	t 06.30.2017 (Month, Day, Year)	

6.6				and the second second second		sti abno boodinent
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form 0022 For Official Use Only		
	Division, Department, or Regio	n (If Applicable)		I of official one official		
	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	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	nation				
	Does the agency have a ticket	policy?	f Each Ticket/Pass \$	\$33		
	Event Description Baseball ga	ime	, 03 , 17	1 1		
		Provide Title/Expl	Date(s)			
	Ticket(s)/Pass(es) provided by	agency?	nd A's			
	<b>147 1 1 1 1 1 1 1 1 1 1</b>		If no: Outline	Name of Sou	Irce	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: _				, VVIIITIA Official's Name (L	ast, First)
		<u></u>				aoi, / #oiy
3.	• Use Section A to identify the agency'	s department or	all se Section C to ident	ify an outside organization		
			Number of			
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy	
			Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	)/ Identify one of the following:			
			Fa35(85)	Ceremonial Role	Other	
					ial Role" or "Other" describe below:	
				Ceremonial Role	Other describe below:	Income
				in one only of one of o		
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and desc	ription)	Pass(es)			
	PUEBLO, 3528 Foothill Blvd	, Oakland,	2	To reward a school or nonprofit organization for its contribution		ion for its contributions
	CA 94601		<u> </u>	to the community		
	Creating healthy, econ self-s	ufficient &				
_	peaceful neighborhoods					
4.	Verification	<u> </u>				
	l hav egula	ations 18944.1 and	d 18942. I have ve		orth above, is in accordance wit	·
			Sarah Oo		Supervisor's Assistant	
	Inse		Print Nam	ne	Title	(Month, Day, Year)
	Comment					
	Comment:				····	EPBC Form 802 (4/12)

					19 P				
1.	Agency Name				Date Stamp California 80				
	Alameda County			Form OOZ For Official Use Only					
	Division, Department, or Regi	on (If Applicabl	le)		]	For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact (	Name, Title)							
	Sarah Oddie								
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)				
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Inform	nation	, • • • • • • • • • • • • • • • • • • •						
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$33			
	Event Description Baseball g	ame		Date(s) 0	<u>3</u> ,04,17				
		Provide Title/Exp	planation						
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Oakla	nd A's Name of So				
						burce			
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: Char	Official's Name	(Last. First)			
		2 <u>557 8 859 8 1591</u>		ಷನ್ ಮಾಜ್ಯ ಸಕ್ಷಣ ಕಾರ್ಯ	NGT STORY (1999) 2010 201 201 201 201 201 201 201 201 20	ද ද. ,බැඩුණා වූ පිරිසාන් පුණාවනසා සංස			
ა.	• Use Section A to identify the agency	/'s department or	runit. ●Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.			
	A. Name of Agency, Departme		Number of		olic purpose made pursuan				
٢.	The stand of Agency, Departine	int of offic	Ticket(s)/ Pass(es)	Describe the pu	nie hulhose made hulsuan	t to the agency's policy			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ving:			
	B. Name of Individua (Last, First)	al		Ceremonial Role					
	B. Name of Individua (Last, First) Teixeira, Delores	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo		Income			
	(Last, First)	el	Ticket(s)/	If checking "Ceremo To promote attend	Other other other other describe below: anceevent held at a	Income			
	(Last, First)	4	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize	Other     Other     other     other     other     other     describe below:     anceevent held at a     potential County rever	Income			
	(Last, First)	4	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role	Other other other other describe below: anceevent held at a	County nueconcession sales			
	(Last, First)	ization	Ticket(s)/ Pass(es) 2	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other Other Conternation Other Othe	Income County nueconcession sales Income			
	C. Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other Other Content and a tage otential County revent Other	Income			
	C. Name of Outside Organ	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other Other Contential Role" or "Other" describe below: anceevent held at a potential County rever Other	Income			
4.	C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other Other Content and a tage otential County revent Other	Income			
4.	C. Name of Outside Organ (Include address and des	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other Other Contential Role" or "Other" describe below: anceevent held at a potential County rever Other	Income			

-		4		• • • • • •	<u></u>	
1.	Agency Name				Date Stamp	California 802
	Alameda County			For Official Use Only		
	Division, Department, or Reg	ion (If Applicabl	le)			
	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	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation	901 Con Es	¢		· · · · · · · · · · · · · · · · · · ·
	Does the agency have a ticke	t policy?	Yes 🛛 No	E Face Value o	f Each Ticket/Pass \$ _	\$33
	Event Description Baseball g	jame		Date(s)06	, 05 , 17	//
		Provide Title/Ex	planation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	If no: Oaklar	nd A's	
		j			Name of So	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
E 81	of agency official?	第 と お 取 ままます。			Official's Name (	Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department o		tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	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:
	Hernandez, Gabriel		2		Other is Other of the contract	Income
					anceevent held at a ootential County reven	County u.econcession sales
				Ceremonial Role		
			2		ial Role" or "Other" describe below:	
			2			
			Number of			
	C. Name of Outside Organ (include address and deal		Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy
			Pass(es)		·····	
	·····					
		2	a de tradición de la			
4.	Verification	ons 18944.1 a	nd 18942. I have ve	arified that the distribution set t	orth above, is in accordance wi	th the requirements.
			Sarah O		Supervisor's Assistan	·
	$\prec$		Print Nam		Title	(Month, Day, Year)
-						(Norm, Day, 1997)
	Comment:				<u></u>	

1.	Agency Name	3 x 2			Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicabl	ə)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)			-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amenament (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	nation	9 999 9	<u> </u>	0 04 CM - 15 00 1	¢00
	Does the agency have a ticket		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	\$33
	Event DescriptionBaseball ga	ame		Date(s)	<u> </u>	/
		FIONDE HUB/EXP	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗋 🛛 No	If no: Oaklai	Name of Sou	Irce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?				Official's Name (L	ast, First)
3.	Recipients		<u></u>		9 (2) ( 2 k i ())))))))))))))))))))))))))))))))))	
	Use Section A to identify the agency	's department or		tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1 035(05)			······································
	B. Name of Individua		Number of Ticket(s)/		Identify one of the followi	ng:
			Pass(es)			
					Dther Dther describe below:	Income
				Ceremonial Role If checking "Ceremor	Other Dial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)			
	Trybe, 2000 Park Blvd, Oak 94606	land, CA	2	to the community	i or nonprofit organizat	ion for its contributions
	Youth and family services					
4	Verification		- <u></u>	ಟೆ ಹಿಳ್ಳಲು ನಿರ್ವಾಧ	=≤ ⊖\$ © #0 8 CC => =2 ⊕# +2 % 2%	
		ations 18944.1 ar	d 18942. I have ve	erified that the distribution set i	forth above, is in accordance wit	h the requirements.
			Sarah O	ddie	Supervisor's Assistant	06.30.2017
			Print Narr	ле 	Title	(Month, Day, Year)
	Comment					
	Comment:					

1.	Agency Name Alameda County Division, Department, or Regi	Name County Department, or Region (If Applicable)			Date Stamp	California Form 802 For Official Use Only	
	Board of Supervisors Designated Agency Contact (	Name, Title)			-		
	Sarah Oddie						
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
-	(510) 272-6693		@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform					\$33	
	Does the agency have a ticke	t policy?	Yes 🛛 No		of Each Ticket/Pass \$ _		
	Event Description Baseball g	ame Provide Title/Exp	planation	Date(s)	6 , 07 , 17	/	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oakla	Ind A's Name of Sc		
	Was ticket distribution made a	t the behast		Char	A Milma		
	of agency official?	it the benest	No 🗌 Yes	If yes: <u>Char</u>	Official's Name (	Last, First)	
3.	Recipients			ରିଜ୍ଞାୟର ପ୍ରିବର କର	87 196 197 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	부 <u>수</u> · · · · · · · · · · · · · · · · · · ·	
	Use Section A to identify the agency	y's department o	runit. • Use Sec	ction B to identify an individ	lual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	ont or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Lim, May		2		nial Role" or "Other" describe below:	Income	
					lanceevent held at a potential County rever		
			2		Other D nial Role" or "Other" describe below:	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
-	Verification					1	
4.		lations 18944.1 ai	nd 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 mean of Designed		Print Narr	1e	Title	(Month, Day, Year)	
	Comment:						

**A Public Document** 

-						A Public Document
1.	Agency Name	<u> </u>			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)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail	0 0 00		Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$33
	Event Description Baseball g	ame		Date(s) 06	5 , 15 , 17	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Oaklai	nd A's Name of Si	
	Mon ticket distribution mode	tthe behast		— Chan		DUICO
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Chan	Official's Name	(Last, First)
2	Recipients	. (25 6			the second second	
э.	Use Section A to identify the agence	y's department or	runit. • Use Sec	tion 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 put	lic purpose made pursuan	t to the agency's policy
			Pass(es)			
	B. Name of Individu	al	Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Smith, Jerry		2	To promote attend	Other D ial Role" or "Other" describe below: anceevent held at a potential County rever	
			2	Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	it to the agency's policy
4.	Verification			• • • • • • • • • • • • • • • • • • •	810 <b>- 6</b> 4.5.2 Alex 6944	
	l ha	s 18944.1 ar	nd 18942. I have ve	erified that the distribution set i	forth above, is in accordance w	vith the requirements.
			Sarah Oo	ddie	Supervisor's Assistar	nt 06.30.2017
	Signature of Agency Head or Designed	•	Print Nam		Title	(Month, Day, Year)

Comment: \_\_\_\_

1000					11 1	
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	ion (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation	(a <i )<="" 1="" td=""><td></td><td></td><td></td></i>			
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	\$33
	Event Description Baseball g	ame			, 16 , 17	//////
		Provide Title/Exp	planation	Date(s)	//	
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	If no: Oaklar	nd A's	
		•			Name of So	urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (I	ant Electi
						_asi, f17si) asi, f17si)
3.	Recipients					
	• Use Section A to identify the agency		runit. ● Use Sec Number of	tion B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua (Lasi, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Shepherd, Silvia		2	-	ial Role" or "Other" describe below:	Income
			2		anceevent held at a potential County reven	County ueconcession sales
				Ceremonial Role	Other	Income
			2	If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (Include address and des		2 Number of Ticket(s)/ Pass(es)			
			Number of Ticket(s)/		ial Role" or "Other" describe below:	and the second
4.		scription)	Number of Ticket(s)/ Pass(es)	Describe the pub	ial Role" or "Other" describe below:	to the agency's policy
4.	Verification	scription)	Number of Ticket(s)/ Pass(es)	Describe the pub	ial Role" or "Other" describe below: lic purpose made pursuant	to the agency's policy

					a fore a second second second	A Fublic Document
1.	Agency Name			100 W	Date Stamp	California 802
	Alameda County			Form 002		
	Division, Department, or Regi	on (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sarah Oddie				Amondmont (14	l
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				- <del></del>
	Does the agency have a ticke	t policy?	Yes 🛛 No	🗖 🛛 Face Value o	f Each Ticket/Pass \$ _	\$33
	Event Description Baseball g	ame		Deta(a) 06	, 17 , 17	//
	Event Description	Provide Title/Ex	planation	Date(s)		//
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oaklar	nd A's	
					Name of So	urce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan	, Wilma	
_	of agency official?		All and the second		Official's Name (I	Last, First)
3.	Recipients		. and 13 to 19 to			ಾಗ್ರಾರ್ಥಿಯ
	Use Section A to identify the agency	's department o		tion B to identify an individu	al. • Use Section C to Iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua (Last, First)	l	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	English, Dale		2		ial Role" or "Other" describe below:	Income
			-		anceevent held at a potential County reven	County aueconcession sales
			2		Other I ial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4.	Verification	22. ×3 8 0=4		201 00 - 2 5 21		1) 6) 6 22
	, ,	auons 18944.1 ai	nd 18942. Thave ve Sarah Oo		orth above, is in accordance wi Supervisor's Assistan	
	·		Print Nam		Title	(Month, Day, Year)
1						
	Comment:					

	6) 600 8 P 50 614 6169 6					A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OUZ For Official Use Only		
	Division, Department, or Reg	ion (If Applicab		For Official Ose Only		
	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.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation			ିକ୍ଷେ କମନ୍ତ୍ର ବିହୁର୍ଘୁ	990
	Does the agency have a ticke	t policy?	Yes 🖾 No	🔲 🛛 Face Value d	of Each Ticket/Pass \$ _	\$33
	Event Description Baseball g	ame		Date(s)6	5 , 18 , 17	//
		Provide Title/Ex	olanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Oaklar	nd A's	
				- Chan	Name of Se	ource
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: Chan	, vviii i ia Official's Name	(Last. First)
-		8 20189 208003_6 8779	69.8 <u>1</u> 9			
3.	• Use Section A to identify the agenc	v's department o	runit. ●Use Sec	ction B to identify an individu	ual. • Use Section C to ide	ntify an outside organization
	A. Name of Agency, Departme		Number of		lic purpose made pursuan	
	The manie of Agency, Departme	nit of onit	Ticket(s)/ Pass(es)	Describe the pub	nic bulhosa maga bulanan	it to the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Wu, Abby			Ceremonial Role If checking "Ceremon	Other D	Income
	L		2		anceevent held at a potential County reve	County nueconcession sales
			2		Other D ial Role" or "Other" describe below:	income [
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	nt to the agency's policy
4.	Verification I ha	ions 18944.1 ai	nd 18942. I have ve	prified that the distribution set f	orth above, is in accordance w	vith the requirements.
			Sarah Oo	ddie	Supervisor's Assistar	nt 06.30.2017
	Signature of Agency Head or Designee	3	Print Narr	ne	Title	(Month, Day, Year)

						AT upilo boouniene
1.	Agency Name				Date Stamp	California 802
	Alameda County				Form 002	
	Division, Department, or Reg	ion (If Applicabl	е)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	(Name, Title)		-		
	Sarah Oddie					l
	Area Code/Phone Number	E-mail	•		Amendment (Must	t provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	mation	<u> </u>	6 an () (2 () () () () () () () () () () () () ()		
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$33
	Event Description Baseball g	jame		Date(s) 06	3 , 19 , 17	
		Provide Title/Exp	planation			······································
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oakla	nd A's	
					Name of S	Source
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Chan	Official's Name	(Last, First)
2	n galana ana ang kana			्र के के ले ले ल	, මංක, උපොලක ද පොලකලා <u>උ</u> දෙවැදී ක	্ৰ হেন্দ্ৰ লাজনা জননাৰ লোৱাৰ
3.	• Use Section A to identify the agenc	y's department or	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		lic purpose made pursua	
	Y EI Hanno of Agonoy, Deparant		Ticket(s)/ Pass(es)	Describe the put	no pulpose made pulada	ne to the agency a policy
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follo	wing:
	(Last First)		Pass(es)			
	Mickens, Beverly			Ceremonial Role	D Other describe below	
			2			s or her service to the
		0.1.1		Ceremonial Role	Other	Income
			2	If checking "Ceremor	nial Role" or "Other" describe below	<b>v</b> :
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
		•				
4.	Verification				an 1999, 2 <u>5</u>	∖n? s t
	l have gu	ilations 18944.1 an	d 18942. I have ve	erified that the distribution set i	forth above, is in accordance	with the requirements.
			Sarah Oo	ddie	Supervisor's Assista	nt 06.30.2017
	Signature of Agency Head or Designed		Print Nar	7 <del>0</del>	Title	(Month, Day, Year)

						AT upile booument
1.	Agency Name			C	Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	e@acgov.org	and the second second second	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation			Ç≠ _ 18 G • ⊟ (2) • d)	
	Does the agency have a ticke	•	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$33
	Event Description Baseball g	ame		Date(s)6	<u>,</u> 20 <u>,</u> 17	///
		Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 🛛 No	If no: Oaklar	nd A's Name of So	urce
	Was ticket distribution made a	it the behast		If yes: Chan		urce
	of agency official?	at the beneat	No 🗌 Yes	If yes:	Official's Name (	Last, First)
3.	Recipients	-10'8''S		<u>க்கு நிற்ற ப</u> ிற கடிக்களை	ಕ್ಷೆ ವಿಶ್ವಾಧ ವಿಶ್ವೇಶಕ್ಷಣೆ ಕನ್ನಡ ಕಾ <u>ರ್ದಿ</u> ಕ್ಷ ಕನ್ನಡ	సిశి చె హి దిళు
•	• Use Section A to identify the agenc	y's department o	r 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)		·····	
			_			
	B. Name of Individua	al	Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Huong Crystol			Ceremonial Role		
	Huang, Crystal		2		anceevent held at a	County
						ueconcession sales
			-	Ceremonial Role	Other	
			2		hial Role" or "Other" describe below:	
			2			
			Number of	a contract of the film of sounds and and she will be the film of a		
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the put	olic purpose made pursuant	t to the agency's policy
	·		Pass(es)			
-					15 H.69	5 ÷
4.	Verification	lations 18944.1 a	nd 18942. I have ve	arified that the distribution set i	forth above, is in accordance wi	ith the requirements.
	J.		Sarah Oo			·
	/ Signature of Agency Head or Designed	,	Print Nam		Supervisor's Assistan	(Month, Day, Year)
	4					- · · · · · · · · · · · · · · · · · · ·
	Comment:	·				

1	• (55) (2) • (40) (2) • (20) (2) • (2) (2) • (2) (2)				1 · · · · · · · · · · · · · · · · · · ·	The second
	Agency Name		Date Stamp	California 802		
	Alameda County			Form OOZ		
D	Division, Department, or Reg	ion (If Applicabl	э)			For Official Use Only
E	Board of Supervisors					
C	Designated Agency Contact (	(Name, Title)				
S	Sarah Oddie					
Ā	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. 6	Function or Event Infor	mation	ីសុម្ភមេង ៖ រ	u h e b		
C	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ -	\$33
F	Event Description Baseball g	jame		Date(s)0	6 , 21 , 17	///
		Provide Title/Exp	lanation	Date(s)	//	//
Т	ficket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	IX If no: Oakla	nd A's	
					Name of S	ource
	Vas ticket distribution made a of agency official?	at the behest	No 🗋 Yes	If yes: Char	0fficial's Name	(Last Eirst)
-					Unicial s Name	
	Recipients					
	Use Section A to identify the agenc		Number of	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
_						· · · · · · · · · · · · · · · · · · ·
Ē	B. Name of Individua (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
Ē	B. Name of Individu: (Last. First)	al	Number of Ticket(s)/	Ceremonial Role If checking "Ceremo		Income
Ē	B. Name of Individua (Last, First)	al	Number of Ticket(s)/	If checking "Ceremo.	Other Other Content of the tellow.	Income
Ē	B. Name of Individua (Last, First) C. Name of Outside Organ (include address and des	lization	Number of Ticket(s)/	If checking "Ceremo. Ceremonial Role If checking "Ceremo.	Other Other Other Other Other Other Other	Income [
	(Last. First)	nization scription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Income [
	(Last, First) C. Name of Outside Organ (include address and des Lincoln Elementary School,	Nization scription) 225 11th St,	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the put	Other	Income
	(Last, First) C. Name of Outside Organ (include address and des Lincoln Elementary School, Oakland, CA 94607 Elementary school in Oakla	Nization scription) 225 11th St, and	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Other	Income
	(Last, First) C. Name of Outside Organ (include address and des Lincoln Elementary School, Oakland, CA 94607 Elementary school in Oakla	Nization scription) 225 11th St, and	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pul To reward a schoo to the community	Other	Income

1. Agency Name Da	e Stamp California 802	
Alameda County	L'OITI	
Division, Department, or Region (If Applicable)	For Official Use Only	
Board of Supervisors		
Designated Agency Contact (Name, Title)		
Sarah Oddie	<u> </u>	
Area Code/Phone Number E-mail	dment (Must provide explanation in Part 3.)	
(510) 272-6693 sarah.oddie@acgov.org Date of C	riginal Filing:(Month, Day, Year)	
2. Function or Event Information	(Monut, Day, rear)	
	ket/Pass \$\$33	
Event Description Baseball game Date(s) 06 / 22	<u>, 17</u> <u> </u>	
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakland A's		
	Name of Source	
Was ticket distribution made at the behest No I Yes I If yes: Chan, Wilma		
of agency official?	Official's Name (Last, First)	
3. Recipients	αδιαγίας το	
Use Section A to identify the agency's department or unit.     Use Section B to identify an individual.     Use Section B to identify an individual.	action C to identify an outside organization.	
A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose	made pursuant to the agency's policy	
	e of the following:	
Pass(es)		
Garcia, Alana If checking "Ceremonial Role" or "Ot!		
<sup>2</sup> To promote attendanceeve		
	ounty revenueconcession sales	
Ceremonial Role Doth If checking "Ceremonial Role" or "Oth 2	r 🔲 Income [ r" describe below:	
C. Name of Outside Organization Number of (include address and description) Pass(es) Describe the public purpose	ublic purpose made pursuant to the agency's policy	
4. Verification There rulations 18944.1 and 18942. There verified that the distribution set forth above, is Sarah Oddie Supervise	in accordance with the requirements. r's Assistant 06.30.2017	
20 Print Name	Title (Month, Day, Year)	

	والمحافظ والمحاف		- 121			AT unic Document		
1.	Agency Name		Date Stamp	California 802				
	Alameda County			Form OOZ For Official Use Only				
	Division, Department, or Regi	on (If Applicabl		For Onicial 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:				
2.	. Function or Event Information							
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	\$33				
	Event Description Baseball g	ame	30, 17	//				
	Event Description	Provide Title/Exp	anation	Date(s)		//		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oaklar	nd A's			
			Name of Sc	urce				
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (	1 - 4		
6		-	- P9, 18, 48 81	ுக்கு குடி தேட கற தேதில் ப	Official's Name (	Last, First)		
3.	Recipients							
	Use Section A to identify the agency		Number of	tion B to identify an individu	al. • Use Section C to Iden	tify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy		
	B. Name of Individua (Last, First)	Number of Ticket(s)/ Pass(es)	-	Identify one of the follow	ing:			
	Canalin, Susan		1.000(00)	Ceremonial Role		Income		
	Ganam, Susan		2	If checking "Ceremonial Role" or "Other" describe below: To promote attendanceevent held at a County				
						ueconcession sales		
			2	Ceremonial Role Other I If checking "Ceremonial Rola" or "Other" describe below:		income 🗌		
	C. Name of Outside Organ (include address and des	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	to the agency's policy			
4.	Verification	lations 18944.1 an	d 18942. I have ve	prified that the distribution set f	orth above, is in accordance w	th the requirements.		
			Sarah Oo	ddie	Supervisor's Assistan	t 06.30.2017		
	viginature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)		
	Comment:							

-						
1.	Agency Name	C	Date Stamp	California 802		
	Alameda County			Form 002		
	Division, Department, or Region	(If Applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Nan	ne, Title)				
	Sarah Oddie					
	Area Code/Phone Number E-	mail	Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 272-6693 sa	arah.oddie@	acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Informa					
	Does the agency have a ticket po	blicy?	f Each Ticket/Pass \$	\$90 ticket/\$20 park		
	Event Description Baseball gam	ne	Date(s)06	, 15 , 17	1 1	
	Provent Description	ovide Title/Expla	nation	Date(s)		//
	Ticket(s)/Pass(es) provided by ag	gency?	If no: Oaklar	nd A's Name of Soc		
	Was ticket distribution made at th	a hahaat	No 🗌 Yes	If yes: Chan		irce
	of agency official?	ie benest	Official's Name (L	.ast, First)		
3.	Recipients	ta atransatio		ه واوه وار چې و هو ه	Ĵ <u>¢}i d66t≂s</u> _86 5	
	• Use Section A to identify the agency's d	lepartment or u	nit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department of	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·					
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	na:
	(LBSt. First)		Pass(es)		·	
					Other describe below:	Income
				Ceremonial Role		Income
				n checking Ceremon	ial Role" or "Other" describe below:	
	<u>ла су сталина и на полоди и на предати и на предати на предати на предати на предати на предати на предати на</u>					
	C. Name of Outside Organizat (Include address and description)		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
	Oakland Community Organizations,7200 Bancroft Ave # 2, Oakland, CA 94605		4+1	To reward a school to the community	or nonprofit organizat	ion for its contributions
	Develop leaders who build pow through their congregations an					
4.	Verification		6 B		ಕ್ರಾಕಿ ಕಟ್ಟೇಕ್ ಸಂಭ ಧಿಕಿತ	
	l ntio	18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.	
	• • • • • =		Sarah O	ddie	Supervisor's Assistant	06.30.2017
	Signature of Agency Head or Designee					(Month, Day, Year)
	/ Comment:					

1.						
	Agency Name		Date Stamp	California 802		
	Alameda County			Form OUZ For Official Use Only		
	Division, Department, or Regi	on (If Applicabl		For Official Use Offiy		
	Board of Supervisors					
	Designated Agency Contact (/	Vame, 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				
	Does the agency have a ticket	policy?	f Each Ticket/Pass \$ .	\$90 ticket/\$20 park		
	Event Description Baseball g	ame		Date(s)	, 15 , 17	1 1
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklai	nd A's Name of S	
	Mos tisket distribution mode a	the behave	_	- Chan		source
	Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes	If yes: Chan	Official's Name	(Last, First)
3.	Recipients	Mee	÷ 3	A	<u></u>	జిక్షక్ క
	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individ	al. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departmen		Number of		lic purpose made pursua	
			Ticket(s)/ Pass(es)		ne herbesse mens hersen	ne to the agoney o poney
	B. Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follo	
	B. Name of Individua (Last, First)		Ticket(s)/			
	B. Name of Individua (Last, First)	1	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other	Income [
	B. Name of Individua (Last, First) C. Name of Outside Organi (include address and desc	zation	Ticket(s)/	If checking "Ceremor Ceremonial Role If checking "Ceremor	Other  ial Role" or "Other" describe below  Other  Other	Income [ Income [
	(Last, First)	zation cription) 1724 Santa	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	C Other C Oth	Income [
	(Last, First) C. Name of Outside Organi (include address and desc Girls Inc. of the Island City, 7	zation cription) 1724 Santa 501 smart, and	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	C Other C Oth	Income
4.	C. Name of Outside Organi (include address and desc Girls Inc. of the Island City, Clara Ave, Alameda, CA 945 Inspire all girls to be strong, bold w/ innovative programs Verification	zation cription) 1724 Santa 501 smart, and , activities	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 9+2	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Other IIC purpose made pursual Or nonprofit organiz.	Income
4.	C. Name of Outside Organi (include address and desc Girls Inc. of the Island City, Clara Ave, Alameda, CA 945 Inspire all girls to be strong, bold w/ innovative programs Verification	zation cription) 1724 Santa 501 smart, and , activities	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 9+2	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other IIC purpose made pursual Or nonprofit organiz.	Income
4.	C. Name of Outside Organi (include address and desc Girls Inc. of the Island City, Clara Ave, Alameda, CA 945 Inspire all girls to be strong, bold w/ innovative programs Verification	zation cription) 1724 Santa 501 smart, and , activities	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 9+2	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Other IIC purpose made pursual Or nonprofit organiz.	Income
4.	C. Name of Outside Organi (include address and desc Girls Inc. of the Island City, Clara Ave, Alameda, CA 945 Inspire all girls to be strong, bold w/ innovative programs Verification	zation cription) 1724 Santa 501 smart, and , activities	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 9+2 d 18942. I have ve	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Other  A contract of the cont	Income

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1	CONTRACTOR CONTRACTOR CONTRACTOR				10 AU 1 AU 1 AU 1 AU		
1.	Agency Name	and the second	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 (A	lame, Title)					
	Sarah Oddie		. <u> </u>				
	Area Code/Phone Number	E-mail			<b>Amendment</b> (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			an 1990 - 1997 - 1997		
	Does the agency have a ticket	policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ .	\$200	
	Event Description Dia Naciona	al de la Band	а	Date(s)06	3 , 03 , 17	1 1	
		Provide Title/Expla		Date(3)	//	//	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors		
			Name of S	Source			
	Was ticket distribution made at of agency official?	the behest	, Wilma Official's Name	(Last First)			
3.	e 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, Departmer	Number of	Describe the public purpose made pursuant to the agency's policy				
		it or Unit	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursua	nt to the agency's policy	
			Ticket(s)/	Describe the put	olic purpose made pursua	nt to the agency's policy	
	B. Name of Individual (Last, First)		Ticket(s)/	Describe the put	lic purpose made pursua		
	B. Name of Individual		Ticket(s)/ Pass(es)	Ceremonial Role		wing:	
	B. Name of Individual		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follo	wing: // Income [	
	B. Name of Individual	zation	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	wing: Income [	
	B. Name of Individual (Last, First)	zation pription)	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Ticket(s)/         Pass(es)	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Identify one of the follo         Other         nial Role" or "Other" describe below         Other         nial Role" or "Other" describe below         olic purpose made pursua	wing: Income [	

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Autor	Sarah Oddie	Supervisor's Assistant	06.30.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

_						AT usite boountent
1.	Agency Name	1 <u>00 1010 0</u> 0	Date Stamp	California 802		
	Alameda County			Form 002		
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Board of Supervisors		· ·			
	Designated Agency Contact	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number		· · · · · · · · · · · · · · · · · · ·	1 -	provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation	28    8 #117269 \$1	896 A - 43 A - 5 A A	u	
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$350
	Event Description Roger Wa	ters		Data(a) 06	5 , 10 , 17	//
		Provide Title/Exp	planation	Date(s)	//	/
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Golde	n State Warriors	
					Name of Sc	burce
	Was ticket distribution made a of agency official?	No 🗌 Yes	If yes: Chan	Official's Name (	(Last First)	
				, <u>• H. F</u>		2.000,7.11007 2.002 x 8.69
3.	• Use Section A to identify the agenc	vie denortment e	runit a Lloo Soo	tion R to identify an individ	ual a lice Section C to iden	tifu en autoide organization
			Number of		a and stand and a second	13.3.1.1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	Other	
	Hawk, Dawn Baltrush, Katie		2		nial Role" or "Other" describe below:	
				To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales		
	·····					
					nial Role" or "Other" describe below:	
			2			
	C Name of Outside Organization		Number of			
	(include address and description)		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
4.	Verification	6)¢328		S == S == C = 5 = 5 = 5 = 5	11 11 11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	I have read and understand FPPC Regu	I have read and understand FPPC Regulations 18944.1 and			set forth above, is in accordance with the requirements.	
1	Milli		Sarah Oo	ddie	Supervisor's Assistar	nt 06.30.2017
V	Signature of Agency Head or Designed	9	Print Narr	ne	Title	(Month, Day, Year)
	Commont					
	Comment:					

	is and m	SNEUF ass	Distributions		A Public Documen		
Agency Name	A P ROPAG C NO PAR	Date Stamp	California 802				
Alameda County							
Division, Department, or Reg	ion (If Applicabl	-	For Official Use Only				
Board of Supervisors							
	Name, Title)	• ·					
Sarah Oddie							
	E-mail			<b>Amendment</b> (Must provide explanation in Part 3.)			
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:(Month, Day, Year)			
Function or Event Infor	mation		7 ps 6 9 9 6 9	4			
Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$150		
Front Description Poison		6 , 13 , 17	/				
Event Description	Provide Title/Exp	planation	Date(s)		/		
Ticket(s)/Pass(es) provided b	v agency?		If no: Golde	n State Warriors			
	,			Name of So	urce		
	at the behest	i, Wilma					
of agency official?		Official's Name (i	Last, First)				
Recipients	•						
Use Section A to identify the agence	tify an outside organization.						
A. Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
B. Name of Individu	al	Number of		Identify one of the follow	Inc		
(Last, First)		Pass(es)		Identity one of the follow	ing:		
Meinstein Miguel					Income		
Ponder, La Wonda		2			County		
					Income		
Deming, Nancy		2	If checking "Ceremor				
		2	To reward a comm public	nunity volunteer for his or her service to the			
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy		
		1	1				
	Agency Name         Alameda County         Division, Department, or Reg         Board of Supervisors         Designated Agency Contact (         Sarah Oddie         Area Code/Phone Number         (510) 272-6693         Function or Event Inform         Does the agency have a ticke         Event Description         Poison         Ticket(s)/Pass(es) provided b         Was ticket distribution made a of agency official?         Recipients         • Use Section A to identify the agence         A.         B.         Name of Agency, Department         Weinstein, Miguel         Ponder, La Wonda         Deming, Nancy         C.       Name of Outside Organ	Agency Name         Alameda County         Division, Department, or Region (If Applicab.         Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number         (510) 272-6693         Event Code/Phone Number         Does the agency have a ticket policy?         Event Description         Poison         Provide Title/Exp         Ticket(s)/Pass(es) provided by agency?         Was ticket distribution made at the behest of agency official?         Recipients         • Use Section A to identify the agency's department or         A.         Name of Individual (Last First)         Weinstein, Miguel         Ponder, La Wonda         Deming, Nancy         C.	Agency Name         Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number       E-mail         (510) 272-6693       E-mail         Sarah Oddie         Area Code/Phone Number       E-mail         (510) 272-6693       Earah.oddie@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes No         Event Description       Poison         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?       Yes No         Vas ticket distribution made at the behest of agency official?       No □ Yes         •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 is department or Unit       Number of Ticket(s)/ Pass(es)         Weinstein, Miguel       Ponder, La Wonda       2         Deming, Nancy       2         C.       Name of Outside Organization       Number of Ticket(s)/	Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number       E-mail         (510) 272-6693       sarah.oddie@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes X         Powide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes X         Vas ticket distribution made at the behest of agency official?       No Yes X         Recipients       • 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)/ Pass(es)       Describe the put Pass(es)         B.       Name of Individual (ust find)       Number of Ticket(s)/ Pass(es)       Ceremonial Role (if checking Common To promote attend facilitymaximize (Deming, Nancy)       2       Ceremonial Role (if checking Common To reward a comm public         C.       Name of Outside Orgenization       Number of Ticket(s)/ Ticket(s)/ To reward a comm public       Describe the put (if checking Common To reward a comm public)	Agency Name       Date Stamp         Alameda County       Division, Department, or Region (If Applicable)         Board of Supervisors       Designated Agency Contact (Name, Title)         Sarah Oddie       Image: Amendment (Must processing and the second		

Regulations 189 4.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

		Sarah Oddie	Supervisor's Assistant	06.30.2017
/0	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_
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1.	Agency Name	Date Stamp	California				
	Alameda County		Form For Official Use 0	Delv			
	Division, Department, or Regi			71 i y			
	Board of Supervisors						
	Designated Agency Contact (	1					
	Sarah Oddie	Sarah Oddie					
	Area Code/Phone Number	E-mail			_ C Amendment (Must p	rovide explanation in Part	3.)
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)	-
2.	Function or Event Inform			ರ ಕಿದ			
	Does the agency have a ticke	of Each Ticket/Pass \$ _	\$304.80 ti	cket			
	Event Description Basketball	6 , 01 , 17					
	Lvent Description		//				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Go				en State Warriors		
					Name of So	ource	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: of agency official?			If yes: Chai	Official's Name (	last First)	<u> </u>
_							
3.	• Use Section A to identify the agence	denartment o	runit e lise Ser	tion B to identify an individ	tual a Use Section C to iden	tifu an outside organizati	ion
	44		Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:		ring:	
			Pass(es)	Ceremonial Role	Other		come
	Lam, Marianne				onial Role" or "Other" describe below:	inc.	
			2	To promote attendanceevent held at a County		· · · · · · · · · · · · · · · · · · ·	
				facilitymaximize potential County revenueconcession sale			ales
					Other	Inc	come
			2	If checking "Ceremo	onial Role" or "Other" describe below:		
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the pu	public purpose made pursuant to the agency's policy		,
	(include address and des	icription)	Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Asian Health Services, 818	Webster	2		eward a school or nonprofit organization for its contributions		tions
	Street, Oakland, CA 94607			to the community			
	Provide healthcare services to low-income individuals						
4.	Verification			a =====			
	l he	itions 18944.1 a	nd 18942. I have ve	erified that the distribution set	t forth above, is in accordance w	ith the requirements.	
			Sarah O	ddie			017
	7	· · · · · · · · · · · · · · · · · · ·	Print Nan		Tille	(Month, Day	
4.	1 he	. <u> </u>	Sarah O Print Nan	ddie	Supervisor's Assistan	it 06.	.30.2
Со	mment:					EPPC Form 8	00 (414-

C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions	1. Store 1. Store 1.	A Public Documen
1.	Agency Name	919-93 <u>-</u> 0	0.000010483		Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	gion (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			4	
	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 Info	mation				
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ -	\$304.80 ticket/\$40 park
	Event Description Basketba	ll Game		0	6 , 04 , 17	/
	Event Description	Provide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided I	ov agency?	Yes 🗌 No	ISt If no: Golde	en State Warriors	
					Name of S	ource
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Chai	n, Wilma Official's Name	(Loot First)
_	of agency official?			<u></u>	Omeral s Name	
3.	Recipients					
	Use Section A to identify the agen		Number of	ction B to identify an individ	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to the agency's policy	
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	wing:
	(Last, First)		Pass(es)			
	McCormick, Mike			Ceremonial Role	Donial Role" or "Other" describe below	. Income
			2+p		anceevent held at a	
						nueconcession sales
				Ceremonial Role	Other	Income
	Cravalho, Brian		2+p	-	onial Role" or "Other" describe below	
			2.5		lanceevent held at a	
			Number	raciiitymaximize	potential County reve	nueconcession sales
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
4	Verification	10° 0#2 (-), 10 (-) 10	5 - = 641= 6 - 6 - 6			
<b>+</b> .		gulations 18944.1 an			t forth above, is in accordance v	
			Sarah O	ddie	Supervisor's Assista	nt 06.30.2017

**A Public Document** 

1. Agency Name				a	Date Stamp	California 000
• •	Alameda County		Dute etamp	Form 802		
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie		Amondmont (11)			
	Area Code/Phone Number	E-mail		ovide explanation in Part 3.)		
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				<u> </u>	
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	304.80 ticket/\$40 park
	Event Description Basketbal	planation	Date(s)6	07 , 17	//	
	Ticket(s)/Pass(es) provided b			n State Warriors Name of Sou	irce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (L	ast, First)
3.	Recipients	w's department of	alles Section C to ident	i ober o constantion		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/			
	B. Name of Individual (Last, First) Kubo, Theresa		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			4	To promote attenda	Other Other and the service below: anceevent held at a cotential County revent	
		· · · · ·	4	Ceremonial Role	Other D	
	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
	5.05 <b>0</b>				φ 8 0 C	
4.	Verification	iono 100111	nd 19040 1 have	niferal that the distribution and		
		ions 18944.1 ai	nd 18942. I have ve Sarah Oo		iorth above, is in accordance wit Supervisor's Assistant	·
	/		Print Nam		Title	(Month, Day, Year)

**A Public Document** 

-						AT ublic bocument
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form		
	Division, Department, or Reg	ion (If Applicabl	-	For Official Use Only		
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)	-			
	Sarah Oddie		Amondmont (Must	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation		6 Ca V		
	Does the agency have a ticke	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ .	\$304.80 ticket/\$40 park	
	Event Description Basketbal	I Game Provide Title/Exp	06 , 09 , 17	·		
	Ticket(s)/Pass(es) provided b	Yes 🗌 No	If no: Gold	en State Warriors Name of S	Cource	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Cha	n, Wilma Official's Name	(Last, First)
3.	Recipients	<u></u>	ð <del>2</del>	i de la constante en la constante		
	Use Section A to identify the agend	y's department or		tion B to identify an indivi	idual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy
	B. Name of Individu	al	Number of			
	(Lasi, First)		Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Taylor, Debbie			Ceremonial Role	onial Role" or "Other" describe below	Income
			4		munity volunteer for his	
			4		Other     Other     onial Role" or "Other" describe below	Income [
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy
4.	Verification					
		JIIS 10944.1 AI			et forth above, is in accordance v	
2	Signature of Agency Head or Designe	e	Sarah Oo		Supervisor's Assista	nt 06.30.2017 (Month, Day, Year)
1				-	1115	(worki, Day, iddi)

Comment: \_\_\_

**A Public Document** 

Agency Name		19 92 6-14 19 19 19 19 19 19 19 19 19 19 19 19 19		Data Stamp	California 000	
			Date Stamp	Form 802		
Alameda County Division, Department, or Region	1 /If Applicable)				For Official Use Only	
	(ii Applicable)					
Board of Supervisors						
Designated Agency Contact (Na	ame, l'itle)					
Sarah Oddie		Amendment (Must	provide explanation in Part 3.)			
	-mail					
	arah.oddie@	acgov.org	0 G	Date of Original Filing:	(Month, Day, Year)	
Function or Event Informa			\$304 80 ticket/\$40 park			
Does the agency have a ticket p	•	Yes 🖾 🛛 No	—		\$304.80 ticket/\$40 park	
Event Description Basketball G	Game	, 12 , 17	//			
P	Provide Title/Expla					
Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 If no:			If no: Golder	Name of S	0.1/200	
				00108		
Nas ticket distribution made at t of agency official?	the benest	No 🗌 Yes	If yes: Chan	Official's Name	(Last, First)	
				9 maa taaga <u>kasada 9</u>		
Recipients Use Section A to identify the agency's	department or u	nit a Lleo Soc	tion B to identify an individu	a Use Section C to ide	ntify an outside organization	
A. Name of Agency, Department		Number of Ticket(s)/		lic purpose made pursuar		
		Pass(es)				
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
B. Name of Individual (Last, First) Chan, Daren		Ticket(s)/	To promote attend	Other D ial Role" or "Other" describe below anceevent held at a	Income [	
(L38), First)		Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p	Other D ial Role" or "Other" describe below anceevent held at a potential County reve	Income [ a County nueconcession sales	
(L38), First)		Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role	Other D ial Role" or "Other" describe below anceevent held at a	Income [ a County nueconcession sales Income [	
(L38), First)		Ticket(s)/ Pass(es) 4+p	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below anceevent held at a potential County reve	Income [ a County nueconcession sales Income [	
(Lost, First) Chan, Daren C. Name of Outside Organiza (include address and descri	iption)	Ticket(s)/ Pass(es) 4+p 4+p Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attended facilitymaximize p Ceremonial Role If checking "Ceremon Describe the put	Other Other Contential County reve Other Other Cother Cot	Income	
(Lost, First) Chan, Daren C. Name of Outside Organiza (include address and descri	iption)	Ticket(s)/ Pass(es) 4+p 4+p Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attended facilitymaximize p Ceremonial Role If checking "Ceremon Describe the put	Other C ial Role" or "Other" describe below anceevent held at a potential County reve Other C ial Role" or "Other" describe below	Income	

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			s distributions		A Public Documer
I. Agency Name				Date Stamp	California 802
Alameda County Division, Department, or	Dowley With the				Form OU2
	region (if Applica	bie)			For Official Use Only
Board of Supervisors	· · ·				
<b>Designated Agency Cont</b>	act (Name, Tille)			1	
Lee Ann Fergerson, Sur		ant			
Area Code/Phone Numbe	r E-mail		ىرىمىغ بى مەر ئەتىرىن ئۆلۈك <u>ئەر ئەتىرىمىيە ئەتىرىمىيە مەر تەترىمىيە مەر تەترىمىيە مەر مەر مەر مەر مەر مەر مەر م</u>	- Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	jerson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event in					
Does the agency have a ti	icket policy?	Yes 🗋 No	Face Value	of Each Ticket/Pass \$ _	33.00
	St ball Provide Tille/Ex	Nanelion	Date(s)	7,5,17	
Ticket(s)/Pass(es) provide		Yes 🔲 No	If no: <u>Oa</u>	Icland Ath	lef1G
Was ticket distribution mad of agency official?	le at the behest	No 🗋 Yes	Ala If yes:	meda County Superv	sor Scott Haggerty, D 1
Recipients					19 19 19 19 19 19 19 19 19 19 19 19 19 1
Use Section A to Identify the age	ency's department or	unit. • Use Se	ction B to identify an individu	uel. • Use Section C to ident	fy an outside organization.
A. Namelof Agency, Depar	finu no finem	Ticketts) Pass(es)	Describe the pub	licipurpose insdeloursuant:	o the seency's policy
					n tong kalantan da anang kanan ka
B. Namejofinalvi	1001 1	Number of Ticket(s)/ Rabe(os)		Identify one of the followin	9:
			To promote attenda to maximize potenti parking sales.	ance at a county sponsored al county revenue for con-	event in order no $\Pi$
Joe Paola		2	Ceremonial Role [	Other	Income
A North Annual State		NOTBREAK	an and a start way see to a start and	Mill Company of South and Street	
C. Name of Outside Org I (Include) address and d	escription)	Number of Ticket(s) Pase(es)	Descrips the public	c.purpose made puravent 16	the Egency's policy
Verification					
	ons 18944.1 and 1	18942. I have veril	ied that the distribution set fort	h above, is in eccordance with th	8 fecuirements
Signature of Agency Head of Designe	L	ee Ann Ferg		upervisor's Assistant	1./201/17

gency Name	ket/Pass Distribution		Form 802
Lamoda County			Lot Others Car and
ivision, Department, or Region (If Applicable	9)		
Board of Supervisors			
esignated Agency Contact (Name, Title)		and in the second distance of the second dist	the setting in Part 31
ee Ann Fergerson, Supervisor's Assista	int	Amendment (Must provid	s explanation in man with
Gednighone Number E-mail		Date of Original Filing:	Month, Day, Year)
(510) 272-6691 leeann.ferg	erson@acgov.org	i.	$\tilde{D}$
Function or Event Information	Face	Value of Each Ticket/Pass \$	0.00
Does the agency have a ticket policy?	COCKED TO THE TO THE	75.17	
Event Description Inan Marde	Date(	5)	
	If most	G-SW Name of Source	,
Ticket(s)/Pass(es) provided by agency?	Yes No D If Ho.	Alameda County Superviso	r Scott Haggerty, D 1
Was ticket distribution made at the behest of agency official?	No 🗋 Yes 🕢 if yes	: Official's Name (Las	, Firsl)
Recipients		- testinistumi - Liso Sociion C to identify	an outside organization.
a Lize Section A to identify the agency's department	or unit. • Use Section B to identify	ette pupispurper modepurgean to	the agency's policy
A. Name of a gency (Department on Unit	Tokote	eine pueuspuike	
the second s			
			v
			en e
		dentily gract traffellowin	
B.		Identify one of the following	
the state of the second st		to attendance at a county sponsore	eventin order 🖬 🗖
B. Nine Filler Market Sherry Kraus		ite attendance at a county sponsored ize potential county revenue for con	eventin order 🖬 🗖
the state of the second st	To promo to maxim parking s	ite attendance at a county sponsore ize potential county revenue for con ales.	d event in order me L cession and
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the state of the second st	4 To promo to maxim parking st	rte attendance at a county sponsorer ize potential county revenue for con ales.	d event in order me L cession and
Sherry Kraus	Cerem I ches	te attendance at a county sponsored ize potential county revenue for con ales.	d event in order me C cession and Income C
Sherry Kraus	Cerem I ches	te attendance at a county sponsored ize potential county revenue for con ales.	d event in order me L cession and
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Sherry Kraus	Cerem I ches	te attendance at a county sponsored ize potential county revenue for con ales.	d event in order me C cession and Income C
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Sherry Kraus	Cerem Homemory Passion Land	Attendance at a county sponsored ize potential county revenue for conales.         nonial Role       Other         wing "Ceremonial Role" or "Other" describe below:         the propulsion of the purpose range purpose.         the propulsion set forth above, is in accordance with the power of the purpose.	d event in order me L cession and Income L with agency elegicy
Sherry Kraus	Cerem Homemory Passion Land	te attendance at a county sponsored ize potential county revenue for con ales.	d event in order me L cession and Income L with agency elegicy

#### Agency Report of: vents and Ticket/Pass Distributions A Public Document

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Agency Name		- -		Date Stamp	California 802
Alameda County					For Official Use Only
Division, Department, or Re	gion (If Applicable	9)			
Board of Supervisors					
<b>Designated Agency Contac</b>	t (Name, Title)				
Lee Ann Fergerson, Supe		nt		Amendment (Must provi	de explanation in Part 3.)
Area Code/Phone Number	E-mail			Date of Orlginal Filing:	(Month, Day, Yeer)
(510) 272-6691		erson@acgov.c			
2. Function or Event info		Yes 🔲 No 🗌	Face Value o	of Each Ticket/Pass \$	33.00
Does the agency have a tick		Yes I NOLI	10	30,17	
Event Description	Provide Tille/Exp	lanalion	Date(s)		l l .
Ticket(s)/Pass(es) provided	by agency?	Yes 🗋 No 🗖	lf no:	ek and A	thetics
				Name of Source meda County Supervise	
Was ticket distribution made of agency official?	at the behest	No 🗋 Yes 🗖	If yes:	Óffidel's Nama (Las	; First)
. Recipients				rat a Liza Raction C to identify	an outside organization.
Recipients     Use Section A to Identify the age	THE	HERE THE PROPERTY AND A REPORT OF	二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	lis purpose made pursuant to	
A. Name of Agency, Depart	mention unit distribution		Describe the put	лістригрова пасили а чали со	
os de ser vereseren en e	and and the second of the	ALCOLOGICAL CONTRACTOR	handhaithean an the second second		
				an a	an a sha baana dagaa ah a
an a					
	the support of the		in the second		
B.		Alember of a structure of a structur		Identity one of the following	
Eric Ande		12	To promote attend	lance at a county sponsored	event in order no D
Enc Anae	VSON		to maximize poten parking sales.	tial county revenue for conc	ession and
			pa		
	and the second		Ceremonial Role	Other	income [
			// checking "Ceremon	nial Rola" or "Other" describe below:	
		Numperet -	- Marson M		the prency confile
C. Nemeror Outside Of	loscription)	Ticketter Bass(es)	Personal distribution	olicipurpose micropursuent to	
	مىنىيەر بەغرىيە <u>تىرىكى بىرىمىيە تۇرىپە بەرمىيە</u>				
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la may may be an in a subscription of the first sector of the first sector of the sect					
				a proprio and a construction of the later of t	and the second secon
4. Vortification		d 18043 i knus und	fect that the distribution set	forth above, is in accordance with t	he requirements.
	49.7 A	Lee Ann Ferg		Supervisor's Assistant	6/27/17
<ul> <li>Signature of Approx traps or young</li> </ul>	nao	Print Name		7100	(Month, Gay, Year)
$\overline{U}\overline{U}$	)				$\ell$
Comment:					FPPC Form 802 (4/1)

FPPC Toll-Free Heipline: 866/ASK-FPPC (865/275-7772)

section de s	eremonial Role Even	its and Ti	cket/Pass	s Distr	ibutions	•	A Public Document
1.	Agency Name					Dale Stamp	Gellifornia 802
	Alameda County		· · · · · · · · · · · · · · · · · · ·				For Olfidal Use Only
	Division, Department, or Reg	ilon (If Applicab	le)				
	Board of Supervisors	•					
	Designated Agency Contact	(Name, Tille)					
	Lee Ann Fergerson, Superv	visor's Assista	ant			C fmandmant (Huu)	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail					
-	(510) 272-6691	1 -	erson@acgc	ov.org	NAMES OF THE OCTOBER OF THE PARTY OF THE PARTY OF	Date of Original Filing:	(Monih, Day, Year)
2.	Function or Event infor						5000
	Does the agency have a ticke	t policy?	Yes 🔁 No		Face Value of	of Each Ticket/Pass \$ _	0.00
	Event Description	Susco	all		Date(s)	,21,17	
		Provida Tille/Exp	planalion			Dahland	Nel Datros
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔁 No		If no:	Name of Sc	FINCE
	Was ticket distribution made a	it the behest			Ala If yes:	meda County Superv	visor Scott Haggerty, D 1
	of agency official?	·····		-C	11 yes. <u></u>	Officiel's Neme (	Last, Firsi)
3.	Recipients		a an dan siya basa an an an an galan da da an	and the stand of the stand of the stand		and a management of the second se	a formation of the product of a state of the product of
	· Use Section A to identify the agency						
	A. Name of Agency, Departme	ភាំ ចកប៉ក្សា។	Number of Tickous)		Describe une pub	lic purces made pursuan	to the agoncy a policy.
			2 r. P. 1988 (83)				
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1	B. Name of Individua		Number of	1, 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		(Identify one of theffollow	
			Papelos):				
						2	no 🗌
							· · · · · · · · · · · · · · · · · · ·
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Coromonial Role	Other	Incoma
					If checking 'Caremoni	al Role" or "Other" describe below:	
;	Name of Outside Organ		Number of	2 - S-		içipurpose made pursuant	
	1 (include address) and dos	alpuon,	Nulinbariof Tickedal/ Pass(as)			ic purpose made pursuant	to the agency spolicy
4	Sunfrower Holl		18/.1	)			
f	20. Box 11436		174	Тс		hool or non-profit or	
Ċ	Addination (D)	21000			its cont	ributions to the comr	nunity
1	reasanton, CA g	4588					
ļ,	Verification		ala an	ioniniis entone sea			anan yanan ya mangan kangan kangan ya kangan dan kangan ya kangan ya
						with abova, is in accordance wil	1.1.2.17
	Signature of Agency Hood or Designed	_	Lee Ann Fer			Bupervisor's Assistant	(kloch Cay your)
	ordunation of MBaues, Leagler righting				0		foronit, pay, past
	Comment: proceeds b	elpfurtt	er then	r nis	ision of	Creating an	interritional
	community	for in	ditidua	(s with	th F	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 666/ASK-FPPC (866/275-7772)
	communite Special ne	1 101 MC	~ I Y I U WUU		***		6
	yecial ne	eas					

Ceremonial Role Events and Tic	cket/Pass	Distributions		A Public Documen	
I. Agency Name			Date Stamp	California 802	
Alameda County				1 Chini	
Division, Department, or Region (If Applicable	le)			For Official Use Only	
Board of Supervisors	· · ·				
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assista	ee Ann Fergerson, Supervisor's Assistant				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.}	
(510) 272-6691 leeann.ferge	erson@acgov	/.org	Date of Original Filing: .	(Month, Day, Year)	
Function or Event Information		· · · · · · · · · · · · · · · · · · ·		2200	
Does the agency have a ticket policy?	Yes 😡 🛛 No [	Face Value of	of Each Ticket/Pass \$	22	
Event Description BASEBAU	A'S	Date(s)	7, 1, 17	1 1	
Provide Title/Exp	lanation				
Ticket(s)/Pass(es) provided by agency?	Yes 🔂 No [	] If no: <u>04</u>	KLANU ATT	HETICS	
Was ticket distribution made at the behest		Alaı		sor Scott Haggerty, D	
of agency official?	No 🗋 Yes 🕻	2 If yes:	Official's Name (L		
Recipients		······································			
. Use Section A to identify the agency's department or	unit. • Use Sect				
A. Namelor Agency, Department or Unit	/ Number of Tickous/ Pass(es)	Describe the pub	lic purpose made pursuant l	o the agency's policy	
	Pass(es)				
	Numberiof				
B. Nameofinalviatel	Number of Tickelle/ Pase(os)		Identify one of theffollowin	9	
DIERI			ance at a county sponsore		
Rich & Cindy Puppione	16	to maximize potent parking sales.	ial county revenue for con	cession and	
Puppione	T	parking sales.			
		Ceremonial Role	Other	Income	
			al Role" or "Other" describe below:		
C. Name of Outside Organization	Number of Ticket(s)/ Pass(es)	Describe the publ	ie purpose made pursuant a	o the agency's policy	
	F456(93)			期期加快不是是等的期間的不能是	
• **			13.1	······	
- K					
Varification		· · · · · · · · · · · · · · · · · · ·			
	18942,   have verif	fied that the distribution set fo	rth above, is in accordance with	the requirements.	
-	_ee Ann Ferg		Supervisor's Assistant	6-22-1	
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)	
$\bigcirc \bigcirc \bigcirc$					
Comment:			······································		

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

1. Agency Name	
	Dale Stamp Callionner 302
Alameda County Division, Department, or Region <i>(if Appliceble)</i>	For Olficial Uso Only
Board of Supervisors	
Designated Agency Contact (Name, Tille)	
Lee Ann Fergerson, Supervisor's Assistant	
Area Code/Phone Number E-mail	Amondment (Aust provide explanation in Part 3.)
(510) 272-6691 leeann.fergerson@acgov.org	Data of Orlginal Filing:(Month, Day, Year)
2. Function or Event Information	
Does the agency have a ticket policy? Yes 🔯 No 🗂 Face Val	lue of Each Ticket/Pass \$
Event Description	$l_{12}$
Provida Tilla/Explanation	
Tickel(s)/Pass(es) provided by agency? Yes P No	TAU
	Alameda County Supervisor Scott Haggerty, D 1
Was licket distribution made at the behest No 🗔 Yes 🖾 If yes; 📖 of agency official?	Officiel's Namo (Last, First)
3. Recipients	dividual stan Contine Carbonits and at the state
<ul> <li>Use Section A to identify the agoncy's department or unit. • Use Section B to identify an interaction of the section B to identify an interaction of the section B to identify an interaction of the section of the sectio</li></ul>	
• Use Section A to identify the agoncy's department or unit. • Use Section B to Identify an Int A. Nombor/Agency, Department on Unit Association, Morribor of Agency, Department on Unit Association, Research of Agency, Taken and Agency (Department on Unit Association), Research of Agency, Taken and Agency (Department on Unit Association), Research of Agency, Taken and Agency (Department on Unit Association), Research of Agency, Department on Unit Association, State and Agency (Department on Unit Association), Research of Agency, State and Agency (Department on Unit Association), Research of Agency, State and Agency (Department on Unit Association), Research of Agency, State and Agency (Department on Unit Association), Research of Agency, State and Agency (Department on Unit Association), Research of Agency, State and Agency (Department on Unit Association), Research of Agency, State and Agency (Department on Unit Association), Research of Agency, State and Agency (State and Agency), State and Age	ອຸກັນຍີ່ມີຮູບເຫຼືອຍັດ ກາຍເອັດບັນນີ້ ເບິ່າ ເບິ່າຍູ່ ນີ້ຫຼືບົດດູ້ແຮງ ອຸດທິດຈະ
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B. Aumboringivardi atta atta atta atta atta atta atta at	
Stoff Haggerty 7 received co	versight of facilities or events that have unty funding or support
	anty funding or support
Coromonia! R	Refor [] Other []
C Nettocrouger Ordenzation	
C. Nation of Outsider Organization ( (Include Redrozpond agreenduon)	Intibility propose made in the control is opponey (spolley)
	a school or non-profit organization for
	contributions to the community
4. Verification	a a su a
	set forth above, is in accordance with the requirements.
Lee Ann Fergerson	Supervisor's Assistant
Pdat Namo	Tibo (Atenth, Cay, isal)
Comment:	FPPC Form 802 (4/12)
0	FPPC Toll-Frae Holpline: 866/ASK-FPPC (866/276-7772)

Ceremonial Role Ever	nts and Tie	cket/Pass	Distributions		A Public Document
1. Agency Name				Dale Stamp	California 802
Alameda County					
Division, Department, or Re	gion (If Applicab		For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Tille)				
Lee Ann Fergerson, Super	viser's Assista	int			
Area Code/Phone Number	E-mail			L Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691		erson@acgo	v.org	Date of Original Filing:	(Monih, Day, Year)
2. Function or Event Info	mation	a an	nin gine in sy nyn yw de gyg yf dy'i gallennin Mynin a llefn a swanna ar an ar a Ar ar	a nhaisan an ann an Bhailtean is na sun an Bhailtean is an Anna an Bhaile	50.00
Does the agency have a tick	et policy?	Xes Da No	Face Value of	f Each Ticket/Pass \$ _	550.00
Event Description	ERV	VATE	S Date(s)	10,17	
	Provide Tille/Exp	lanațion			Barnan Babahita Tanjar Inggangan Serengan Ser
Ticket(s)/Pass(es) provided t	y agency?	Yeś 🔀 No	🔲 lf no: 💭	<u>&gt;</u> W	
Was ticket distribution made	فمعامة فم	,	Alaı	Name of So neda County Superv	isor Scott Haggerty, D 1
of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (	
3. Recipients	<b>. Propinsk provinsk</b> – Madazar P	and any give converting on Process converting	terra mayon man dina bakan di kananga ampanya katangka kananga	an and an and a second state of the	
· Use Section A to identify the agend					
A. Nemerol Agency, Departm	eni on Unit	Number'of	Describeuhe pub	c purpose made pursuant	lo the agoncy's policy
		Litters(es).			
- P					
		Numbarion			
B. Name bilddividu		Numbariol. Tickeus)/ Passios): ;		identify one of theffollow	<b>ng:</b>
	ĭ			attendance at a co	
Randy Ren	chler		event in o	rder to maximize po	tential county
	-		revenue f	or concession and	parking sales
<b></b>	<b></b>		Coremonial Role	Olher	Incoma
			-	i Rolo" or "Other" doscribe balow:	
en en angelen an en			The second in particular second and an estimate	HALLIN CO. ANNALY ST. T. MAR	en i la completa de l
C. Name of Outside Organ	izallon cription	Numperof	Describe the public	c;purpose made purcuant	to the agency spolicy
		E Pass(os).			田田田田田村市主要会会開始市内市主要主要
		hool or non-profit or	anization for		
	· · · · · · · · · · · · · · · · · · ·			ibutions to the comn	
$\bigcap$					
Verification					a na anna ann ann ann ann ann ann ann a
	t and	18942. I have ver	fied that the distribution set for	th abova, is in accordance with	the requirements
	l	ee Ann Ferg	gerson S	Supervisor's Assistant	6/12/17
1		Prini Namo		Тво	(fonih, Day Yoai)
Comment:					ang sang sign ang sign ang sang sang sang sang sang sang san

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

#### Agency Report of: Ceremonial Role Events an d Tieke#/Dr

Ceremonial Role Ever	nts and Ti	cket/Pas	s Distribi	utions		A Public Document
1. Agency Name					Dale Stamp	Selfornto Ono
Alameda County						11. (POID) 10.0/4
Division, Department, or Re-	gion (If Applicab	le)			1	For Ol/Ictal Use Only
Board of Supervisors						
Designated Agency Contact	(Name, Tille)					
Lee Ann Fergerson, Super	visor's Assista	int				
Area Code/Phone Number	E-mail				Amondment (Mustp.	rovido explanetion in Parl 3.)
(510) 272-6691	leeann.ferg	erson@acg	ov.org		Date of Original Filing: .	(Monili, Day, Year)
. Function or Event Infor				in in a suit, fair in chi shaka ai 7017	Landan da kana kana kanang	
Does the agency have a ticke	et policy?	Yes DNo	Fa Fa	ice Value of	f Each Ticket/Pass S	
Event Description War	IONS/CA	VS WO	tch Da	nte(s)	,9,17 ×	
	Provina Tilla/Exp	Ianalion Do	rtu		(A)	
Tickel(s)/Pass(es) provided b	y agency?	Yes 😰 No	E I Ir	10:	Name of Sou	1000
Was ticket distribution made a	at the behast		<u>н</u>	Alan	neda County Supervi	sor Scott Haggerty, D 1
of agency official?	et me benest	No 🗋 Yes	ti y	/es:	Official's Name (L	Mr. and a state
Recipients						
· Use Section A to Identify the agenc		unit.      • Uso Se				
A. Name of Agency (Departm		<ul> <li>Number of</li> <li>Tickolls)/</li> <li>Paus (cs)</li> </ul>	Desc	ribe the publ	ទ្រោយត្រូវទទួលការដែលចូលរទប់ធិតា៖	a the name is nalley
L			To rewa	ard a Cou	nty employee for hi	s or her
			exempl	ary servic	e to the public or to	encourage
			staff de	velopmer	nt	U U
B. A Nome of hally law		Humbanof, mekodoli Pagetoci:			ແຜ່ລົກແມ່ງ ເອກອ ວ່າ ນາອີກອາການ ເພື່ອການນີ້ງ ເອກອ ວ່າ ນາອີກອາການ	9. 9. 1
NICK Padno		4	e	vent in or	attendance at a cou der to maximize pol or concession and p	ential county
Stephen P	MON	I	Coror	nonial Rolu	Other	іг хогле
6					ב	
C Name of Outside Organ	24057	Num bar of it	Descr	្សា ចែត ហាត ដូលី៦ [	cpurpagernadepurguantu III	ojulio ogoncy singlicy
(incluse address and dos		Pasc(es)				關聯合的行為。這個問題的一些自己
			To rev		nool or non-profit org ibulions to the comm	
<u> </u>				ns contin	ibutions to the comm	<b>L</b> arity
Verification		 	<u> </u>	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	Manadalah ang Kasarang ang pangang ang ang ang ang ang ang ang ang a
	3944.1 and	18942, 1 havo ve	nified that the dist	ribulion set for	th ebove, is in eccordance with	the requirements.
	l	ee Ann Fer	gerson	\$	upervisor's Assistant	<u>e/1201</u>
		Pdni Nom	٥		Πμο	(Month, Day, Yohi)
Commeni:						
				FI	PPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 6/ASK-FPPC (865/275-7772)
•						

Ceremonial Role Ever	nts and 11	cketPas	s Disti	ributions		A Public Documen
1. Agency Name					Date Stamp	California 802
Alameda County	-					Form UUZ
Division, Department, or Rep	gion (If Applicat	vie)			0	For Official Use Only
Board of Supervisors						
<b>Designated Agency Contact</b>	(Name, Title)				1	0
Lee Ann Fergerson, Super	visor's Assista	ant				
Area Code/Phone Number	E-mail					provide explanation in Part 3.)
(510) 272-6691		erson@acg	ov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event infor						
Does the agency have a ticke		Yes 🕅 No		Face Value of	of Each Ticket/Pass \$_	
Event Description Watc		-Warri	210.	Date(s)		
	Provida Title/Ex)	lanațion		Ge	(m)	
Ticket(s)/Pass(es) provided b	y agency?	Yes No		If no:	Name of Sc	N/ICA
Was ticket distribution made a	at the behest	No 🗖 Yes		Ala	meda County Superv	visor Scott Haggerty, D 1
of agency official?				11 yco	Ófficiai's Neme (	Last, First)
Recipients	<u></u>	<u> </u>	<u>en 26</u>		ક્રાં હ્યું પ્રચ્ચાર∶ં	* <u>6* 1991 - 8</u> 43* - 9 <b>6</b> 1-21 - 4 1=
Use Section A to identify the agenc	The second s		ction B to i	dentify an Individu	iel. • Use Soction C to Iden	tify an outside organization.
A. Name of Agency, Departme	int on Unit	Mumber of Tickous)/ Pass(es).		Describe the pub	lic puppee made purguant	to the agency's policy
TTO			Tore	eward a Cour	nty employee for his	
XV		<u> </u>	exer	nplary servic	e to the public or to	encourage
Information Technic	Xory Dept	14	staff	developmer	nt	
B.		Number of Ticket(s)			Identify one of the follow	<b>ng:</b>
	/	o on an	i an an in a straight	Utilited Francis 1 - 1 - 1 - 1		
	4					~
				Ceremonial Role	Other D N Role" or "Other" describe below:	Income
C. Name of Outside Organi	zation	Number of Ticket(s)/		escribe the publi	c;purpose made pursuanti	o the agency's policy
		Pass(es)				
• • · · · · · · · · · · · · · · · · · ·						
Verification			19 <del>-1-1</del> -19-1-19-1			
VCHAICALION	944.1 and	18942. I have yer	rified that the	distribution set for	th abova, is in accordance with	the grouinements
,	·	ee Ann Ferg			upervisor's Assistant	I Maria 17
<b>-</b>		Print Name	and the second se	<u></u>	Title	(Alonth, Day, Year)
Comment:						

## Agency Report of:

Ceremonial Role Eve	nts and T	cket/Pass D	istributions		A Public Document
1. Agency Name				Dale Stamp	Gillomb QAD
Alameda County					FOULS
Division, Department, or Re	gion (If Applica)	bie)		1	For Official Uso Only
Board of Supervisors					
Designated Agency Contact	(Name, Tille)			1	
Lee Ann Fergerson, Super	visor's Assist	ant			
Area Code/Phone Number	E-mail			Amondment (Must	provide exploration in Part 3.}
(510) 272-6691	leeann.ferg	erson@acgov.or	g	Date of Original Filing:	(Maniliz Day, Year)
2. Function or Event Infor	mation			a karanan selalah kelurup dapat dapat seri d	
Does the agency have a tick	et policy?	Yes 🚺 No 🗖	Face Value o	of Each Tickel/Pass S_	516.50
Event Description	(u)	(	_ Date(s)	71, 9, 4	<i>I</i> I
	Provide Tille/Ex	elanation		Tu	المراجب والمراجب المراجب والمروجي المراجع والمراجع والمراجع
Tickel(s)/Pass(es) provided b	у аделсу?	Yes 🚺 No 🗍	if no:	SW	
Mon Volent dist Studies mode		C .	Alar	Nome of So meda County Superv	dsor Scott Haggerty, D 1
Was ticket distribution made a of agency official?	at the benest	No 🗔 Yes 🔽	If yes:	Officiel's Name (	
. Recipients			anna ann a' fhanna ann an an ann a' fa an an a' fa an a		
<ul> <li>Use Section A to identify the agence</li> </ul>	y's department of	runit. 🔹 Uso Section	B to Identify an Individu	al. 🔹 Uso Section C to Iden	llfy an outside organization.
A. Name of Agency (Departing	ni ot Unit	Nimeoror	Describe Lie pub	ic purpose medel pursuant	to the money's policy.
A. Nameol Agency (Departin		1 Paus [05]			
•			To reward a Cou	inty employee for h	is or her
			exemplary servic	ce to the public or t	o encourage
			staff developme	nt	
		Hunbarol, A			
		Humbanol Tickouol Ragelool		Itentify one of Dionology	<b>hg</b> ;
Gran Vard	000	7	To promote	attendance at a co	unty sponsored
Grace Vard	ar i	6	event in o	rder to maximize po	tential county
Jordon Lom	bardo	2	revenue f	or concession and p	parking sales
			Coremonial Role	Olher	Income 🔲
			If objecking "Commonia	sl Rols" ar "Other" doscribu balam:	
	alazzantea teat	N/TO BBB OF ST			
C. Name of Outside Organ	cription), t	Mumberofi Mekilloj/ Faulos	Cescribe the plibi	່ງ ການເປັນເປັນ ເປັນເປັນ ເປັນ ເປັນ ເປັນ ເປັນ ເ	to the agency's policy
	and the second s				
				hool or non-profit org	
			its contr	ibulions to the comn	nunity
$\land$		~			
Werl/ication	<u> Anglis - a sa s</u>	alaa ahaa ahaa ahaa ahaa ahaa ahaa ahaa	<u>، بالمالة الترامية المستخطية المع ويترام المرام المرام المرام المرام المرام المرام المرام المرام الم</u>	and an international fraction of the second s	nametro: and the construction of the second s
	:0	1 16942. I have verified i		th abovo, is in accordance will	i the requirements.
	-	Lee Ann Fergers	<u>on S</u>	iupervisor's Assistant	
v · ( )	$1 \times$	Pdni Nama		11_0	In many pay, room
Comment:					
			F	PPC Toll-Frac Halpline: B	FPPC Form 802 (4/12) 56/ASK-FPPC (866/275-7772)
					•

## Agency Report of:

eremonial Role Events and Ti	cket/Pas	s Distributions	*	A Public Document
. Agency Name			Dale Stamp	ি দাজিনাম নৃথিত
Alameda County			]	HOTTON 10/0/21
Division, Department, or Region (II Applicable	!e)			For Olficial Uso Only
Board of Supervisors				
Designated Agency Contact (Name, Tille)			1	
Lee Ann Fergerson, Supervisor's Assista	ant			
Area Code/Phone Number E-mail				provida axplanation in Part 3.}
(510) 272-6691 leeann.ferge	erson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				200,00
Does the agency have a licket policy?	Yes 🔂 No	Face Value c	of Each Ticket/Pass S_	200.00
Event Description <u>Ve La Banc</u>	da	Date(s)	<u>, 3 ,1 †</u>	
Provido Tille/Expl	lanațion	G	SW	
Ticket(s)/Pass(es) provided by agency?	Yes 🔁 No		Name of So	VrcD
Was ticket distribution made at the behest	No 🗌 Yes	Alar □lfyes;	neda County Superv	isor Scott Haggerty, D 1
of agency official?			Officiel's Nama (	Lasi, Firsi)
Recipients	1997 - 1999 - 1997 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	Construction of the second	19	
<ul> <li>Use Section A to Identify the agency's department or</li> </ul>				
A. Namoonagancy, Department of Unit	() fumbor of Tickot(s)/ Urt/Pagalosi	Describeuto publ	lcipuiposa madolou/suant	lo the agency's polley.
and the set of the set	S HERRER PROFILE		inty employee for h	
		exemplary service	ce to the public or t	D encourage
	1	staff developme	nt	
	il.	1	District the temperature state of the second	erred es values es 125. North reasons of the reas
B. Namelor nellyleus - All - A	Humbanel Tellodol/ Eapeloci:		Wolfolio of Utoffolow	
Chelly Cerona	4	event in o	attendance at a courder to maximize po or concession and p	tential county
		Ceremonial Rolu	Olher 🗌	income 🔲
		lf chocking "Commonia	i Robi or Other describe balow:	
	Numberona			
Nemoof Ouside Organization	Numbur of Alck((p)/ Pass(cs)	Describe Unepublic	c;bl/posomide.pusioni:	to the agency epolicy
. 5			hool or non-profit org	
			hool or non-profit org ibulions to the comn	
		ils contr	ibulions to the com	
s 15944,7 and		its contr nified that the distribution set for	ibulions to the comm	
s 15944,7 and	ee Ann Fer	ils contr nified that the distribution set for gerson S	ibulions to the com	
		ils contr nified that the distribution set for gerson S	ibulions to the comm th ebove, is in accordance will iupervisor's Assistant	

# Agency Report of:

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		All light sources where the	Distributions	And and a supervised in the second	A Public Docume
1. Agency Name				Dale Stamp	Contra 20
Alameda County	·· <u>_</u> ,	·			For Olficial Use Only
Division, Department, or	Region (If Applicat	ole)			For Otherar Oser Only
Board of Supervisors					
Designated Agency Con	tact (Name, Tille)				
Lee Ann Fergerson, Su	pervisor's Assista	ant			
Area Code/Phone Numb	-			Amondmont (Must	provido explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgo	v.org	Date of Original Filing:	(Month Day, Year)
<ol> <li>Punction or Event In Does the agency have a Event Description Wa Ticket(s)/Pass(es) provide Was ticket distribution ma of agency official?</li> <li>Recipients         <ul> <li>Use Section A to Identify the a</li> <li>A. Name of Agency, Depi</li> </ul> </li> </ol>	Ickel policy? <u>Provide Titlerex</u> ed by agency? Ide at the behest gency's department or Titligen for Unit	Yes No	If no:Ali	Olficlei's Namo (	rlsor Scott Haggerty, D Last, First) Ufy an outside organization.
B A Nome guirde	nurat - Alexandria		exemplary serv staff developm	ounty employee for h vice to the public or t ent theority and of the rollow	o encourage
Stanley A Javier Her	ticon nandez	2	event in	e attendance at a col order to maximize po for concession and p	tential county
			Caromortiai Rolo Kehesking Centro	Other C cial Rolp" or "Other" describe balant:	income [
C. Najjo CEOUISICO O UltineLUAN address and	rganization description)	Numborbs Tieku(o)/ Ragg(os)	Describournitu Lescribournitu	licipurpaso mada pursuant: Licipurpaso mada pursuant: Januari	orthp agency cipology
				chool or non-prafit are tributions to the comn	
					the manufer
Unhole size		100 00 Jhave 1100	sna that the disidbuling set (	onh ebova, Is in accordance will	i no regunaments.
		.ee Ann Fero		Supervisor's Assistant	toliliz

FPPC Toll-Free Helpline: 856/ASK-FPPC (866/276-7772)

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

Ceremonial Role E	vents and m	ckel/Pass Dis	indutions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form
Division, Department, o	Region (If Applicat	nle)			For Official Use Only
Board of Supervisors					
Designated Agency Cor	tact (Name, Title)			1	
Briana Brown				Amondmont (Must	provide explanation in Part 3.)
Area Code/Phone Numb	er E-mail				
(510)272-6695	briana.brov	wn2@acgov.org		Date of Original Filing	:(Month, Day, Year)
2. Function or Event I	nformation			•	
Does the agency have a	ticket policy?	Yes 🛛 No 🗖	Face Value o	of Each Ticket/Pass \$ .	150
Event Description A's B	aseball		Date(s) 05	5 , 20 , 17	//
	Provide Title/Ex	planation	Date(3)		
Ticket(s)/Pass(es) provi	ded by agency?	Yes 🗋 No 🛛	If no: Oaklar	nd Athletics	Source
Was ticket distribution m of agency official?	ade at the behest	No 🗌 Yes 🛛	If yes: Carso	on, Keith - Supervisor Official's Name	r District 5

3. Recipients

Was ticket distribution made of agency official?

• Use	Section A to identify the agency's department or	unit a Use Secti	on Bito identify an individual. • Use Section C to identify an outside organization.
Α.	Name of Adamsk, Department or Unit.	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy

A straight provide the straight of the straigh	Pass(es)	
BOS Dist 5	4	To reward a County employee for his or her exemplary service o the public or to encourage staff development
B. (Name of Individual) (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Other Income Income Income
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Ve l hav

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

$\smile$	Briana Brown	Supervisor's Assistant	June 10 2017
🖌 Signature of Agency Lieau of Designee	Print Name	Title	(Month, Day, Year)
Comment:			

					A Public Document
Agency Name				Date Stamp	California 802
Alameda County					Form 002 For Official Use Only
Division, Department, o	or Region (If Applicab.	e)			For Onicial Use Only
Board of Supervisors					0.21
<b>Designated Agency Co</b>	ntact (Name, Title)				
Briana Brown					
Area Code/Phone Num	ber E-mail				provide explanation in Part 3.)
(510)272-6695	briana.brow	n2@acgov.o	org	Date of Original Filing:	(Month Day Yoar)
Function or Event					(Month, Day, Tear)
Does the agency have	a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	80
			—		
Event Description	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) prov			Ma If no. Oakla	nd Athletics	
noi(0)/1 035(03) prov	ided by agency:	Yes 🗌 No		Name of So	
Was ticket distribution r	made at the behest	No 🗌 Yes	If yes: Cars	on, Keith - Supervisor	District 5
of agency official?				Official's Name	(Last, First)
Recipients					
Use Section A to identify th		Number of	ction Bite identify an Individ	• Use Section C to ider	tify an outside organization,
A. Mame of All new D	aparmini or Unit	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	t to the agency's policy
BOS District 5		2		y employee for his or courage staff developr	her exemplary service to nent
B. (Vame of In (Last,		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
		1 433(63)			
			Ceremonial Role If checking "Ceremon	Other X nial Role" or "Other" describe below:	Income
			If checking "Ceremon Ceremonial Role		Income
C. Name of Outsid (include address		Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	nial Role" or "Other" describe below:	Income 🔲
		Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	nial Role" or "Other" describe below:	Income 🔲
	and description}	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pul	nial Role" or "Other" describe below:	Income t to the agency's policy
	and description}	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pul	nial Role" or "Other" describe below:	Income

	Ceremonial Role Events and Tid	cket/Pass	5 Distributions		A Public Documen
Division, Department, or Region (// Applicable)       For Oficial Use Only         Board of Supervisors       Designated Agency Contact (Name, Trife)         Briana Brown       Amendment (Mult provide explanation to Part 3; 5102726695         Designated Agency Contact (Name, Trife)       Date of Original Filing:	1. Agency Name			Date Stamp	
Board of Supervisors Beard Agency Contact (Name, Tate) Briana Brown Area Code/Phone Number E-mail briana.brown2@acgov.org Date of Original Filing:					
Designated Agency Contact (Name, 714c)         Briana Brown         Area Code/Phone Number         Stara Code/Phone Number         Stara Code/Phone Number         Date of Original Filling:         Month, Day, Yawy,         2. Function or Event Information         Does the agency have a ticket policy?         Provide InterExplanation         Provide InterExplanation         Provide InterExplanation         Ticket(s)/Pass(es) provided by agency?         Yes:         Official?         Official?         Official?         Amendment (dust provide uppartment or unit)         Augency official?         And the provide interesting the provide of the provide uppartment or unit)         Active:         Official?         Amendment (dust provide uppartment or unit)         Augency official?         Active:         Describe the public purpose made pursuant to the agency's policy         Provide Track (the provide uppartment or unit)         Abanded Augency additional track (the provide uppartment or unit)         BOS. D5       2         To reward a County employee for his or her exemplary service to the public or to encourage staff development         GSA       2         Commonal Rate (o	Division, Department, or Region (If Applicable)	le)		1	For Official Use Only
Briana Brown       Image: Area Code/Phone Number State Code/Phone Number State Code/Phone Number State Code/Phone Number State Down 2@acgov.org       Image: Area Code/Phone Number State State Code/Phone Number State Code/Phone Number State Code/Phone Number State Code/Phone Number State Phone Number State Phone State Code/Phone Number State Phone Number State Number State Phone Number State Nume State Number State Number State Number St	Board of Supervisors				
Area Code/Phone Number 5102726695       E-mail briana.brown2@acgov.org       Date of Original Filling: (Modent. Day Vear)         2. Function or Event Information Does the agency have a ticket policy? Yes X       Yes X       No       Face Value of Each Ticket/Pass \$_312.50         Event Description Warriors       Provide Tree/Explanation       Date (s)       6       1       17         Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?       No       Yes X       If no: Colden State Warriors         3. Recipients       Otheory function Ticket(s)/Pass(es) provided by agency? department or units of agency official?       Otheory State Warriors       Otheory State Warriors         A. Manee of State Warriors       Otheory State Warriors       Otheory State Warriors       Otheory State Warriors         - Use State Marrie of State Warriors       Otheory State Warriors       Otheory State Warriors       Otheory State Warriors         3. Recipients       - Use State Warriors       Otheory employee for his or her exemplary service to the public or to encourage staff development       To reward a County employee for his or her exemplary service to the public or to encourage staff development         GSA       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development       Income         C. Name of Outside Organization (Include address and description)       Number of Ticketing       Describ	Designated Agency Contact (Name, Title)			-	
Area Code/Phone Number       E-mail       Immediate (Most provide explanation in Part 3.)         5102726695       Driana.brown2@acgov.org       Date of Original Filling:(Mooth, Day Year)         2. Function or Event Information       Does the agency have a ticket policy? Yes [2] No []       Face Value of Each Ticket/Pass §	Briana Brown				
5102726695       briana.brown2@acgov.org       Date of Original Filling:       Manne, Day, Vewy         2. Function or Event Information       Does the agency have a ticket policy? Yes ⊠ No □       Face Value of Each Ticket/Pass \$_312_50         Event Description       Warriors       Date(s) _6 _ 1 _ 17 _ / / / / / / / / / / / / / / / / / /				Amendment (Must	provide explanation in Part 3.)
Event Description or Event Information Does the agency have a ticket policy? Yes  No Face Value of Each Ticket/Pass \$ 312.      Forward Tibe/Explanation Ticket(s)/Pass(es) provided by agency? Yes  No		n2@acgov.c	org	Date of Original Filing	
Does the agency have a ticket policy?       Yes INO       Face Value of Each Ticket/Pass \$ 312.50         Event Description       Warriors       Date(s)       6       1       17         Provide Title/Explanation       If no:       Golden State Warriors       Marre of Source         Was ticket distribution made at the behest of agency official?       No       Yes If yes:       Officials Name (Last, First)         •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 an outside organization;         •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 an outside organization;         •Use Section A to identify the agency's department or unit:       •Use Section A to identify an outside organization;       Describe the public purpose made pursuant to the agency's policy         BOS, D5       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development       Income I         GSA       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development       Income I         B.       Warrier       Identify one of the following       Pass(er)       Income I         Vertening Commonial Role <td></td> <td></td> <td></td> <td></td> <td></td>					
Event Description       Provide TitleExplanation       Date(s)       6       1       17         Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Colden State Warriors         Wast ticket distribution made at the behest of agency official?       No       Yes       If yes:       Official's Name (Last, First)         3. Recipients		Ves 🔽 No	Face Value of	of Fach Ticket/Pass \$ -	312.50
Ticket(s)/Pass(es) provided by agency? Yes No I If no: Colden State Warriors  Vasue of Source  Official?   Recipients  -Use Source Source Source  A. Many of Assoc Baredongs for Unit  Number of Pass(es)  Resc.  Describe the public purpose made pursuant to the agency's policy  Resc.  B. Many of Assoc Baredongs for Unit  C. Name of Outside Organization  Number of Numb	10/		6	1 17	
Was ticket distribution made at the behest       No □ Yes ⊠       If yes:	Event Description	lanation	Date(s)		//
Was ticket distribution made at the behest       No □ Yes ⊠       If yes:	Ticket(s)/Pass(es) provided by agency?		M If no. Golde	n State Warriors	
of agency official?       Notice if Notice if Notice if Notice if New (Last, First)         3. Recipients       •Use Section A to identify the agency's department or unit.       Istace Recipients an used double or intervention of the public purpose made pursuant to the agency's policy Pass(e)         BOS. D5       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development         GSA       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Number of Ticket(s)       Identify one of the following:         Pass(es)       Ceremonial Role       Other         Income       If detecting "Germonial Role" or "Other describe below"       Income         C.       Name of Outside Organization       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         C.       Name of Outside Organization       Number of Ticket(s)       Income       Income         If checking "Germonial Role" or "Other" describe below:       Income       Income       Income         If checking "Ceremonial Role" or "Other" describe below:       Income       Income       Income       Income         If checking "Ceremonial Role" or "Other" describe below:       Income       Income       Income       Income       Income       Income       Income       Income </td <td></td> <td></td> <td></td> <td>Name of S</td> <td>ource</td>				Name of S	ource
3. Recipients         •Use Section A to identify the agency's department or unit.       Italia Section B to identify an utside organization.         A. Name of Agency Department or unit.       Number of Describe the public purpose made pursuant to the agency's policy Pass(es)         BOS. D5       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development         GSA       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Number of Identify one of the following:       Identify one of the following:         B.       Number of Identify one of the following:       Income I If checking? Commonal Role or Other describe below:         C.       Name of Outside Organization (Income I If checking? Commonal Role or Other describe below:       Income I If checking? Commonal Role or Other describe below:         C.       Name of Outside Organization (Income I If checking? Commonal Role or Other describe below:       Income I If checking? Commonal Role or Other describe below:         If checking 'Commonal Role or Other describe below:       Income I If checking? Commonal Role or Other describe below:         If checking 'Levelow if the idescribe in the idescribe below:       Income I If checking 'Commonal Role or Other describe below:         If checking 'Levelow if the idescribe in accordance with the requirements.       Income I If checking 'Levelow is in accordance with the requirements. <t< td=""><td></td><td>No 🗌 Yes</td><td>If yes:</td><td></td><td></td></t<>		No 🗌 Yes	If yes:		
-Use Section A to identify the agency's department or unit: is Use Section Bita identify shutphetidual:      - Use Section C to identify an outside organization.     A. Manse of Agences Department or unit: is Use Section Bita identify shutphetidual:     -      -	of agency official?			Official's Name	(Last, First)
A.       Mumber of Tecksity Pass(es)       Describe the public purpose made pursuant to the agency's policy         BOS. D5       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development         GSA       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Number of Tecksity       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Number of Tecksity       Identify one of the following:         Pass(es)       Ceremonial Role       Other         Income       If checking "Ceremonial Role" or "Other" describe below:         C.       Name of Outside Organization (include address and description)       Number of Ticks(sy) Pass(es)       Describe the public purpose made pursuant to the agency's policy         Income       If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If and 18942, I have verified that the distribution set forth above, is in accordance with the requirements.         Image: Distribution set forth above, is in accordance with the requirements.         Image:	•	15×10.00			
A.       Marke of Argenoval Daragement for this is presented by pass(es)       Describe the public purpose made pursuant to the agency's policy         BOS. D5       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development         GSA       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Number of the following:       Itentify one of the following:         B.       Number of the following:       Income         If checking "Ceremonial Role			State of the second states		
BOS. D5       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development         GSA       2       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Number of Tickets/ (aut.red)       Identify one of the following:         Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income       Income         If checking "Ceremonial Role" or "Other" describe below:       Income       Income         If include address and description)       Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.       Imcom         Eriana Brown       Supervisor's Assistant       Imc	A. Name of Agency: Banaciment or Unit	Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
C. Name of Outside Organization     Number of     Ticket(s)     Ceremonial Role     Other     If the public or Conter describe below:     Income     If the conter of     Ticket(s)     Ceremonial Role     Other     Income     If the conter describe below:     Income     Income     If the conter describe below:     Income     If the conter describe below:     Income     If the conter describe below:     Income     Income     Income     If the conter describe below:     Income	BOS. D5	2			
B.       Number of Treket(s)       Identify one of the following:         Pass(es)       Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         C.       Name of Outside Organization       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.       GACAA         Briana Brown       Supervisor's Assistant       GACAA	GSA	2	To reward a Count the public or to end	y employee for his or courage staff developr	her exemplary service to ment
	B.	Ticket(s)/			
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.       Verifier       Verifier       Is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Briana Brown       Supervisor's Assistant       G/C/C/T					Income
C. And the of outside organization (include address and description)     Ticket(s)/ Pass(es)     Describe the public purpose made pursuant to the agency's policy      A. Y     Is 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.     Briana Brown     Supervisor's Assistant     G/10/17					Income
Briana Brown Supervisor's Assistant 6/10/17		Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
Briana Brown Supervisor's Assistant 6/10/17					
Briana Brown Supervisor's Assistant 6/10/17	4				
	, is 18944.1 and				le a l
	•				
	Comment:				

russe white the		Distributions	Date Stamp	A Public Document California 802
Address - purgase	_			Form <b>8UZ</b> For Official Use Only
of the creamannon	-			
March 1901	.ov.o	rg	Amendment (Must)	provide explanation in Part 3.) (Month, Day, Year)
	No	-	of Each Ticket/Pass \$ _ 5 / 10 / 17	80
Provide Title/Explar icket(s)/Pass(es) provided by agency?	nation Yes □ No I	If no: Oakla	nd Athletics	
			Name of Si on, Keith - Supervisor Official's Name	District 5
Recipients Use Section A to Identify the agency's department or ut	it alles Cos	dan Dhisidantifican ladada	ingle a Use Section C to ide	ntifi, on outoido orreninetien
A. Name of Anency: Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuar	ntify an outside organization, It to the agency's policy
3. (Name of Individual) (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Ticket(s)/	Ceremonial Role If checking "Ceremo		
	Ticket(s)/	If checking "Ceremo Ceremonial Role	Other I	Income
	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other  inial Role" or "Other" describe below. Other	
(Lest, First) Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Other  Other  Inial Role" or "Other" describe below. Other  Other  Inial Role" or "Other" describe below. Dilic purpose made pursuar	
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Briana Brown				
		Amendment (Must	provide explanation in Part 3.)	
vn2@acgov.o	rg	Date of Original Filing	(Month, Day, Year)	
Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	90	
planation	Date(s)		//	
	If no. Oakla	nd Athletics		
Yes 🛄 No		Name of S		
No 🗌 Yes	If yes: Carso	on, Keith - Supervisor	District 5	
		Official's Name	(Last, First)	
	tion Bitaldentify an individ	• Use Section C to ide	ntify an outside organization.	
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Number of				
Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
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	Ceremonial Role	Other	Income	
	If checking "Ceremon	ial Role" or "Other" describe below.	:	
Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy	
2	To reward a schoo to the community	l or nonprofit organiza	ation for its contributions	
nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.	
Briana B	own	Supervisor's Assistar	nt June 10,20	
Print Nan	ne	Title	(Month, Day, Year)	
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Comment: 2 Field Tickets

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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) Briana Brown Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510)272-6695 briana.brown2@acgov.org (Month, Day, Year) 2. Function or Event Information 90 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗌 Event Description <u>A's Baseball</u> .19 , 17 05 Date(s). Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Carson, Keith - Supervisor District 5 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 intividual. • Use Section C to identify an outside organization. Number of Α. Nameral 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: Pass(es) Other 🔀 Ceremonial Role 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) Berkeley Food and Housing Project To provide opportunities to those who are receiving services from 2 1901 Failview St Berteley-County agencies consistent with the agency's goals for the partic Ve-'' 4. l ha lations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Briana Brown Supervisor's Assistant June 10 1201 Print Name Title (Month, Day, Year)

Comment: 2 Field tx

ea Code/Phone Number       E-mail       Date         10)272-6695       briana.brown2@acgov.org       Date         unction or Event Information       pess the agency have a ticket policy?       Yes 🛛 No 🗌       Face Value of Eac         ent Description       A's Baseball       Date(s)/_         Provide Title/Explanation       Date(s)/_         eket(s)/Pass(es) provided by agency?       Yes 🗌 No 🖾       If no: Oakland At	e of Original Filing: _ h Ticket/Pass \$ 19 _/17	(Month, Day, Year) 90
vision, Department, or Region (If Applicable)         pard of Supervisors         signated Agency Contact (Name, Title)         iana Brown         ea Code/Phone Number         briana.brown2@acgov.org         10)272-6695         briana.brown2@acgov.org         unction or Event Information         bes the agency have a ticket policy?         Yes No       Face Value of Eac         ent Description       A's Baseball         Provide Title/Explanation       Date(s)         exket(s)/Pass(es) provided by agency?       Yes No         Yes No       If no:         Oakland At         as ticket distribution made at the behest       No         Yes Section A to identify the agency's department or unit.       Use Section B to identify an individual.         Number of       Ticket(s)/         Describe the public public public public for the public public public for the public public for the public public for the public public for the public public public public for the public public public public for the public public for the public publi	e of Original Filing: _ h Ticket/Pass \$ <u>19 / 17</u> hletics Name of Sou eith - Supervisor [	For Official Use Only ovide explanation in Part 3.) (Month, Day, Year) 90
bard of Supervisors   signated Agency Contact (Name, Title)   iana Brown   ea Code/Phone Number   10)272-6695   briana.brown2@acgov.org   unction or Event Information   bes the agency have a ticket policy?   Yes X   No X   Face Value of Eac   ent Description   A's Baseball   Provide Title/Explanation   briana.brown?   Yes X   No X   If no:   Oakland Ai   as ticket distribution made at the behest   No Yes X   If yes:   Carson, K   f agency official?   Se Section A to identify the agency's department or unit.   Number of   Ticket(s)/   Describe the public pu	e of Original Filing: _ h Ticket/Pass \$ <u>19 / 17</u> hletics Name of Sou eith - Supervisor [	ovide explanation in Part 3.) (Month, Day, Year) 90
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ea Code/Phone Number       E-mail       Date         10)272-6695       briana.brown2@acgov.org       Date         unction or Event Information       Date       Date         wes the agency have a ticket policy?       Yes X       No        Face Value of Eac         ent Description       A's Baseball       Date(s)       05 /         Provide Title/Explanation       Date(s)       05 /         eket(s)/Pass(es) provided by agency?       Yes No X       If no:       Oakland At         as ticket distribution made at the behest       No Yes X       If yes:       Carson, K         f agency official?       If yes:       Carson, K       Carson, K         ecipients       Section A to identify the agency's department or unit.       Use Section B to identify an individual.         .       Number of Ticket(s)/       Describe the public public public public for the public public public public for the public p	e of Original Filing: _ h Ticket/Pass \$ <u>19 / 17</u> hletics Name of Sou eith - Supervisor [	(Month, Day, Year) 90
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ecipients les Section A to identify the agency's department or unit. (1996 Section B to identify an Individual) . Name of Agency, Department or Unit. Ticket(s)/ Describe the public pu	Official's Name (L	District 5
se Section A to identify the agency's department or unit. Use Section B to identify an individual of		ast, First)
Name of Agency, Department or Unit,     Number of     Ticket(s)/     Describe the public pu		
Mane of Agency Department or Unity     Ticket(s)/     Describe the public pu	Use Section C to identi	ify an outside organization.
	pose made pursuant	to the agency's policy
Number of Ticket(s)/ (Last, First) Pass(es) Ceremonial Role	tify one of the followin	ng:
If checking "Ceremonial Role	or "Other" describe below:	
Ceremonial Role	Other	Income
Name of Outside Organization     Number of Ticket(s)/       (include address and description)     Pass(es)	rpose made pursuant	to the agency's policy
erkeley Teen Center 4 To reward a school or n MLK RWay Barkeley 4 to the community	onprofit organizati	ion for its contributions
Le Prostoim & opportunes for years		
erification		h the requirements
8944.1 and 18942. I have verified that the distribution set forth at	oup in in appord	a ure requirements.
Print Name	ove, is in accordance with ervisor's Assistant Titte	(Month, Day, Year)

A Public Document

	Agency Name				Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Regi	ion (If Applicable	e)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	-			
	Briana Brown					
ľ	Area Code/Phone Number	E-mail	<u></u>		Amendment (Must	provide explanation in Part 3.)
	(510)272-6695	briana.brow	n2@acgov.o	org	Date of Original Filing	(Marth Day Vear)
-	Function or Event Inform				· · ·	(wonth, Day, tear)
	Does the agency have a ticke		Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ .	90
	Event Description A's Baseba	Provide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	In If no. Oakla	nd Athletics	
		y agonoy .		If no: Oakland Athletics		
1	Was ticket distribution made at the behest No I Yes			If yes: Carso	on, Keith - Supervisor	r District 5
	of agency official?	_			Official's Name	(Last, First)
	Recipients					
				clies 8 to identify as individ	• Use Section C to ide	ntify an outside organization.
	A. Name of Agency Department of Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	BOS. D5			To roward a Count	complexes for his or	has average and a star to
	BUS. D5		2			her exemplary service to mentTo promote attendan
	BUS. D5	2)	2 Number of Ticket(s)/ Pass(es)	the public or to end	ldentify one of the follow	wing:
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	B. Name of Individua	Ization	Number of Ticket(s)/	the public or to end Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon	Identify one of the follow         Identify one of the follow         Other         Other         Other         Other         Other         Other         Other	wing: Income
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		SS DISTIN	luons		A Public Document
. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Reg	jion (If Applicable)				For Official Use Only
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)				
Briana Brown			-		
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510)272-6695	briana.brown2@acg	ov.org	1	Date of Original Filing:	(Month, Day, Year)
Function or Event Info	mation	_			
Does the agency have a tick	et policy? Yes 🛛	No 🔲 🛛 🕞	ace Value of	Each Ticket/Pass \$ _	80
Event Description A's Baset	ball		oto(a) 05	, 24 , 17	//
	Provide Title/Explanation	D	ate(s)		//
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			Caraa	Name of Se	
Was ticket distribution made of agency official?	at the behest No	Yes 🔀 🛛 If	yes: Carso	n, Keith - Supervisor Official's Name	UISTRICT 5
<ul> <li>Recipients</li> <li>Use Section A to identify the agen</li> </ul>	v's department or unit	e Section B to Iden	this an individuu	alles Section C to ide	ntify an outside organization.
	Numbo	of			
A. Name of Agency/ Depade	Ticket	-/-	cribe the publi	ic purpose made pursuan	it to the agency's policy
B. (Name of Individue) (Last, First)	Numbe Ticket Pass(r	s)/ (s) Cei	emonial Role	Identify one of the follow Define the follow Other A follow I Role" or "Other" describe below:	Income
			emonial Role	Other describe below:	Income
C. Name of Outside Orga (include address and de		s)/ Des	cribe the publ	ic purpose made pursuan	it to the agency's policy
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Nide Opportunites of F illicect 3 under represent	er under seil yeicht				
Verification					
l ha	lations 18944.1 and 18942. I he	ive verified that the o	listribution set fo	rth above, is in accordance w	vith the requirements.
<u>/</u>	Brian	a Brown		Supervisor's Assistar	nt June 10 , 20
C	Pri	nt Name		Title	(Month, Day, Year)

Field tickets

Comment: .

	monial Role Even		Ket/Pass	Distributions		A Public Document		
-	ency Name				Date Stamp	California 802		
	ameda County					i onin		
Div	ision, Department, or Reg	ion (If Applicable		For Official Use Only				
Bo	ard of Supervisors							
Des	signated Agency Contact	(Name, Title)	<u>.</u>					
Bri	ana Brown							
	ea Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)			
	0)272-6695	briana.browr	n2@acgov.c	org	Date of Original Filing:	(Month Day )(ani)		
2. Fu	nction or Event Infor	mation				(Month, Day, Year)		
	es the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	90		
				—				
Eve	ent Description <u>A's Baseb</u>	Provide Title/Expl	anation	Date(s)		/		
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no	Ticket(s)/Pass(es) provided by agency? Yes No				Name of Sol	urce		
Wa	s ticket distribution made a	at the behest	No 🗌 Yes	If yes. Carso	n, Keith - Supervisor I	District 5		
of	agency official?				Official's Name (L			
3. Re	cipients							
• Us	• 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.	-		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
AL	ALCO BOS D.5		16+3pp	To reward a County employee for his or her exemplary service the public or to encourage staff development;				
B.	Viame of Individua (Last, First)	<u> </u>	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:		
	· · · · · · · · · · · · · · · · · · ·		1 435(03)	Ceremonial Role	Other 🛛			
				-	al Role" or "Other" describe below:	(ncome		
				Ceremonial Role	Other describe below:			
C.	Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy		
	ification							
l hav		tions 18944.1 and	18942. I have vei	rified that the distribution set for	th above, is in accordance with	the requirements.		
(			Briana Bo	wn s	Supervisor's Assistant	June 10, 201		
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		

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

	nonial Role Even	ts and TIC	ket/Pass	Distributions		A Public Document	
-	ency Name				Date Stamp	California 802	
	neda County				-	Form	
Divis	sion, Department, or Reg	ion (If Applicable		For Official Use Only			
Boa	rd of Supervisors						
Desi	gnated Agency Contact	(Name,Title)					
Bria	na Brown		·				
Area	Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(510	))272-6695	briana.browr	12@acgov.o	irg	Date of Original Filing:	(Month Day Vaar)	
. Fun	ction or Event Infor	mation				(wonth, Day, Tear)	
Does	s the agency have a ticke	t policy?	f Each Ticket/Pass \$ _	90			
<b>-</b>	t Description <u>A's Baseb</u>						
Even	it Description	Provide Title/Expla	anation	Date(s)		//	
Ticke	Ticket(s)/Pass(es) provided by agency? Yes D No X If r				d Athletics		
					Name of So.	urce	
	Was ticket distribution made at the behest $No$			If yes: Carso	n, Keith - Supervisor		
of a	gency official?				Official's Name (I		
	ipients	-					
• Use	• Use Section A to identify the agency's department or unit. Use Section Bito identify an in			tion Bite klentify an individu	el. • Use Section C to ident	lify an outside organization.	
A.	A. Name of Agescy, Department of Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
ALC	ALCO BOS D.5			To reward a County	employee for his or h	er exemplary service to	
			2	the public or to enco	ourage staff developm	ent;	
			Number of				
В.	(Last First)	21	Ticket(s)/		Identify one of the followi	ng:	
			Pass(es)	Ceremonial Role	Other 🛛		
				-	al Role" or "Other" describe below:	Income	
				Ceremonial Role		Income	
				If checking "Ceremonia	al Role" or "Other" describe below:		
~	Name of Outside Organ	izotion	Number of				
С.	(include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
			1 000(00)				
Verif	fication	inne 400 11 1	100.40				
i nave		ions 18944.1 and		rified that the distribution set for	rth above, is in accordance with	n the requirements.	
1			Briana Bo	ownS	Supervisor's Assistant	June 10 ) 20	
S	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	

		Distributions		A Public Document	
Agency Name			Date Stamp	California 802	
Alameda County				and the second se	
Division, Department, or Region (If App	plicable)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title	e)		-		
Briana Brown					
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
	brown2@acgov.c	org	Date of Original Filing	(Month Day Year)	
Function or Event Information			· · · · ·	31250	
Does the agency have a ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ .	314	
Event Description Warriors	itle/Explanation	Date(s) <u>6</u>	417	///	
		Coldor	n Stata Marriara		
Ticket(s)/Pass(es) provided by agency	/? Yes 🗋 No	If no: Golder	n State Warriors	ource	
Was ticket distribution made at the bet	nest No 🗍 Yes				
of agency official?	No Tres	If yes:	Official's Name	(Last, First)	
Recipients					
• Use Section A to identify the agency's departm	nent or unit. Lise Se	stion B to identify an individu	• Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Department of Unit	Number of		lic purpose made pursuar		
BOS. D5	2	To reward a County the public or to end	o reward a County employee for his or her exemplary service to e public or to encourage staff development		
			+		
B. Name of Mark Sol	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
		Ceremonial Role	Other		
Barbara Lee/ Liz Valdez	2		ial Role" or "Other" describe below:		
		To promote attend held at a County fac	ance at a County spo cility in order to maxin	onsored event or event mize potential County rev	
		Ceremonial Role	Other	income	
	2	If checking "Ceremoni	ial Role" or "Other" describe below:		
C. Name of Outside Organization	Number of				
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuan	t to the agency's policy	
	- I - I				

 Briana Brown
 Supervisor's Assistant

 Signature of Agency Head or Designee
 Print Name
 Title

 (Month, Day, Year)

Comment: \_

. . .

	eremonial Role Even	ts and lic	ket/Pass	Distributions		A Public D	ocument
1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	002
	Division, Department, or Reg	ion (If Applicable	e)			For Official	Use Only
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Briana Brown						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in	Part 3.)
	5102726695	briana.brow	n2@acgov.c	org	Date of Original Filing	(Month, Day, Yea	ar)
2.	Function or Event Infor	mation			· · · · · · · · · · · · · · · · · · ·		
	Does the agency have a ticke	et policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$ _	SIZ	
	Event Description Warriors			Date(c) 6	, 7 , 17	/	,
		Provide Title/Expl	lanation	Date(s)	/ /	/	_/
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors		
	Moo ticket diet-theti-				Name of S	ource	
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name	(Last First)	
2							
э.	Recipients <ul> <li>Use Section A to identify the agenc</li> </ul>	v's department or	unit. 🕢 Use Se	stion Bite identify an individ	ual.) • Use Section C to ider	ntify an outside orga	nization
	A. Name of Agency, Departm		Number of	Creative Strengtheren	olic purpose made pursuan		
			Ticket(s)/ Pass(es)	escribe the pu	one purpose made pursuan	it to the agency's p	olicy
			<u> </u>				
	B. Name of individu		Number of	No. of the second second second			
	D. (Last, First)		Ticket(s)/ Pass(es)	4, <sup>11</sup>	Identify one of the follow	ving:	
				Ceremonial Role	Other		Income
	Robert Coleman		4		nial Role" or "Other" describe below:		
				l o promote attend held at a County fa	lance at a County spo icility in order to maxir	insored event o	r event
	· · · · · · · · · · · · · · · · · · ·						
				Ceremonial Role If checking "Ceremor	Other     Other     or "Other" describe below:		Income
			4				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's p	olicy
		semption)	Pass(es)				
	SI						
4.	Verification						
	I have read and understand FPTC Regu	lations 18944.1 and			orth above, is in accordance w		
	1000	<u> </u>	Briana Br		Supervisor's Assistan	t <u>Ø/v</u>	0/17
	Signature of Agency Head or Designee	-	Print Nam	e	Title	(Month	n, Day, Year)
	Comment:						

A					A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County					1 Onn
Division, Department, or Re	gion (If Applicabl	e)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Briana Brown				· · · · · · · · · · · · · · · · · · ·	
Area Code/Phone Number	E-mail	<u>_</u> .		Amendment (Must p	provide explanation in Part 3.)
5102726695		n2@acgov.org		Date of Original Filing:	
Function or Event Info					(Month, Day, Year)
Does the agency have a tick		Yes 🛛 No 🗌	Face Value (	of Each Ticket/Pass \$ _	312
Morrison					
Event Description	Provide Title/Exp	lanation	_ Date(s)		/
Ticket(s)/Pass(es) provided I	adency?		If no. Golde	n State Warriors	
	sy agency:	Yes 🗌 No 🛛	n no	Name of Sc	burce
Was ticket distribution made	at the behest	No 🗌 Yes 🔀	If yes:		
of agency official?			-	Official's Name (	Last, First)
Recipients					
Use Section A to identify the agen		Number of	Bitg identify an individ	• Use Section C to iden	tify an outside organization,
A. Name of Agency, Departur	ient-or.Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
Scott Haggerty		1			
B. Mainle of Individu	rai	Number of Ticket(s)/		Identify one of the follow	
B. (Last First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ticket(s)/		Identify one of the follow	ing:
		Ticket(s)/		Other	5850 <sub>1</sub>
		Ticket(s)/	If checking "Ceremon	Other  o	Income
(Last, First)		Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other  ial Role" or "Other" describe below:  Other  Other  al Role" or "Other" describe below:	
	nization	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other  ial Role" or "Other" describe below: Other Other	Income
(Last First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other  ial Role" or "Other" describe below:  Other  Other  al Role" or "Other" describe below:	Income
(Last First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other  ial Role" or "Other" describe below:  Other  Other  al Role" or "Other" describe below:	Income
(Last First)	nization scription)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Conter Conter Conter describe below: Conter	Income
(Last First) C. Name of Outside Orga (include address and de Verification	nization scription)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other  ial Role" or "Other" describe below:  Other  Other  al Role" or "Other" describe below:	Income

Comment: \_\_\_\_

-	eremonial Role Events	s and lic	ket/Pass	Distributions		A Public Documen
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Regio	n (If Applicabl		For Onicial Use Only		
	Board of Supervisors					
	Designated Agency Contact (Na	ame,Title)		-		
	Briana Brown					
	Area Code/Phone Number E	-mail			Amendment (Must)	provide explanation in Part 3.)
	5102726695	oriana.brow	n2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation				[CE]
	Does the agency have a ticket p	olicy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	3/2
	Event Description Warriors				, 16 , 17	1 1
	Event Description	Provide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	If no: Golder	n State Warriors	
	· · · · ·				Name of So	ource
	Was ticket distribution made at t of agency official?	the behest	No 🗌 Yes	If yes:	Official's Name	
_					Ufficiars Name	(Last, First)
3.	Recipients • Use Section A to identify the agency's	department or	unit Line One	tion B to kientify an individu		
			Number of	of the second discourse of the		ntify an outside organization.
	A. Nar of Agency, Department	er unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	BOS. D5		4	To reward a County	employee for his or	her exemplary service to
				the public or to enc	ourage staff developn	nent
	B. (lame of individual) (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
				Ceremonial Role	Other	Income
					al Role" or "Other" describe below:	
				Ceremonial Role	Other	
					al Role" or "Other" describe below:	Income L
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
		********	Pass(es)			
A	Varifiaatian					
4.		ons 18944.1 and	18942.   have ver	ified that the distribution ast fo	rth above, is in accordance wi	
	Signature of Agency Head or Designee		Briana Bro Print Name		Supervisor's Assistant	
	•				nue	(Month, Day, Year)

A	Pub	lic D	ocun	16

jency Name ameda County			Date Stamp	California 802
imeda Countv				
				renin
ision, Department, or Region (If Applicable	)		1	For Official Use Only
ard of Supervisors				
signated Agency Contact (Name, Title)			1	
ana Brown				
a Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
02726695 briana.browr	n2@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)
Inction or Event Information				50
es the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	12-
Warriors				1 1
ent Description	anation	Date(s)		/
ket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	
· · · · · · · · · · · · · · · · · · ·			Name of Sou	rce
s ticket distribution made at the behest	No 🗌 Yes	If yes:	Official's Name (L	4 Final)
agency official?			Omciai's Name (La	ast, First)
ecipients	and a second second		(10.00)	
ae Section A to identify the agency's department or i	Number of	Honi E to kindliv an Individ		fy an outside organization,
Wama of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant t	to the agency's policy
DS. D5		To reward a County employee for his or her exemplary service		
	2	the public or to end		
Name of Individual	Number of Ticket(s)/	Part in 1995 and	Identify one of the following	ng
(Last, First)	Pass(es)		Short Flore a second	
lan Deelagrange		Ceremonial Role	nial Role" or "Other" describe below:	Income
	2	•	ance at a County spons	sored event or event
				ize potential County rev
		Ceremonial Role	Other	Income
		If checking "Ceremo	nial Role" or "Other" describe below:	
	Number of	NUMBER OF STREET		
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
	1 400(00)	perfection of the same		
rification				
	d 18942. I have ve	erified that the distribution set	forth above, is in accordance will	h the requirements.
/	Briana Br			e Color
A	Print Nam		Supervisor's Assistant	(Month, Day, Year)

_	eremonial Role Event	s and Tie	cket/Pass	Distributions		A Public Document			
1.	Agency Name		Date Stamp	California 802					
	Alameda County			Form 002					
	Division, Department, or Regio	on (If Applicab	]	For Official Use Only					
	Board of Supervisors								
	Designated Agency Contact (N	lame,Title)	1						
	Briana Brown								
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)						
	5102726695 briana.brown2@acgov.org			rg	Date of Original Filing:	ing:(Month, Day, Year)			
2.	Function or Event Information								
	Does the agency have a ticket policy? Yes			Face Value of	of Each Ticket/Pass \$ -	312			
	Event Description Warriors			— 5	, 5 , 17				
		Provide Title/Exp		//					
	Ticket(s)/Pass(es) provided by	agency?	n State Warriors						
			Name of S	ource					
	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 Bito identify an individual. • Use Section C to identify an outside organization.								
	A. Name of Agency, Departmen	Number of	sealing the sealers in						
	The press of agency, or open press of other		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
	BOS. D5		4	To reward a County the public or to enc	o reward a County employee for his or her exemplary service to e public or to encourage staff development				
	B. (Vame of Individual) (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:			
					Other D ial Role" or "Other" describe below:	Income			
					Other Dia Role" or "Other" describe below:	Income			
	C. Name of Outside Organiz (Include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy			
	Verification								
1	h	3944.1 an			orth above, is in accordance wi	th the requirements.			
	_	Briana Brown		Supervisor's Assistan	t 6/10/17				
	orginatore or rigeresy mean or beautiee	Print Name		Title	(Month, Day, Year)				

	eremonial Role Event			Distributions	_	A Public Document			
1.	Agency Name		Date Stamp	California 802					
	Alameda County			Form OOZ					
	Division, Department, or Region (If Applicable)					For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact (N	ame, Title)	-						
	Briana Brown								
	Area Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·		<b>Amendment</b> (Must provide explanation in Part 3.)				
	5102726695	briana.brow	n2@acgov.c	org	Date of Original Filing	(Month, Day, Year)			
2.	Function or Event Inform	ation							
	Does the agency have a ticket		of Each Ticket/Pass \$ -	312					
	Does the agency have a ticket policy? Yes X No Face Value of Face Value of				2 17				
	Event Description	Provide Title/Exp	217	//					
	Ticket(s)/Pass(es) provided by	agency2		Golder	n State Warriors				
	nonei(s)// ass(cs) provided by	agency	Yes 🗌 No		Name of S	ource			
	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 Bita identify an individual. • Use Section C to identify an outside organization.								
	A. Name of Agency, Repartment or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy				
	BOS. D5		4	To reward a County the public or to enc	/ employee for his or ourage staff developr	her exemplary service to nent			
	B. (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:			
				Ceremonial Role	Other				
					al Role" or "Other" describe below:				
				Ceremonial Role	Other D	Income			
	C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy			
4.									

6/10/17 Briana Brown Supervisor's Assistant Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

**A Public Document** 

1. Agency Name	Date Stamp	California 802					
Alameda County		Form 002					
Division, Department, or Region (If Applic.		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	Date of Original Filing:(Month, Day, Year)			
. Function or Event Information		10/10-					
Does the agency have a ticket policy?	ue of Each Ticket/Pass \$ . <u>5, 12, 17</u>	Constr					
Event Description 2. 9 19 Provide Title	5,20,17						
Ticket(s)/Pass(es) provided by agency?	Name of S	Source					
Was ticket distribution made at the behe	liley, Nate						
of agency official?	st No 🗋 Yes 🔀		Official's Name	(Last. First)			
Recipients							
<ul> <li>Use Section A to identify the agency's department</li> </ul>		B to identify an inc	dividual. • Use Section C to lue	ntiły an outside organization.			
A. Name of Agency, Department or Unit	Number of Tickot(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
Clerk of the Board	4 1	To reward a county employee for mein premplary services to the					
BOS District 4 Sta	& Z	ublic.					
B. Name of Individual	Number of Ticket(s)/ Pass(es)		identify one of the follo	wing:			
Enckson, Timothy	21	Ceremonial F If checking "Ce	Role Other C	an event hel			
	5	Ceremonial F If shecking "Ce	remonial Rolp" or "Other" describe below	Income			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the	e public purpose made pursua	nt to the agency's policy			
. Verification	1 and 190.42 I have used	d that the distribution	n set forth shove is in accordance	with the requirements			
, Keguialions 18944.			set forth above, is in accordance with the requirements.				
			Title	(Month, Day, Year)			
4. Verification Sonature of Agency flead or Designee Comment:	1 and 18942. I have verifi Anna Gee Print Name		Executive Assistan				

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

1.	Agency Name				Date Stamp	California Q02	
	Alameda County					Form OUZ	
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	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 Infor	mation				112 27	
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$ _	3/2.30	
	Event Description	Províde Title/Exp	lanation	_ Date(s) _5	2,17	5, 4, 17	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no:	on yrie Mane of So	urce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: <u>Miley</u>	, Nate Official's Name (	Last, First)	
3.	Recipients						
	Use Section A to identify the agenc	y's department or	Number of	n B to identify an individu		tify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	AIS REPUE A VI	alf.	21	O YOWARD &	conner emplo	yee for their	
		30		vennary s	chue to g	N FUOLIC	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Endison, Timothy		1		Other Other is the below:	Income	
					te attendance at an		
	Alara I Lan		1		County facility in ord potential revenue f		
	cim, Jornan				and concession sale		
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	former and the second sec						
	(						
4.	Verification						
_	I have read and understand EDDP Read	lations 18944.1 an	d 18942. I have verifie	ed that the distribution set f	orth above, is in accordance wi	th the requirements.	
			Anna Gee		Executive Assistant	6/1/17	
	Signature of Agency Head or Designed		Print Name	1 .	Title	(Month, Day, Year)	
	Comment: Wiley & Dis	4 Sal	received	5/4 700			
		j, <u> </u>	)	1	· · · · · · · · · · · · · · · · · · ·	FPPC Form 802 (4/12	

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



#### Agency Name

#### Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(\$)/ Pass(es)	Identify one of the following:
Ma, Kulton	1	Ceremonial Role Other Marco Income I If checking "Ceremonial Role" or "Other" describe below:
Miley, Sarah	2	Ceremonial Role Other Contraction Income
huley, Sarah Matèjka, Elli	1	Ceremonial Role Other Income Income Income
		To promote attendance at an event
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		×

A Public Document

					A Fublic Document		
1.	Agency Name			Date Stamp	California 802		
	Alameda County				Form 002		
	Division, Department, or Region (If Applicable	)		1	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	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 Information						
	Does the agency have a ticket policy?	Yes 🔀 No [	Face Value o	f Each Ticket/Pass \$	312.50		
	Event Description Basel Provide Title/Expl.	we	Date(s)	5, 14, 17	5,16,17		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🕻	If no: Gul	len State N Name of Sou	lamos		
	Was ticket distribution made at the behest of agency official?	No 🗖 Yes 🛛	If yes: Miley,	, Nate Official's Name (L	ast, First)		
3.	Recipients						
	• Use Section A to identify the agency's department or i	unit. • Use Sect	tion B to identify an individu	al. • Use Section C to Identi	fy an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant l	to the agency's policy		
	A	Pass(es)	1		1 G. Kin		
	all Serves America	1	10 renard	n county em	ploya 10 mil		
		4	Apemplary St	ervice to the	Publy.		
			· · /		1		
	B. Name of Individual	Number of Ticket(s)/		identify one of the following	ıg:		
		Pass(es)	Ourse in Data				
	Campos Temando	,	Ceremonial Role	Other	Income		
	Campos neverando	A	, , , , , , , , , , , , , , , , , , ,				
		1	To promo	**			
				ote attendance at an			
			"	County facility in ord			
				e potential revenue g and concession sale			
	······································			g and concession sai	es		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy		
	-						
<b>1</b> .	Verification	l					
	I have read and understand FPPC Regulations 18944.1 and	18942. I have veri	ified that the distribution set fo	rth above, is in accordance with	the requirements.		
					a la lana		

	Anna Gee	Executive Assistant	61117
Signature of Agency Head or Designer	Print Name	Title	(Month, Day, Year)
Comment: Canto recier	d 5/14 tim		
			FPPC Form 802 (4/12)
		EDDO TAU Casa Halata Saas 0000/A	OV EDDO (0000076 3320)

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

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California 802 Form 802 For Official Use Only California 802 For Official Use Only California 802 For Official Use Only California 802 For Official Use Only California 802
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TMERCE
Name of Source
Official's Name (Last, First)
ction C to identify an outside organization.
hade pursuant to the agency's policy
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e of the following:
describe below:
ade pursuant to the agency's policy
······································
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accordance with the requirements.
receive county

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Ceremonial Role Eve	its and itch	CULASS DI	Sumuuma		A Public Document
1. Agency Name	an a		Date Stamp	California 802	
Alameda County					Form 002 For Official Use Only
Division, Department, or Re	gion (If Applicable)				
Board of Supervisors					
Designated Agency Contac	t (Name.Title)				
Anna Gee				Amondmont (Mus	st provide explanation in Part 3.)
Area Code/Phone Number	E-mail				
510-891-5585	anna.gee@a	cgov.org		Date of Original Filin	g:(Month, Day, Year)
2. Function or Event Info	ormation				23/8m 90
Does the agency have a tic	ket policy?	Yes 🛛 No 🗌		of Each Ticket/Pass \$	
Event Description	Provide Title/Expla	<b>L</b> nation	_ Date(s)		5,8,17
Ticket(s)/Pass(es) provided		Yes 🗋 No 🛛	If no: Dak	and Attac Name of	tics
Was ticket distribution made of agency official?	e at the behest	No 🗖 Yes 🛛	If yes: <u>Miley</u>	r, Nate Official's Nam	ie (Last, First)
3. Recipients		int a the flaction () to it	ientify an craside organization.		
	Use Section A to identify the agency's department or unit.      Use Section     Number of				
A Name of Agency, Depar	ment or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursu	ant to the agency's policy
B. Name of Indivi	dual)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	identify one of the foll	Income
			Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe bel	lncome
C. Name of Outside Or (include address and		Number of Ticket(s)/ Fass(es)	Describe the pu	blic purpose made pursu	ant to the agency's policy
United Seniors of Oakland & A 7200 Bancroft Ave Oakland 9460:	#251	12m	vulnerable p	e health and welln populations such as	s foster
SENTOR ADVOCA		4	kids and sei	niors that receive o services.	county
4. Verification	Peouletions 18944 1 and	1 18942   have verifi	ed that the distribution set	forth above, is in accordanc	e with the requirements.
There is a prophysical strategy and the second strategy and the second strategy and	-gonnerie i ee chi kije	Anna Gee		Executive Assista	
Signature of Agency Head or Desi	çnee	Print Name		Title	(Month, Day, Year)
	( - 1	6	1	2	1
Comment: CN Polari	recental	Nor Su	MS. UNA	3 parting	FPPC Form 802 (4/

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



#### Agency Name

#### Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Numiber 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:
Winnerfright an eine Alternyndin a un annan da anna Alleddala a Wyg an ar fysiaid a da an gwyr yn a'r fyfar yw		Ceremonial Role Dother Difference Income Difference Ceremonial Role" or "Other" describe below:
		Ceremonial Role Dother Difference Income Difference Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income 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
Castro Valley Rotan/ 17007 Redwood Rd Coestro Valley, 94546	18	To reward a nonprofet for its contraction to the public.
SERVICE OFGANIZATION		
ი იქველის და ფილიადის სახლიადის დადის და ფილიადის და ფილიადის და ფილიადის და ფილიადის და ფილიადის და ფილიადის დ		

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

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1. Agency Name			Date Stamp	California 802	
Alameda County				Form OOL	
Division, Department, or Region (If Applicabl	e)		For Official Use Only		
Board of Supervisors					
Designated Agency Contact (Name. Title)					
Anna Gee				to a surface tion in Port 2.)	
Area Code/Phone Number E-mail	<u> </u>			t provide explanation in Part 3.)	
510-891-5585 anna.gee@	acgov.org		Date of Original Filing	(Month, Day, Year)	
2. Function or Event Information				22-	
Does the agency have a ticket policy?	Yes 🛛 No 🗖	Face Value o	f Each Ticket/Pass \$	-	
Event Description	MML planation	Date(s)	<u>, 9, 14</u>	5,10,17	
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🔀	If no:			
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🔀	If yes: <u>Miley</u> ,	, Nate Official's Name	e (Last. First)	
3. Recipients • Use Section A to identify the agency's department of	r unit. • Use Section B	to identify an individu	nal. • Use Section C to its	entify an outside or ganization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursua	ant to the agency's policy	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the folio	Income	
		Ceremonial Role If checking "Ceremor	Other Diel Role" or "Other" describe belo	Income [	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursu	ant to the agency's policy	
United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605 SENIOR ADVOCACY	4	vulnerable r	e health and welln populations such a niors that receive services.	s foster	
4. Verification	and 18942. I have verified	that the distribution set	forth above, is in accordance	e with the requirements.	
I have reamann Innerstann FPFL Regulations 10944. I c					
Thave realized Indensiand PPC, Regulations 10944.14	Anna Gee		Executive Assista	nt $Q \subseteq I \subseteq I = T$	
nave reamanik Uniterskann PPPL Regularons 10944. Le gnee	Anna Gee Print Name		Executive Assista Title	(Month, Day, Year)	

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Agency Name				Date Stamp	California 802
Alameda County					Form 002
•	t, or Region (If Applicable	e)			For Official Use Only
Board of Superviso	ors				
Designated Agency	Contact (Name, Title)		<u> </u>		
Anna Gee	*				provide explanation in Part 3.)
Area Code/Phone N	umber E-mail				
510-891-5585	anna.gee@	acgov.org		Date of Original Filing	(Month, Day. Year)
Function or Eve	nt Information				12 9
Does the agency have	ve a ticket policy?	Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$	37 70
Event Description	Baschall E	rame	Date(s)	5,18,17	5, 19, 17
Ticket(s)/Pass(es) p	Provide Title/Exp	Yes 🗌 No 🔀	If no: Dale	cland Athl	ence
nonot(o), aco(oo) p				Name of	Source
	on made at the behest	<mark>v, Nate</mark> Official's Name	e (Last. First)		
of agency official?				Ginder's Neth	
Recipients			where a subscript of the state		with a sub-life summinghing
<ul> <li>Use Section A to identif</li> </ul>	fy the agency's department or	Number of	on B to identify an individ		entify an outside organization.
A. Name of Agenc	y. Department or Unit	Ticket(s)	Describe the pul	blic purpose made pursua	ant to the agency's policy
		Pass(es)			
	······································				
		Number of			
	of individual (1997 First)	Ticket(s)/ Pass(es)		identify one of the follo	awing
1. 0		Pass(es)	Ceremonial Role	Other	Income
Marz, Pric	rilla			nial Role" or "Other" describe belo	w.
	2	÷ (			
			To pror	note attendance at	t an event
0 Í	17			t a County facility in	
iete, Geo	three		maxii	nize potential revenue from	nue from
Torter and	11.07	12	parl	king and concession	n sales.
	• /	Number			
	utside Organization reas and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursu	ant to the agency's policy
Master by G		Pass(es)		1	
Center ju z	Abiers Inaller	4	To reward	a non m	of orgnizaha
1955 Jan Val	blp Are				
Cakland 9	Hell		for their	unpromos	> to she
SFOLLOR INI	DEPENDENTL	NING	Jublic	·	
Veri{ication	anna - an dean Millionna ann an Anna Anna Anna Anna Anna Ann	nen 1. januaria - annaginarianananananan	7		
I have mad and unterstan	A EDDO Pogulations 18944.1 a	nd 18942. I have veri	fied that the distribution set	forth above, is in accordance	with the requirements.
		Anna Ge	e	Executive Assista	nt 6/5/17
Signature of Honore H	eaa ar Designee	Print Name		Title	Month, Day, Year)
And	in and I	-lig 1	in lel.	- l	field the tac
Comment: Cervic	y juno	7	in. int	uuma o	EPPC Form 802 (4/12

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

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ty ment, or Region (If Applicab visors ncy Contact (Name.Title) ne Number E-mail anna.gee@ Event Information y have a ticket policy? on Description Provide Title/Ex es) provided by agency? bution made at the behest ial?	Pacgov.org Yes ⊠ No □	Date(s) If no: If yes: If yes: n B to identify an individu	of Each Ticket/Pass \$ <u>33</u> <u>21, 17</u> <u>5</u> <u>2000</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u> <u>17</u>	Nonth, Day, Year) 3 3 3 3 3 3 3 3 4 5 3 5 1 5 5 5 1 5 5 5 5 5 5 5 5 5 5 5 5
Arrivisors ncy Contact (Name. Title) ne Number E-mail anna.gee@ Event Information y have a ticket policy? on Deschart policy? on Deschart policy? provide Title/Ex es) provided by agency? bution made at the behest ial? dentify the agency's department of	Qacgov.org Yes ⊠ No □ yes □ No ⊠ Yes □ No ⊠ No □ Yes ⊠ or unit. • Use Sectio Number of Ticket(s)/ Pass(es)	Date(s) If no: If yes: If yes: n B to identify an individu	Date of Original Filing: of Each Ticket/Pass \$    	explanation in Part 3.) Ionth, Day, Year) 3 
ncy Contact (Name. Title) ne Number E-mail anna.gee@ Event Information y have a ticket policy? on Dashall Craft Provide Title/Ex es) provided by agency? bution made at the behest ial? dentify the agency's department of	Yes No	Date(s) If no: If yes: If yes: n B to identify an individu	Date of Original Filing: of Each Ticket/Pass \$    	Nonth, Day, Year) 3 3 3 3 3 3 3 3 4 5 3 5 1 5 5 5 1 5 5 5 5 5 5 5 5 5 5 5 5
the Number E-mail anna.gee@ Event Information y have a ticket policy? on Description Provide Title/Ex es) provided by agency? bution made at the behest ial?	Yes No	Date(s) If no: If yes: If yes: n B to identify an individu	Date of Original Filing: of Each Ticket/Pass \$    	Nonth, Day, Year) 3 3 3 3 3 3 3 3 4 5 3 5 1 5 5 5 1 5 5 5 5 5 5 5 5 5 5 5 5
anna.gee@ Event Information y have a ticket policy? on Development of the policy? Provide Title/Ex es) provided by agency? bution made at the behest ial?	Yes No	Date(s) If no: If yes: If yes: n B to identify an individu	Date of Original Filing: of Each Ticket/Pass \$    	Nonth, Day, Year) 3 3 3 3 3 3 3 3 4 5 3 5 1 5 5 5 1 5 5 5 5 5 5 5 5 5 5 5 5
anna.gee@ Event Information y have a ticket policy? on Development of the policy? Provide Title/Ex es) provided by agency? bution made at the behest ial?	Yes No	Date(s) If no: If yes: If yes: n B to identify an individu	of Each Ticket/Pass \$ J J Uand AAN Name of Source , Nate Official's Name (Last, F ual.) • Use Section C to identify an	3 123, 17 105 First) a control or gamization.
Event Information y have a ticket policy? on Description <i>Provide Title/Ex</i> es) provided by agency? bution made at the behest ial?	Yes No	Date(s) If no: If yes: If yes: n B to identify an individu	of Each Ticket/Pass \$ J J Uand AAN Name of Source , Nate Official's Name (Last, F ual.) • Use Section C to identify an	3 123, 17 105 First) n cutside organization.
y have a ticket policy? on <u><u><u><u></u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u>	yes No ⊠ No ☐ Yes ⊠ No ☐ Yes ⊠ or unit. • Use Section Number of Ticket(s)/ Pass(es)	Date(s) If no: If yes: If yes: n B to identify an individu	, 21, 17, J Uand HAMA Name of Source , Nate Official's Name (Lest, F official's Name (Lest, F	105
on <b>baschall</b> Crac Provide Title/Ex es) provided by agency? bution made at the behest ial? dentify the agency's department of	yes No ⊠ No ☐ Yes ⊠ No ☐ Yes ⊠ or unit. • Use Section Number of Ticket(s)/ Pass(es)	Date(s) If no: If yes: If yes: n B to identify an individu	, 21, 17, J Uand HAMA Name of Source , Nate Official's Name (Lest, F official's Name (Lest, F	108 First)
bution made at the behest ial?	No Yes X	If no: Dal If yes: Miley n B to identify an individu	Une Section C to identify an	n outside organization.
bution made at the behest ial? dentify the agency's department of	No Yes X	If yes: <u>Miley</u>	Une Section C to identify an	n outside organization.
ial? dentify the agency's department o	or unit. • Use Section	n B to identify an individu	Une Section C to identify an	n outside organization.
	Number of Ticket(s)/ Pass(es)			
	Number of Ticket(s)/ Pass(es)			
gency, Department of Unit	Pass(es)	Describe the but		
B. Name of Individual (all field)			Identify one of the following:	
, Timothy	Pass(es)		Other Annual Color of the color	Income [
		To promote at	ttendance at an event	
Armstrong, Erin C. Name of Outside Organization (include address and description)		maximize DO	nty facility in order to tential revenue from d concession sales.	Income [
		Describe the put	Iblic purpose made pursuant to the agency's policy	
-	of Outside Organization address and description)	of Outside Organization address and description)     Number of Ticket(s)/ Pass(es)       Image: Stand FPPC Regulations 18944.1 and 18942. I have verify	By Criminity       The maximize point parking and	Mathematical describes     Number of Ticket(s)/     Describe the public purpose made pursuant to the public purpose made purpose public purpose public purpose public purpose public purpose public public purpose public publi

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

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

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Ι.	Agency Name			Date Stamp	California 802	
	Alameda County			Form OOL		
	Division, Department, or Regi	on (If Applicable)	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Anna Gee					
	Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)		
	510-891-5585	anna.gee@a	icgov.org		Date of Original Filing:	(Month. Dav. Year)
2.	Function or Event Inform	nation			1	_
	Does the agency have a ticket	t policy?	Yes 🔀 No 🗌	Face Value o	f Each Ticket/Pass \$ _	33
	Event Description	rall Ga	ine	Date(s)	, 24, 17	
	Ticket(s)/Pass(es) provided by	Provide Title/Expla		If no: DA	cland Ath	Lince
	neket(a)n aaa(ea) provided bj	agency:	Yes 🗋 No 🛛		Name of Sc	urce
	Was ticket distribution made at the behest No 🗌 Yes 🔀			If yes: <u>Miley, Nate</u> Official's Name (Last, First)		
	of agency official?			Official's Name (	Ləst, First)	
3.	Recipients					
	Use Section A to identify the agency	/'s department or i		to identify an individu	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	int or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
			Pass(es)			
			Number of		n y ter y ter y ter de statistic	
	B. Name of Individua	a)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
					Other Die Other Other Other Other Other Other Other Other Delow.	Income
				Ceremonial Role	Other	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	to the agency's policy
	United Seniors of Oakland & Al 7200 Bancroft Ave # Oakland 94605	251	12	vulnerable	ote health and wellr populations such a	s foster
	Uakianu 34000		2	KIDS and S	seniors that receive services.	county
a muni	SENIOR ADVOCA		~			
1.	SENIOR ADVOCA		18942. I have verified l	hat the distribution set fo	orth above, is in accordance wi	th the requirements.
1.	remication		18942. I have verified t Anna Gee	that the distribution set fo	orth above, is in accordance wi	th the requirements. $101 \le 113$

Ceremonial Role Events and Tic	Ceremonial Role Events and Ticket/Pass Distributions						
1. Agency Name			Date Stamp	California			
Alameda County				Form			
Division, Department, or Region (If Applicable	<i></i>			For Official Use Only			
Board of Supervisors							
Designated Agency Contact (Name, Title)			-				
Briana Brown							
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)			
(510)272-6695 briana.browr	n2@acgov.c	org	Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information	<u></u>		2				
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	80			
Event Description <u>A's Baseball</u>		Date(s) 07	7 , 17 , 17	//			
Provide Title/Expl	anation	Date(5)	//	/,			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd Athletics Name of So				
		_					
Was ticket distribution made at the behest	Was ticket distribution made at the behest No I Yes X of agency official?			If yes: <u>Carson, Keith - Supervisor District 5</u> Official's Name (Last, First)			
3. Recipients • Use Section A to identify the agency's department or	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		na menter				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
	Number of		<u> </u>				
B. Name of Individual (Lest. First)	Number of Ticket(s)/		Identify one of the follow	ing:			
	Pass(es)	Ceremonial Role					
Lauren Nakso	2Field		ial Role" or "Other" describe below:				
			dance at a County sponsored event or event				
		held at a County fa	cility in order to maxim	nize potential County rev			
			Other	Income			
		It checking "Ceremon.	ial Role" or "Other" describe below:				
C. Name of Outside Organization	Number of						
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
	2						
· · · · · · · · · · · · · · · · ·							
4. Verification	L	I					

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.

/	Briana Brown	Supervisor's Assistant	June 10	
Signature of Agency riead of Designee	Print Name	Title	(Month, Day, Year)	
Comment:				

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	200 Hours and 1989				
1. Agency Name Alameda County				Date Stamp	California 802
					Politin
Division, Department, or Regi	on (If Applicable)		For Official Use Only		
Board of Supervisors					
Designated Agency Contact (/	Vame,Title)				
Briana Brown					
Area Code/Phone Number E-mail				Amendment (Must pro	
(510)272-6695	briana.brown2@acgov.org			Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Inform	nation			J <u></u>	
Does the agency have a ticket	Does the agency have a ticket policy? Yes 🛛 No 🔲 🛛 Face Value 🤅			f Each Ticket/Pass \$	80
Event DescriptionA's Baseba			<u>, 19 , 17 </u>	///	
Ticket(s)/Pass(es) provided by	agency? Yes	] No 🛛	lf no: Oaklar	nd Athletics Name of Sour	rce
Was ticket distribution made at of agency official?	Yes 🛛	If yes: Carson, Keith - Supervisor District 5 Official's Name (Last, First)			
3. Recipients • Use Section A to identify the agency?	s department or unit	lise Section	B to identify an individu	al Lise Section C to identif	
A. Name of Agency, Department or Unit		per of et(s)/ s(es)	tion B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual		per of			
(Last, First)	Ticke Pass			Identify one of the followin	9
Max Itow	2Fi	eld T		☐ Other ⊠ al Role" or "Other" describe below: nce at a County spons	
					ze potential County rev
	-			Other I al Role" or "Other" describe below:	income
C. Name of Outside Organization (include address and description)		t(s)/	Describe the publ	ic purpose made pursuant to	> the agency's policy
	F	>			
. Verification					
	ions 18944.1 and 18942. L	have verified	that the distribution set for	th above, is in accordance with t	he requirements.
	Bria	ha Brown	າ ຮ	upervisor's Assistant	June 10
Signature of Agency Head or Designee	P	rint Name		Title	(Month, Day, Year)

Comment: \_\_\_

(Montin, Day, Year)

Title