1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$33 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes 🛛 No 🗌 Event Description Baseball game Date(s) ____/ 01 17 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: Chan, Wilma Was ticket distribution made at the behest No TYes X of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Å. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income Kralj, Neno If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Other Income Ceremonial Rolè If checking "Ceremonial Role" or "Other" describe below: 2 Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. l ha Sarah Oddie Supervisor's Assistant 07.31.2017 Print Name Signature of Agency Head or Designee Title (Month, Day, Year)

Comment: __

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Agency Name Alameda County				# 2-21
Alameda County			Date Stamp	California 802
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vivision, Department, or Region (If)	Applicable)			For Official Use Only
Board of Supervisors				
esignated Agency Contact (Name,	Title)		-	
Sarah Oddie				
rea Code/Phone Number E-ma	il		Amendment (Must p	rovide explanation in Part 3.)
510) 272-6693 saral	h.oddie@acgov.org		Date of Original Filing: .	(Month Day Yoar)
unction or Event Informatio				(Month, Day, Teal)
oes the agency have a ticket policy		☐ Face Value of	of Each Ticket/Pass \$	\$33
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vent Description Baseball game	ə Title/Explanation	Date(s)		//
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as ticket distribution made at the b	ehest No 🗖 Yes	If yes: Chan	, Wilma	
of agency official?	6.6 AL-10 Pro-		Official's Name (L	.ast, First)
Recipients				
Use Section A to identify the agency's depa	rtment or unit. • Use Seven Number of	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
Name of Agency, Department or Un	nit Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
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@acgov.org		Date of Original Filing:	(Month, Day, Year)
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Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _3	33(MVP)/90(Box)/20(p)
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lanation	Date(s)		//
Yes 🔲 No	If no: Oakla	nd A's	
		Name of So	urce
No 🗌 Yes	If yes: Char	n, Wilma	
		Official's Name (I	_ast, First)
	tion B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
Number of			
Ticket(s)/ Pass(es)		Identify one of the followi	ng:
2 MVP			Income [
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Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
6 box	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions
2 park			
ay a			
i 18942. I have ve	rified that the distribution set f	orth above, is in accordance with	h the requirements.
Sarah Oc		Supervisor's Assistant	
	Definition Yes No Yes No Yes runit. • Use Sec Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 MVP 2 MVP Number of Ticket(s)/ Pass(es) 6 box 2 park	Particle Participation Yes No Yes Number of Ticket(s)/ Pass(es) Describe the pul Image: Ceremonial Role If checking "Ceremonial Role 	Amendment (Must p Date of Original Filing: Yes I No I Face Value of Each Ticket/Pass \$

Comment:

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information 33 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes 🛛 No 🗆 Event Description Baseball game Date(s) 07 04 17 1 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Chan, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of 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 Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other 🔲 Income Oddie, Linnea If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

Verification 4

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

		Sarah Oddie	Supervisor's Assistant	07.31.2017
Γ	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

Agency Name				Date Stamp	California 6
				Date Stamp	California Form 80
Alameda County Division, Department, or	Region (If Applicat			4	For Official Use Only
	region ("Applicat				
Board of Supervisors	4 4 4 4			_	
Designated Agency Con	tact (Name, Title)				
Sarah Oddie					t provide explanation in Part 3.)
Area Code/Phone Numb					
(510) 272-6693		e@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event I	nformation				0,
Does the agency have a	•	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	3:
Event Description Basel	ball game		Date(s)	7 , 05 , 17	1 1
	Provide Title/Ex	olanation			
Ticket(s)/Pass(es) provid	led by agency?	Yes 🔲 No	If no: Oakla	nd A's	
				Name of S	Source
Was ticket distribution ma of agency official?	ade at the behest	No 🗌 Yes	If yes: Char	1, VVIIMa Official's Name	(Last First)
	Ame 10 8.6	- 30			
Recipients			- Alexa Di Angli di Angli di Alexa di A		
Use Section A to identify the		Number of			
A. Name of Agency, Dep	partment or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
B. Name of Ind		Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
B. Name of Ind (Last Free				Identify one of the follor Other Other	Income
B. Name of Ind (Lest, Fre		Ticket(s)/	if checking "Ceremor Ceremonial Role	Other Other Other' describe below	income Income
B. Name of Ind (Lest, Free C. Name of Outside 0 (include address an	v Drganization	Ticket(s)/	If checking "Ceremor Ceremonial Role If checking "Ceremon	Contract Co	Income Income
C. Name of Outside (o Drganization d description) eels, P. O. Box	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other ital Role" or "Other" describe below Other Other ital Role" or "Other" describe below lic purpose made pursuar	Income Income
C. Name of Outside ((include address an Alameda Meals on Whe	Drganization d description) eels, P. O. Box 501	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other ital Role" or "Other" describe below Other Other ital Role" or "Other" describe below lic purpose made pursuar	Income Income
C. Name of Outside ((include address an Alameda Meals on Who 2534, Alameda, CA 94	Drganization d description) eels, P. O. Box 501	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other ital Role" or "Other" describe below Other Other ital Role" or "Other" describe below lic purpose made pursuar	Income Income
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E-mail

Provide Title/Explanation

California Date Stamp Form For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing: sarah.oddie@acgov.org (Month, Day, Year) 33 Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Date(s) _____/ 14 17 If no: Oakland A's Yes 🗌 No 🛛 Name of Source lf yes: <u>Chan,</u> Wilma No 🗋 Yes 🛛 Official's Name (Last, First)

A Public Document

3. Recipients

of agency official?

1. Agency Name

Sarah Oddie

(510) 272-6693

Alameda County

Board of Supervisors

Area Code/Phone Number

2. Function or Event Information

Event Description Baseball game

Does the agency have a ticket policy?

Ticket(s)/Pass(es) provided by agency?

Was ticket distribution made at the behest

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

• 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.

Å. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the a	agency's policy
B. Name of Individual (Lest First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
Mendieta, Rene	2	Ceremonial Role Dother D If checking "Ceremonial Role" or "Other" describe below: To promote attendanceevent held at a Count facilitymaximize potential County revenueco	
	2	Ceremonial Role Dother D If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the a	igency's policy
<u>v</u>			
l h 318944.	1 and 18942. I have ver Sarah Od	ified that the distribution set forth above, is in accordance with the req die Supervisor's Assistant	uirements. 07.31.2017
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1.	Agency Name	* * * * * * * *			Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	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	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			Marcan (2) ≥ , (2) (-) (2) (1 ≥) (2) (2) (2) (2) (2)	0.503.00	
	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	33
	Event Description Baseball g	Provide Title/Exp	planation	Date(s)		//
	Ticket(s)/Pass(es) provided by	v agency2	Yes 🗌 No	IX If no: Oaklar	nd A's	
		y agency:			Name of So	urce
	Was ticket distribution made a	at the behest	No 🗖 Yes	If yes: Chan	, Wilma	<u> </u>
	of agency official?				Official's Name (i	Last, First)
3.	Recipients		B 494 4 19			
	Use Section A to identify the agency	y's department o		tion B to identify an individu	ual. • Use Section C to idem	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
	2					· · · · · · · · · · · · · · · · · · ·
	B. Name of Individua (Last, Fust)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Brekke, Miesner, Lukas				Other	Income
	Drekke, Miesher, Lukas		2	-	ial Role" or "Other" describe below: anceevent held at a (County
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(C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(menude address and des		Pass(es)			
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۱.		s 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
i. 7	7					
	ſ		Sarah Oc	ldie s	Supervisor's Assistant	07.31.2017
	Signature of Agency Head or Designee		Sarah Oc Print Name		Supervisor's Assistant Title	07.31.2017 (Month, Day, Year)

. Agency Name				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		i kana		provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform	nation				
Does the agency have a ticket	t policy?	Yes 🗵 No	Face Value of	f Each Ticket/Pass \$ _	90(Box)/20(park)
Event DescriptionBaseball g	ame				///
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Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oaklar	Id A's Name of So	
10 foo tigleot distribution mondo o	tika kabaat	_	— Chan		uice
Was ticket distribution made a of agency official?	t me benest	No 🗌 Yes	If yes: Chan	Official's Name (Last, First)
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		Number of		-	
A. Name of Agency, Department	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
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B. Name of Individual	1	Number of Ticket(s)/		Identify one of the follow	ing:
(Ləst, First)	1			Other	ing: Income [
B. Name of Individual (Lest, First) McCormick, Mike	1	Ticket(s)/	If checking "Ceremon To promote attenda	Other al Role" or "Other" describe below: anceevent held at a	Income
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(Lest, First) McCormick, Mike Baltrush, Katie C. Name of Outside Organi	zation cription)	Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p	Other Other Content of the series below: Contential County reven Other Other Cother C	Income [County ueconcession sales Income [County ueconcession sales to the agency's policy
McCormick, Mike Baltrush, Katie C. Name of Outside Organia (include address and desc	zation cription)	Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p Describe the pub	Other Al Role" or "Other" describe below: anceevent held at a botential County reven Other Other al Role" or "Other" describe below: inceevent held at a otential County reven tic purpose made pursuant with above, is in accordance with	Income [County ueconcession sales Income [County ueconcession sales to the agency's policy
McCormick, Mike Baltrush, Katie C. Name of Outside Organia (include address and desc	zation cription)	Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremoni To promote attenda facilitymaximize p Describe the pub	Other Other Content of the series below: Contential County reven Other Other Cother C	Income [County ueconcession sales Income [County ueconcession sales to the agency's policy

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information 90(Box)/20(park) Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No T Event Description Baseball game Date(s) ____/ 16 17 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Å. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other Income Lett. Estial If checking "Ceremonial Role" or "Other" describe below: 3+p To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Ceremonial Role Other Income Campos, Maria If checking "Ceremonial Role" or "Other" describe below: 3+p To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification l ha ons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie Supervisor's Assistant 07.31.2017 ignature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: .

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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) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information 90(Box)/20(park) Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game Date(s) _____ 16 17 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan,</u> Wilma Was ticket distribution made at the behest No 🗋 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ Last, Fust) Pass(es) Ceremonial Role Other 🔲 Income Brown, Siena If checking "Ceremonial Role" or "Other" describe below: 4+p To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. 4+p Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

4. Verification

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

		Sarah Oddie	Supervisor's Assistant	07.31.2017
1	 Signature of Agency Head or Designee 	Print Name	Title	(Month, Day, Year)

Comment:

	ency Name				Date Stamp	California 802
	meda County					Form OUZ For Official Use Only
DIVIS	sion, Department, or Regi	on (If Applicab	le)			
	rd of Supervisors					
Desi	gnated Agency Contact (Name, Title)				
Sara	ah Oddie					
Area	Code/Phone Number	E-mail			Amenament (Must p	provide explanation in Part 3.)
(510	0) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Fun	ction or Event Inform	nation	-3-			
Does	s the agency have a ticket	t policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	90(Box)/20(park)
Even	t Description Baseball g	ame		Deta(a) 07	', 16 , 17	///
Even		Provide Title/Exp	planation	Date(s)]]	//
Ticke	et(s)/Pass(es) provided by	adency?	Yes 🗖 No	If no: Oaklar	nd A's	
		• •			Name of So	urce
	ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (i	
	gency official?		a	10 D B)	Omiciai s Name (Last, First)
	ipients					
	Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
Α.	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B.	Name of Individua	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Geis	ner, Benjamin				Other D	income
			2		anceevent held at a otential County reven	
			2	Ceremonial Role	A Other and the below:	Income
C.	Name of Outside Organi (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	Describe the publ	fic purpose made pursuant	to the agency's policy
	Fication				5 g (7 6 , sp	
11		tions 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements
			Sarah Oc		Supervisor's Assistant	,
/ s.	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)

eremonial Role Events and Tic				
. Agency Name			Date Stamp	California 80
Alameda County		0.1		Form OU2 For Official Use Only
Division, Department, or Region (If Applicabl	e)			For Onicial Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Sarah Oddie			Amondmont (14)	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)
Function or Event Information				
Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$.	33
Event Description Baseball game		Date(s)	7 <u>, 16 , 17</u>	
Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	if no: Oakla	Ind A's Name of S	ource
Was ticket distribution made at the behest		If yes: Char		
of agency official?	No 🗌 Yes	If yes:	Official's Name	(Last, First)
Recipients	• 1009-8-A A .			
Use Section A to identify the agency's department or		ction B to identify an individ	ual. • Use Section C to iden	ntify an outside organization.
	Number of	Departies the pu	blic numose made nursuar	nt to the agency's policy
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu		
A. Name of Agency, Department or Unit		Describe the pu		
B. Name of Individual	Pass(es)			
	Pass(es)		Identify one of the follow	ving:
B. Name of Individual (Last. First)	Pass(es)	Ceremonial Role	Identify one of the follow	ving:
B. Name of Individual	Pass(es)	Ceremonial Role	Identify one of the follow	ving:
B. Name of Individual (Last. First)	Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attence	Identify one of the follow Other Other Inial Role" or "Other" describe below: anceevent held at a	ving : Income
B. Name of Individual (Last. First)	Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attence facilitymaximize Ceremonial Role	Identify one of the follow Other Other Inial Role" or "Other" describe below: anceevent held at a	ving: Income County nueconcession sales Income
B. Name of Individual (Last. First)	Pass(es) Number of Ticket(s)/ Pass(es) 2	Ceremonial Role If checking "Ceremo To promote attence facilitymaximize Ceremonial Role If checking "Ceremo	Identify one of the follow Other Other Inial Role" or "Other" describe below: anceevent held at a potential County reven Other	ving: Income County nueconcession sales Income
B. Name of Individual (Last First) Campos, Maria	Pass(es) Number of Ticket(s)/ 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremo To promote attence facilitymaximize Ceremonial Role If checking "Ceremo	Identify one of the follow Other Other Inial Role" or "Other" describe below: anceevent held at a potential County reven Other Inial Role" or "Other" describe below:	ving: Income County nueconcession sales Income
B. Name of Individual (Last First) Campos, Maria	Pass(es) Number of Ticket(s)/ 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremo To promote attence facilitymaximize Ceremonial Role If checking "Ceremo	Identify one of the follow Other Other Inial Role" or "Other" describe below: anceevent held at a potential County reven Other Inial Role" or "Other" describe below:	ving: Income County nueconcession sales Income
B. Name of Individual (Last, First) Campos, Maria Campos, Maria C. Name of Outside Organization (include address and description) Verification 7	Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attence facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Identify one of the follow Other nial Role" or "Other" describe below: anceevent held at a potential County rever Other nial Role" or "Other" describe below: nial Role" or "Other" describe below: plic purpose made pursuant	ving: Income County nueconcession sales Income
B. Name of Individual (Last, First) Campos, Maria Campos, Maria C. Name of Outside Organization (include address and description) Verification 7	Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attence facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Identify one of the follow Other Other Inial Role" or "Other" describe below: anceevent held at a potential County reven Other Inial Role" or "Other" describe below:	ving: Income County nueconcession sales Income

. Ag	ency Name		and a matching of the state of		Date Stamp	California 802
Ala	meda County					Form OUZ
Divi	sion, Department, or Regi	on (If Applicabl	le)		-	For Official Use Only
Boa	ard of Supervisors					
	ignated Agency Contact (Name, Title)		· · · · · · · · · · · · · · · · · · ·	4	
Sar	ah Oddie					
	a Code/Phone Number	E-mail		0000 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		provide explanation in Part 3.)
(51	0) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Fur	nction or Event Inform	nation		<u>8</u>		
Doe	s the agency have a ticket	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	33
Evo	nt Description Baseball g	ame		Data(s) = 07	7 , 17 , 17	//
		Provide Title/Exp	lanation			
Tick	et(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oaklar	nd A's Name of Sc	
				—		ource
	sticket distribution made a agency official?	t the behest	No 🔲 Yes	If yes: Chan	Official's Name (Last, First)
			0 0			
	cipients • Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A.	Name of Agency, Departme		Number of		olic purpose made pursuan	
А.	Name of Agency, Departine	nt or Unit	Ticket(s)/ Pass(es)	Describe the put	and purpose made pursuant	t to the agency's policy
В.	Name of Individua	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			1 400(00)	Ceremonial Role	Other	Income
King	g, Shane		2		ial Role" or "Other" describe below:	A
					anceevent held at a potential County reven	County iueconcession sales
					Other	Income [
					L Other L	income [
			2			
			Number of			
C.	Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1 400(00)			
				······································	· · · · · · · · · · · · · · · · · · ·	
Vori	ification			anna an	- 5-30 (-92
l l		tions 18944.1 and	d 18942. I have ve	rified that the distribution set for	orth above, is in accordance wi	th the requirements.
		-	Sarah Oo	ldie	Supervisor's Assistant	07.31.2017
1.	Signature of Agency Head or Designee	the second	Print Nam		Title	(Month, Day, Year)
11						

Agency Na					Date Stamp	California 802
Alameda Co	•					For Official Use Only
Division, Dep	partment, or Regi	on (If Applicab	le)			For Official Use Only
Board of Su	pervisors					
Designated A	Agency Contact (Name, Title)				
Sarah Oddie	е					
Area Code/Pl	hone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-66	693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month Day Year)
Function o	or Event Inform	nation		4 1) 56(m, 4 (* 102)10) (* m)		
Does the age	ency have a ticket	t policy?	Yes 🗵 No	Face Value of	f Each Ticket/Pass \$ _	33
	ption Baseball g	ame			, 18 , 17	//
Event Descrip	ption	Provide Title/Exp	olanation	Date(s)		/
Ticket(s)/Pas	s(es) provided by	adencv?	Yes 🗌 No	If no: Oaklar	nd A's	
	-(,,	9)			Name of So	ource
	stribution made a	t the behest	No 🗌 Yes	If yes: Chan	, Wilma	
of agency of			S which them		Official's Name	(Last, First)
Recipients						
	to identify the agency	's department or	Number of	ction B to identify an individu T	al. • Use Section C to ider	ntify an outside organization.
A	f Agency, Departme	nt or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
A. Name of			Pass(es)			
A. Name of	Name of Individua		Number of Ticket(s)/		Identify one of the follow	Āng:
B.	(Lact First)	1	Number of	Ceremonial Role	Other	ning:
	(Lact First)	1	Number of Ticket(s)/	If checking "Ceremon	Other and the second below:	Income
B.	(Lact First)	1	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda	Other other al Role" or "Other" describe below: nceevent held at a	Income
B.	(Lact First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda facilitymaximize p	Other Other Inceevent held at a otential County reven	Income
8.	(Lact First)	1	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role	Other other al Role" or "Other" describe below: nceevent held at a	Income
B.	(Lact First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda facilitymaximize p	Other Other Inceevent held at a otential County reven	Count
B. Lee, Steven	(Last First) ne of Outside Organit de address and desc	zation ription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon Describe the publ	Other Inceevent held at a otential County reven Other Other Other Inceevent held at a otential County reven Inceevent held at a otential county revent Inceevent held at a	Income
B. Lee, Steven	(Last First) ne of Outside Organit de address and desc	zation ription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon Describe the public rified that the distribution set for	Other Inceevent held at a otential County reven Other Other Other Inceevent held at a otential County reven Inceevent held at a otential county revent Inceevent held at a	Income

Agency Name				Data Ciama	
				Date Stamp	California 802
Alameda County		1		-	For Official Use Only
Division, Department, or Re	gion (If Applicable	<i>)</i>			
Board of Supervisors					
Designated Agency Contact	t (Name, Title)		an a shuna an a		
Sarah Oddie					
Area Code/Phone Number	E-mail	9 - 91		Amendment (Must	provide explanation in Part 3.)
(510) 272-6693	sarah.oddie@	@acgov.org		Date of Original Filing	:(Month, Day, Year)
Function or Event Info	rmation		0 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Does the agency have a tick		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$.	33
– Baseball				· 19 . 17	//
Event Description Baseball	Provide Title/Expla	anation	Date(s)		//
Ticket(s)/Pass(es) provided	by agency?		Ist If no: Oakla	nd A's	
	by agency:	Yes 🗌 No		Name of S	Source
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
of agency official?			,	Official's Name	(Last, First)
Recipients					
Use Section A to identify the agen	cy's department or i	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/	Describe the put	lic purpose made pursuar	nt to the agency's policy
		Pass(es)			
					,
B. Name of Individ	uał	Number of Ticket(s)/		Identify one of the follow	ving:
B. Name of Individ	ual			Identify one of the follov Other Other	Income
B. Name of Individ (Last First)	ual	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other Dial Role" or "Other" describe below.	Income
B. Name of Individu (Last First) C. Name of Outside Orga (include address and de	nization	Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other Other Other Other Other Other	Income
(Last First)	nization scription)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other Role" or "Other" describe below: Other Other Nother Inter Contert describe below: Other Contert describe below: Oth	Income Income
C. Name of Outside Orga (include address and de Mastick Senior Center, 115	nization scription)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other Role" or "Other" describe below: Other Other Nother Inter Content of the	Income Income
C. Name of Outside Orga (include address and de Mastick Senior Center, 116 Ave, Alameda, CA 94501 Senior Center	nization scription) 55 Santa Clara	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To reward a school to the community	Other Iter Other Other Other Other Other Iter Other Iter Purpose made pursuan or nonprofit organiza	Income Income
C. Name of Outside Orga (include address and de Mastick Senior Center, 115 Ave, Alameda, CA 94501 Senior Center	nization scription) 55 Santa Clara	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To reward a school to the community	Other Iter Other Other Other Other Other Iter Other Iter Purpose made pursuan or nonprofit organiza	Income Income Income Into the agency's policy ation for its contributions

1. A		CI (CI 20 P (C)				A Manual Annual An
	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
D	vivision, Department, or Regi	on (If Applicabl	e)			For Official Use Only
В	Board of Supervisors					
D	esignated Agency Contact (Name, Title)			1	
S	Sarah Oddie					
Ā	rea Code/Phone Number	E-mail				provide explanation in Part 3.)
(5	510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. F	unction or Event Inform	nation		<u> </u>	5 • C) • C • • • • • • • • • • • • • • •	
D	oes the agency have a ticket	policy?	Yes 🔀 No	Face Value of	f Each Ticket/Pass \$ _	33
г.	vent Description Baseball g	ame			, 28 , 17	////
E	vent Description	Provide Title/Exp	lanation	Date(s)		
Ti	icket(s)/Pass(es) provided by	adency?	Yes 🗌 No	M If no: Oaklar	nd A's	
					Name of So	burce
	/as ticket distribution made a	t the behest	No 🗖 Yes	If yes: Chan	, Wilma Official's Name (
C	of agency official?				Official's Name (Last, First)
	Recipients					
<u>+ l</u>	Use Section A to identify the agency	's department or	Number of	tion B to identify an individι Ι	ial. • 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 pursuant	t to the agency's policy
В	Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
E.	vans, Kelly				Other and the contract of the	Income
			2		anceevent held at a ootential County reven	County ueconcession sales
				Ceremonial Role	Other describe below:	Income
			2			
C	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
c			Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
C		ription)	Ticket(s)/ Pass(es)			
C	• (include address and desc	ription)	Ticket(s)/ Pass(es)	rified that the distribution set fo	lic purpose made pursuant with above, is in accordance wit Supervisor's Assistant	h the requirements.

. Agency Name				Date Stamp	California 802
Alameda County			Form OOZ		
Division, Department, or Regio	on (If Applicab)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (A	Vame, Title)			-	
Sarah Oddie					
	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
. Function or Event Inform					(Monut, Day, Tear)
Does the agency have a ticket		Yes 🛛 No	Face Value of	of Each_Ticket/Pass \$	33
				79	
Event DescriptionBaseball ga	Provide Title/Exp	lanation	Date(s)		/
Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no: Oaklar	nd A's	
noner(o)/r doo(co) provided by	ageney			Name of Sou	rce
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Chan	, Wilma	
of agency official?				Officiai's Name (La	ast, First)
. Recipients					
Use Section A to identify the agency'	s department or		ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departmen	it or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
B. Name of Individual		Number of Ticket(s)/		Identify one of the followin	
Hernandez, Ed					ig:
HEHANUEZ, LU		Pass(es)	Ceremonial Role	Other	income
nemanuez, Lu		Pass(es)	If checking "Ceremon		Income
			If checking "Ceremon To reward a comm public Ceremonial Role	ial Role" or "Olher" describe below: unity volunteer for his c	Income
C. Name of Outside Organiz (include address and descr	ation ription)	2	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below: unity volunteer for his c	Income
Name of Outside Organiz	ation ription)	2 2 Number of Ticket(s)/	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below: unity volunteer for his o Other : ial Role" or "Other" describe below:	Income
C. Name of Outside Organiz (include address and desc	ription)	2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the pub	ial Role" or "Other" describe below: unity volunteer for his o Other ial Role" or "Other" describe below: lic purpose made pursuant t	Income
C. Name of Outside Organiz (include address and desc	ription)	2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the pub	ial Role" or "Other" describe below: unity volunteer for his of Other ial Role" or "Other" describe below: lic purpose made pursuant t orth above, is in accordance with	Income
C. Name of Outside Organiz (include address and desc	ription)	2 Number of Ticket(s)/ Pass(es) d 18942. I have ve Sarah Oc	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the pub	ial Role" or "Other" describe below: unity volunteer for his o Other ial Role" or "Other" describe below: fic purpose made pursuant to porth above, is in accordance with Supervisor's Assistant	Income
C. Name of Outside Organiz (include address and desc	ription)	2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the pub	ial Role" or "Other" describe below: unity volunteer for his of Other ial Role" or "Other" describe below: lic purpose made pursuant t orth above, is in accordance with	Income

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1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OO2		
	Division, Department, or Reg	ion (If Applicat	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			4	
	Sarah Oddie					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693		e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2	Function or Event Infor				* 5 * 53 0 **5 %2783. 0 *	(WOMU, Day, Teal)
	Does the agency have a ticke		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	90
	Event Description Baseball g	Provide Title/Ex	planation	Date(s)		///////
	Ticket(s)/Pass(es) provided b			I If no: Oakla	nd A's	
	nickel(s)/Fass(es) provided b	y agency?	Yes 🗌 No	X 1110.	Name of Sc	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	i, Wilma	
	of agency official?				Official's Name (Last, First)
3.	Recipients					84.27 D t t C (7.27
	• Use Section A to identify the agency	y's department o		ction 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	olic purpose made pursuant	to the agency's policy
			Number of			
	B. Name of Individua (Lest First)	əl	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Cravalho, Brian				Other Dial Role" or "Other" describe below:	Income
			3		anceevent held at a potential County reven	
				Ceremonial Role	Other	Income [
			3	If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4	Verification					
•.		lations 18944.1 an	d 18942. I have ve	erified that the distribution set for	orth above, is in accordance wil	h the requirements.
			Sarah Oo		Supervisor's Assistant	
	/ V Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
1						· ·····,,, · · ···,
/			Pint Nəm	e	i itie	
						EDDC Earm 902 /4/

Agency Name			Date Stamp	California 802
Alameda County Division, Department, or Region (If Applicabl			-	For Official Use Only
	e)			
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Sarah Oddie			Amendment (Mustr	rovide explanation in Part 3.)
Area Code/Phone Number E-mail				
(510) 272-6693 sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information				33
Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	
Event Description Baseball game		Date(s)	7 <u>, 30 , 17</u>	/
Provide hite/Exp	lanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	Name of So	urce
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan		
of agency official?		⊠ nyes	Official's Name (Last, First)
Recipients	1 <u>00</u> 1.56 907	138 2 12 CT B (2478)53		
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
	Pass(es)			
R Name of Individual	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ng:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other	Income
			lal Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
(include address and description)	Pass(es)			
Kiwanis Club of San Leandro, 2777	2		or nonprofit organizat	ion for its contributions
Alvarado St., Ste. K, San Leandro 94577		to the community		
Community service organization				
	and the second		15.8.1 4.0	
4				
s 18944.1 and			orth above, is in accordance with	·
	Sarah Oo	ddie	Supervisor's Assistant	07.31.2017
s 18944.1 and Signature of Agency Head or Designee		ddie		·

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information 33 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Baseball game 07 31 17 1 Date(s) _ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last, First Ceremonial Role Other 🔲 Income Clemons, Estelle If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his or her service to the public Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification Λ 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Ih Sarah Oddie Supervisor's Assistant 07.31.2017 Print Name Title (Month, Day, Year)

eremonial Role Events and T	ICKel/Pass		। साम्राह्य स्वायम् व्यायाः स	A Public Docume
Agency Name			Date Stamp	California 802
Alameda County				Form OU For Official Use Only
Division, Department, or Region (If Applica	able)			i or official coc only
Board of Supervisors				
Designated Agency Contact (Name, Title)			7	_
Sarah Oddie				
Area Code/Phone Number E-mail	····· , ····		_	provide explanation in Part 3.)
(510) 272-6693 sarah.odd	ie@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	\$150
Event Description Iron Maiden		Data(s) ()7 , 05 , 17	//
Provide Title/E	xplanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Gold	en State Warriors	
			Name of So	burce
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Cha	n, vviima Official's Name	(Last First)
		2n n p 1 w ······		
• Use Section A to identify the agency's department	or unit a Lloo So	atian P ta idantifu an indivi	dual - e Uas Sastian C to iden	
	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pl	iblic purpose made pursuan	t to the agency's policy
	Pass(es)			
	Pass(es)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		identify one of the follow	ing:
(Last, First)	Number of Ticket(s)/	Ceremonial Role		
B. Name of Individual (Last, First) Brooks, Andrew	Number of Ticket(s)/	If checking "Cerem	Other Donial Role" or "Other" describe below:	Income
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Cereman To promote attend	Other D onial Role" or "Other" describe below: dance at a(n) event h	Income leld at a County facility
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Cerem To promote attend order to maximize	Other or "Other" describe below: Iance at a(n) event h potential County rever	Income
(Last, First)	Number of Ticket(s)/ Pass(es) 4	If checking "Cerem To promote attend order to maximize Ceremonial Role	Other or "Other" describe below: Iance at a(n) event h potential County rever	Income leld at a County facility
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Cerem To promote attend order to maximize Ceremonial Role	Other onial Role" or "Other" describe below: dance at a(n) event h potential County rever Other	Income neld at a County facility nue
(Last, First)	Number of Ticket(s)/ Pass(es) 4	If checking "Cerem To promote attend order to maximize Ceremonial Role	Other onial Role" or "Other" describe below: dance at a(n) event h potential County rever Other	Income neld at a County facility nue
(Last, First) Brooks, Andrew C. Name of Outside Organization	Number of Ticket(s)/ Pass(es) 4	If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other onial Role" or "Other" describe below: dance at a(n) event h potential County rever Other	Income neld at a County facility in nue
(Last, First) Brooks, Andrew	Number of Ticket(s)/ Pass(es) 4 4 Vumber of	If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other onial Role" or "Other" describe below: dance at a(n) event h potential County rever Other Other other	Income neld at a County facility nue Income
(Last, First) Brooks, Andrew C. Name of Outside Organization	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other onial Role" or "Other" describe below: dance at a(n) event h potential County rever Other Other other	Income neld at a County facility nue Income
(Last, First) Brooks, Andrew C. Name of Outside Organization	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other onial Role" or "Other" describe below: dance at a(n) event h potential County rever Other Other other	Income neld at a County facility nue Income
(Last, First) Brooks, Andrew C. Name of Outside Organization	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other onial Role" or "Other" describe below: dance at a(n) event h potential County rever Other Other other	Income neld at a County facility nue Income
(Last, First) Brooks, Andrew C. Name of Outside Organization	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other onial Role" or "Other" describe below: dance at a(n) event h potential County rever Other Other other	Income reld at a County facility nue Income
(Last, First) Brooks, Andrew C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Cerema To promote attend order to maximize Ceremonial Role If checking "Cerema Describe the pu	Other onial Role" or "Other" describe below: dance at a(n) event h potential County rever Other Other other other blic purpose made pursuant	Income neld at a County facility nue Income
(Last, First) Brooks, Andrew C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Cerema To promote attend order to maximize Ceremonial Role If checking "Cerema Describe the pu	Other Other" describe below: Jance at a(n) event h potential County rever Other Other onial Role" or "Other" describe below: blic purpose made pursuant blic purpose made pursuant	Income neeld at a County facility nue Income
(Last, First) Brooks, Andrew C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/ Pass(es)	If checking "Cerema To promote attend order to maximize Ceremonial Role If checking "Cerema Describe the pu	Other onial Role" or "Other" describe below: dance at a(n) event h potential County rever Other Other other other blic purpose made pursuant	Income neeld at a County facility nue Income

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Agency Name			Date Stamp	California Form 802
Alameda County Division, Department, or Region (If A			-	For Official Use Only
	үрлсале)			
Board of Supervisors				
Designated Agency Contact (Name, T	ïtle)			
Sarah Oddie			Amondmont (16)	
Area Code/Phone Number E-mail	1			provide explanation in Part 3.)
(510) 272-6693 sarah	.oddie@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Information	n			
Does the agency have a ticket policy	? Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$200
Event Description Shawn Mendes:	Illuminate World To	our _{Date(s)} ()7 , 11 , 17	///
Provide	Title/Explanation			
Ticket(s)/Pass(es) provided by agend	cy? Yes□ No	If no: Gold	en State Warriors	
Non ticket distribution and I = -++			Name of S	ource
Nas ticket distribution made at the be of agency official?	ehest No 🗖 Yes	If yes: Cha	Official's Name	(Last. First)
Recipients				
• Use Section A to identify the agency's depart	tment or unit. • Use Se Number of	ction B to Identify an Individ	dual. • Use Section C to iden	ntify an outside organization.
A. Name of Agency, Department or Uni	it Ticket(s)/	Describe the pu	iblic purpose made pursuan	t to the agency's policy
	Decelor			
	Pass(es)			
3. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	/ing:
3. Name of Individual (Last, First)	Number of	Ceremonial Role		ving:
3. Name of Individual (Last, First)	Number of Ticket(s)/	If checking "Ceremo Ceremonial Role	Other	
 Name of Individual (Last, First) Name of Outside Organization (include address and description) 	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other onial Role" or "Other" describe below: Other Other	Income
(Last, First) Name of Outside Organization	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Other nnial Role" or "Other" describe below: Other Other nnial Role" or "Other" describe below: blic purpose made pursuant	Income Income
(Last, First) Name of Outside Organization (include address and description) Alameda Boys & Girls Club,1900 3	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) rd St, 4 tial as	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo	Other nnial Role" or "Other" describe below: Other Other nnial Role" or "Other" describe below: blic purpose made pursuant	Income Income
(Last, First) Name of Outside Organization (include address and description) Alameda Boys & Girls Club,1900 3 Alameda, CA 94501 Fo inspire youth to reach full potent productive, caring, responsible citiz	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo to the community	Other mial Role" or "Other" describe below: Other Other mial Role" or "Other" describe below: blic purpose made pursuant of or nonprofit organiza	Income Income
(Last, First) Name of Outside Organization (include address and description) Alameda Boys & Girls Club,1900 3 Alameda, CA 94501 Fo inspire youth to reach full potent productive, caring, responsible citiz	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) rd St, 4 tial as tens	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo to the community	Other nnial Role" or "Other" describe below: Other Other nnial Role" or "Other" describe below: blic purpose made pursuant	Income Income
(Last, First) Name of Outside Organization (include address and description) Alameda Boys & Girls Club,1900 3 Alameda, CA 94501 Fo inspire youth to reach full potent productive, caring, responsible citiz	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo to the community	Other mial Role" or "Other" describe below: Other Other mial Role" or "Other" describe below: blic purpose made pursuant of or nonprofit organiza	Income Income t to the agency's policy tion for its contributions

A manager Alamaa					Land and the second sec
Agency Name				Date Stamp	California Form 802
Alameda County Division, Department, or Reg	ion //f Annlingh	(a)		_	For Official Use Only
-	ion (ii Applicad	e)			
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Sarah Oddie				Amondmont (14)	provide explanation in Part 3.)
Area Code/Phone Number	E-mail				,
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Inform	nation			. <u>98</u> . O Smiring S	
Does the agency have a ticke	t policy?	Yes 🗵 No	Face Valu	e of Each Ticket/Pass \$.	\$150
Event Description <u>Earth, Win</u>	d, and Fire		Date(s)	07 , 12 , 17	
	Provide Title/Exp	lanation		//	
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Gol	den State Warriors	
	• •		_	Name of S	ource
Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Ch	an, Wilma Official's Name	
				Omciai s Name	(Last, Fifst)
Recipients					
Use Section A to identify the agency	's department or	unit. • Use See	ction B to identify an indiv	vidual. • Use Section C to iden	ntify an outside organization.
A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy
				-	
B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)	Ceremonial Rol	Identify one of the follow	
	1	Ticket(s)/			Income
B. Name of Individua (Last, First)	1	Ticket(s)/	If checking "Cerei Ceremonial Rol	e Dther nonial Role" or "Other" describe below:	Income
B. Name of Individua (Last, First) C. Name of Outside Organi (include address and desc	zation	Ticket(s)/	If checking "Cerei Ceremonial Rol If checking "Cerer	e D Other annial Role" or "Other" describe below:	Income [
(Last. First)	zation :ription)	Ticket(s)/ Pass(es)	If checking "Cerer Ceremonial Rol If checking "Cerer Describe the p	e Dther nonial Role" or "Other" describe below:	Income [
(Last. First) C. Name of Outside Organi (include address and desc Conscious Voices, 2700 Inte	zation rription) rrnational 1	Number of Ticket(s)/ Pass(es)	If checking "Cerer Ceremonial Rol If checking "Cerer Describe the p To reward a scho	e Dther nonial Role" or "Other" describe below:	Income [Income [
(Last. First) C. Name of Outside Organi (include address and desc Conscious Voices, 2700 Inte Blvd #22, Oakland, CA 9460 Addressing mental health ne	zation rription) rrnational 1	Number of Ticket(s)/ Pass(es)	If checking "Cerer Ceremonial Rol If checking "Cerer Describe the p To reward a scho	e Dther nonial Role" or "Other" describe below:	Income [Income [
(Last. First) C. Name of Outside Organi (include address and desc Conscious Voices, 2700 Inte Blvd #22, Oakland, CA 9460 Addressing mental health ne African American communitie	zation rription) ernational 1 eeds for es	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	If checking "Cerer Ceremonial Rol If checking "Cerer Describe the p To reward a scho to the community	e Dther nonial Role" or "Other" describe below:	Income [Income] Income] Income]
C. Name of Outside Organi (include address and desc Conscious Voices, 2700 Inte Blvd #22, Oakland, CA 9460 Addressing mental health ne African American communitie Verification	zation rription) ernational 1 eeds for es	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	If checking "Cerer Ceremonial Rol If checking "Cerer Describe the p To reward a scho to the community	e D Other D nonial Role" or "Other" describe below:	Income [Income] Income] Income] 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) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$150 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗍 Event Description J. Cole Date(s) _____/_14 17 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Chan, Wilma Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Â. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual **B**. Ticket(s)/ Identify one of the following: (Last First) Pass(es) Ceremonial Role Other Haile, Yoel If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Income Other 🗖 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) DSAL.16378 E.14th Street To reward a school or nonprofit organization for its contributions 2 San Leandro, CA 94578 to the community Activities for children and youth in unincorporated Alameda County Verification 4.

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

<u>.</u>	Sarah Oddie	Supervisor's Assistant	07.28.2017
	Print Name	Title	(Month, Day, Year)

Comment: _

C	eremonial Role Ever	its and Th	cket/Pass	Distributions	Sec. Sec. Sec	A Public Documen			
1.	Agency Name				Date Stamp	California 802			
	Alameda County					Form OUZ			
	Division, Department, or Reg	gion (If Applicab	le)			For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact	(Name, Title)		· · · · · · · · · · · · · · · · · · ·					
	Sarah Oddie								
	Area Code/Phone Number	E-mail	<u></u>		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 Info	mation		<u> </u>					
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	\$150			
	J. Cole				, 15 , 17				
	Event Description J. Cole	Provide Title/Exp	planation	Date(s)		//			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors				
					Name of So	urce			
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Chan,	VVIIma Official's Name (I	last Eimt)			
_									
3.	•	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
			Number of						
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the followi	na:			
	iLast, First		Pass(es)						
				Ceremonial Role	Other al Role" or "Other" describe below:				
				Ceremonial Roie [Dther	Income			
	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			
	SLZ Foundation, PO Box 1 San Lorenzo, CA 94580	33	4	To reward a school to the community	or nonprofit organizat	ion for its contributions			
	Youth Football, Cheer, Dan Mentoring program	ce, &							
1.	Variliaation								
		tions 18944.1 an	d 18942. I have ver	rified that the distribution set fo	rth above, is in accordance wit	h the requirements.			
			Sarah Od	die S	Supervisor's Assistant	07.31.2017			
-	Signature of Agency Head or Designee		Print Name	•	Title	(Month, Day, Year)			

A Public Document

1. Agency Name	a na papisa na falba di seb		0 10 Ma 0 Ma	Date Stamp	California 000
Alameda County					Form OU2
Division, Department, or Region	n (If Applicable))			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	me, Title)				
Sarah Oddie					
	-mail	<u>.</u>		Amendment (Must)	provide explanation in Part 3.)
	arah.oddie@	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	ation				
Does the agency have a ticket p	olicy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	\$400
Event Description Lionel Richie	e + Mariah C	arey	07	, 21 , 17	
Event Description	rovide Title/Expla	anation			
Ticket(s)/Pass(es) provided by a	igency?	Yes 🗌 No	If no: Golder	State Warriors	
				Name of So	purce
Was ticket distribution made at t of agency official?	ne benest	No 🗌 Yes	If yes: Chan,	Official's Name ('Last, First)
	- 40.000 	57 GR: W5 -	ಹಿಕುವ ವೇರ್ಯವಗಿನತೇಕ ∦ ಧರ		
 Recipients Use Section A to identify the agency's 	department or u	ınit. ● Use Sed	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department		Number of Ticket(s)/		lic purpose made pursuan	
		Pass(es)			
D Nome of Individual		Number of			
B. Name of Individual		Ticket(s)/ Pass(es)	_	Identify one of the follow	ing:
			Ceremonial Role	Other	Income
			If checking "Ceremoni	al Role" or "Other" describe below:	
			Ceremonial Role	Other	
				al Role" or "Other" describe below:	Income
C. Name of Outside Organizat (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Bay Area Black Worker Ctr, 43 5th floor, Oakland, CA 94612	36 14th St.,	2	To reward a school to the community	or nonprofit organizat	tion for its contributions
Eliminate Black poverty by incl to quality jobs & decr. discrimir					
1 //	(*) ()))) = 0		52 F1C1 P P1	9 <u>1 1 9 9 - 1 6 69</u>	<u>č</u>

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

	Sarah Oddie	Supervisor's Assistant	07.31.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

			Distributions		A Public Documer
. Agency Name		Date Stamp	California 802		
Alameda County	Alameda County				
Division, Department, or Regio	on (If Applicabl		For Official Use Only		
Board of Supervisors					
Designated Agency Contact (A	lame, Title)				
Sarah Oddie	Sarah Oddie				
	E-mail			Amendment (Must provide explanation in Part 3.)	
		@acgov.org		Date of Original Filing: .	
. Function or Event Inform		<u>e</u> ==g===-g			(Month, Day, Year)
Does the agency have a ticket				of Each Ticket/Pass \$	\$400
	Yes 🛛 No				
Event Description Lionel Richt	Provide Title/Exp		Date(s)		//
	Provide Title/Expla			n State Warriors	
Ticket(s)/Pass(es) provided by agency?		Yes 🗌 No		n State Warriors Name of Sou	Irce
Was ticket distribution made at	Was ticket distribution made at the behest		If yes: Chan	, Wilma	
of agency official?		No 🗌 Yes	r yes:	Official's Name (L	.ast, First)
Recipients	5 • 855 . For	<u></u> .	ಕ್ರವಾರ್ ಕಿಂಗ್ ಕ್ರಾಂಕ್ ಕೆಂಗ್		s
Use Section A to identify the agency's	s department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departmen		Number of Ticket(s)/		lic purpose made pursuant	
B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	201
(Last, First)		Pass(es)	tuentity one of the following:		ng.
			Ceremonial Role If checking "Ceremoni	Other D	Income [
			Ceremonial Role	Other describe below:	Income [
C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
Oakland Food Policy Council Broadway, Oakland, CA 9460		2	To reward a school to the community	or nonprofit organizati	on for its contributions
Food justice advocacy in low- racial minority communities	-income and				
	67 - 683 - 694	te de la constante de la consta La constante de la constante de	8*., <u>'5</u> ";		
Verification				where the second s	the second se
	ions 18944.1 and	18942. I have ve	rified that the distribution set fo	intri above, is in accordance with	the requirements.
	ions 18944.1 and	18942. I have ve Sarah Od		Supervisor's Assistant	07.31.2017
	ions 18944.1 and		ldie S		·

1. Agency Name		3 BEREE 87 67 67	i tildestid til kindding för som som som	Date Stamp	California 002
Alameda County				· ·	Form OUZ
•	Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)			-	
Sarah Oddie					
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org	I	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform					(wonan, Day, Year)
Does the agency have a ticker		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	\$10
Event Description Bay Area	Black Expo		—		//
Event Description	Provide Title/Exp	planation	Date(s)		/
Ticket(s)/Pass(es) provided by	adencv?	Yes 🗌 No	If no: Golder	n State Warriors	
	•			Name of Sc	purce
Was ticket distribution made a	t the behest	No 🔲 Yes	If yes: Chan	, Wilma Official's Name ((Larah (7))
of agency official?	<u></u>	5 - 1 -0 - 1 - 11 - 11 - 11 - 11 - 11 - 11	10	Uniciai's Name (Lasi, Firsi)
8. Recipients					
Use Section A to identify the agency		Number of	ction 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 pursuant	t to the agency's policy
B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Hughes, Ashley		2		Other	Income
		2		anceevent held at a ootential County reven	County ueconcession sales
				Other	Income
Richardson-Baker, Sarah		2	-	al Role" or "Other" describe below: unity volunteer for his	or her service to the
C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
. Verification					
l ha	18944.1 and		rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
_		Sarah Oo	1die	Supervisor's Assistant	07.31.2017
		Print Nam	e	Title	(Month, Day, Year)
Comment:					

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 25 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗋 Event Description Oakland A's vs Atlanta Braves 01 07 17 07 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 🖾 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 А. 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) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 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) Alameda Creek Alliance To reward a nonprofit organization for its contributions to the 4 D.O.BOX 21026 community The vision of the Alameda Creek Alliance and ecosystems within the Alameda Creek watershed as much as is to restore native wildlife, plants, habitat possible given modern constraints. 4. Verification ns 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements I ha Gabriela Christy Supervisor's Assistant Э Print Name Title Comment: .

eremonial Role	e Events and Tio	CKet/Pass	Distributions		A Public Documen
Agency Name				Date Stamp	California 802
Alameda County					ronn
Division, Department, or Region (If Applicable)				-	For Official Use Only
Board of Supervise	ors				
Designated Agency	Contact (Name, Title)				
Gabriela Christy				Amendment (Must	provide explanation in Part 3.)
Area Code/Phone N	umber E-mail				
(510) 272-6692	Gabriela.Cl	nristy@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Eve					25
Does the agency ha		Yes 🛛 No		of Each Ticket/Pass \$ _	1.
Event Description _	Dakland A's vs . Chico Provide Title/Exp	290Whiles	0 Date(s)	7 <u>, 03 ,</u> 17	07 , 04 , 17
Ticket(s)/Pass(es) p		Yes 🗌 No		nd A's Name of Sc	
Was ticket distribution of agency official?	on made at the behest	No 🗌 Yes	If yes: Valle	e, Richard- Supervisor Official's Name (Last. First)
				·	· · · · · · · · · · · ·
• Use Section A to identit	fy the agency's department o	ual. • Use Section C to iden	tify an outside organization.		
	y, Department or Unit	Number of Ticket(s)/	-	blic purpose made pursuan	
A. Name of Agenc		Pass(es)			
A. Name of Agenc		r ass(es)			
B. Name	of Individual Last, Frist)	Number of Ticket(s)/		Identify one of the follow	ring:
B. Name		Number of	Ceremonial Role If checking "Ceremo		ring: Income
B. Name		Number of Ticket(s)/	If checking "Ceremo. Ceremonial Role	Dother Dinal Role" or "Other" describe below:	Income
B. Name C. Name of Ou		Number of Ticket(s)/	If checking "Ceremo, Ceremonial Role If checking "Ceremo,	Other Other Other Other Other Other Other	Income
B. Name C. Name of Ou	Last, First) tside Organization ass and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo, Ceremonial Role If checking "Ceremo, Describe the pul	Other Other Other Other Other Other Nail Role" or "Other" describe below:	Income
B. Name C. Name of Ou (include addre Alameda Creek All D. B. 202	Last, First) tside Organization ass and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pul – To reward a non community	Other Other Other Other Other Other Other Other Other offic purpose made pursuant profit organization for i ithin the Alameda Creat	Income
B. Name C. Name of Ou (include addre Alameda Creek All D. D. BOX 202 The vision of the A is to restore native Varification	tside Organization ess and description) liance 20 N MCS, CA 94 lameda Creek Alliance wildlife, plants, habita	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pul – To reward a non community and ecosystems w possible given mod	Other	Income
B. Name C. Name of Ou (include addred Alameda Creek All P.O.BOX 216 The vision of the A is to restore native	tside Organization ess and description) liance 20 N MCS, CA 94 lameda Creek Alliance wildlife, plants, habita	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pul – To reward a non community and ecosystems w possible given mod	Other	Income
B. Name C. Name of Ou (include addre Alameda Creek All D. D. BOX 202 The vision of the A is to restore native Varification	tside Organization ess and description) liance 20 N MCS, CA 94 lameda Creek Alliance wildlife, plants, habita	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pul – To reward a non community and ecosystems w possible given mod enfied that the distribution set	Other	Income

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 90/20 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes 🛛 No 🗌 Event Description Oakland A's vs Atlanta Braves , 02 07 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 🕅 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other 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) St Rose Hospital Foundation To reward a nonprofit organization for its contributions to the community 27200 rain 1001a HAU raising the necessary resources needed to meet the hospital's The St. Rose Hospital Foundation helps

4. Verification

St. Rose Hospital carry out its mission by

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

current and future needs.

Gabriela Christy Print Name Supervisor's Assistant

A Public Document

Comment: .

1	. Agency Name		Date Stamp	California 802		
	Alameda County	Alameda County				Form 002
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Gabriela Christy	Gabriela Christy				
	Area Code/Phone Number E-mail				Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6692	nristy@acgov	v.org	Date of Original Filing:	(Month, Day, Year)	
2	Function or Event Infor	mation		(wonth, Day, Tear)		
						80/20
	Event Description Oakland As vs Chicago White Sox Date(s) Date(s)			07 , 05 , 17	//	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oaklar				and A's	
	nekel(s)/r ass(es) provided b				Name of So	
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Vall	e, Richard- Supervisor	District 2
	of agency official?			-	Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency	/'s department or	· · · · · · · · · · · · · · · · · · ·	ction B to identify an indivi	dual. • Use Section C to iden	tify 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 Individua		Number of Ticket(s)/		Identify one of the followi	
	(Last, First)		Pass(es)			
				Ceremonial Role If checking "Ceremo	Other D Dial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremo	Other on "Other" describe below:	
	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
	Alameda Labor Council	ste.110	18/3	To reward a nonpr community	ofit organization for its	contributions to the
	The mission of the Alameda Council, AFL-CIO is to impro				—to bring economic jus to our communities and	
). 	Verification					
	la	ations 18944.1 and	forth above, is in accordance with	the requirements.		
	_		Gabriela Cl	hristy	Supervisor's Assistant	07/27/17
	Signature of Agency Head or Designee	Print Name	e	Title	(Month, Day, Year)	

Signature of Agency Head or Designee

Comment: ___

Title

				· · · · · · · · · · · · · · · · · · ·			
1.	Agency Name				Date Stamp	California 802	
	Alameda County				Form OOZ		
	Division, Department, or Regi	on (If Applicab	le)]	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.Cl	hristy@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation			0.0 (0.0		
	Does the agency have a ticket	policy?	Yes 🗵 No		of Each Ticket/Pass \$ _		
	Event Description Oakland A	s v <mark>s T</mark> ampa	Bay Rays	Date(s) 07	7 , 17 , 17	//	
		Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oakla	nd A's Name of So	UTCO.	
	Men ticket distribution mode o	t the behast		- Valle			
	Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes	If yes:	, Richard- Supervisor I Official's Name (I	Last, First)	
2	Recipients				· · · · · · · · · · · · · · · · · · ·		
э.	Use Section A to identify the agency	's department o	r unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's po				
			Pass(es)	•			
			_			-	
	B. Name of Individual (Last, First)		Number of				
			Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role	Other	Income	
				If checking "Ceremor	nial Role" or "Other" describe below:		
				Ceremonial Role	Other		
					nial Role" or "Other" describe below:	income L.	
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
	Union City Lions Club		18/3	To reward a nonpro	ofit organization for its	contributions to the	
	341009 Allardo	241009 Alwardo NKS		community			
	help provide neighbors, and the world,			surgeries, kids summer camps, reading help, student		elp, student	
	with eyeglasses, hearing aid				hips, vocational and life skills training, disaster relief, dru		
4.	Verification						
	I hu 3944.1 and 18942. I have verified that t			rified that the distribution set f	forth above, is in accordance wit	h the requirements.	
			Gabriela Christy		Supervisor's Assistant 0712711		
			Print Name	9	Title	(Month, Day, Year)	
	Comment:						
	÷ = 1 1 1 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1					FPPC Form 802 (4/12)	
					FPPG Ioll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)	

1.	Agency Name		<u></u>	Date Stamp	California 802
	Alameda County				Form OOZ For Official Use Only
	Division, Department, or Region (If Applicable))			For Unidal Use Uniy
	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.Chri	isty@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				90/20
		Yes 🛛 No		f Each Ticket/Pass \$	
	Event Description Oakland A's vs Minnesot		Date(s)7	<u>, 30 , 17 _</u>	//
	Provide Title/Expla Ticket(s)/Pass(es) provided by agency?	nation Yes□ No	Ino: Oaklar	nd A's	
	Horeitan assess provided by agency:			Name of Sour	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D Official's Name (La	istrict 2
3.	Recipients				
	Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
		Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	a.
			Ceremonial Role	Other	Income
			If checking "Ceremoni	al Role" or "Other" describe below:	
			Ceremonial Role	Other	income
				al Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	Hispanic Community Affairs Council,		To reward a nonpro	ofit organization for its c	ontributions to the
	P.O. BOX 3151 Hayward, 6A	18/3	community		
	Mission is to promote the value of		community involver	nent.	
_	education, cultural diversity, and				
4.	Verification	10012 16000	without the distribution and for	with above is in accordance with	the requirements
	Theve ;18944.1 and ;			orth above, is in accordance with	ane requirements.
	_	Gabriela C		Supervisor's Assistant	(Month, Day, Year)
		, <i>ma wan</i>	-		(month, bay, rear)
	Comment:				
			F	PPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 25 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗆 Event Description Oakland A's vs Cleveland Indians Date(s) _____ 14 17 07 15 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 🛛 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 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 Ticket(s)/ Identify one of the following: (Lasi, Fust) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Family Paths To reward a nonprofit organization for its contributions to the community 22320F001 tornor Family Paths strengthens family treatment and supportive services relationships by providing mental health with respect, integrity, compassion, and hope. Verification

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

Gabriela Christy

Print Name

Supervisor's Assistant Title

A Public Document

Comment: _

nynatais or Agency riedd or Designes

Α.

В.

C.

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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes 🛛 No 🗍 Event Description Oakland A's vs Tampa Bay Rays Date(s) ______ 17 ____ 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 🗵 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 Ticket(s)/ Identify one of the following: (Last First) Pass(es) Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Family Paths To reward a nonprofit organization for its contributions to the 2 22320 Foothill Blvd #400, Hayward, CA community Family Paths strengthens family treatment and supportive services relationships by providing mental health with respect, integrity, compassion, and hope.

4. Verification

 L_{1}

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

-	Gabriela Christy	Supervisor's Assistant	07/27/17
signature of Agency mean or Designee	Print Name	Title	(Month, Day, Year)

Comment:
Agency Report of: d Ticket/Been Distributions

C	eremonial Role Events and Lic	Ket/Pass L	Jistributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Region (If Applicable	ə)			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.Ch	risty@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 o	f Each Ticket/Pass \$ _	25	
	Event Description Oakland A's vs Tampa E			<u>, 18 , 17</u>	07 , 19 , 17	
	Provide Title/Expl					
	Ticket(s)/Pass(es) provided by agency?	lf no: Oaklar	nd A's Name of So			
		If yes: Valle,	Richard- Supervisor			
	Was ticket distribution made at the behest of agency official?	Official's Name	(Last, First)			
3.						
	• Use Section A to identify the agency's department or the section A to identify the agency's department or the section and th	unit – Use Secti	on B to identify an individu	al. • Use Section C to ider	tify an outside organization.	
	A Number					
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
					¥0.	
	· · · · ·					
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ina:	
	(Last First)	Pass(es)				
			• • • • • • • • • • • • • • • • • • • •	Other	Income	
			If checking "Ceremon	ial Role" or "Other" describe below:		
	<u></u>		Ceremonial Role	Other		
				al Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
	FESCO		To reward a nonpro	ofit organization for its	contributions to the	
	21455 Birch street #5 Hayward, CA	4	community	-		
	mission is to support homeless families		end their homeless	sness, and find a plac	e called home.	
	as they move from crisis to stability,					

4. Verification

1 hi

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

Supervisor's Assistant

Gabriela Christy

Print Name

 \mathcal{O} (Moi

Title

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (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 Minnesota Twins Date(s) 07 28 17 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

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 Conternation Other Conternation Income Income If checking "Ceremonial Role" or "Other" describe below:
	=		Ceremonial Role Dother Difference 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
FES 214	SCO 55 Birch street #5 Hayward, CA	2	To reward a nonprofit organization for its contributions to the community
	sion is to support homeless families ney move from crisis to stability,		end their homelessness, and find a place called home.

4. Verification

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

----- Gabriela Christy

Print Name

Supervisor's Assistant

A Public Document

Comment: .

A Public Document

1.	Agency Name Alameda County Division, Department, or Reg	ion (If Applicab	(A)		Date Stamp	California 802 Form For Official Use Only
	Board of Supervisors Designated Agency Contact					
	Gabriela Christy Area Code/Phone Number (510) 272-6692	E-mail Gabriela.Ch	nristy@acgov.org		Date of Original Filing:	ovide explanation in Part 3.) (Month, Day, Year)
2.	Function or Event Inform Does the agency have a ticke Event Description Oakland A Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official?	t policy? 's vs Minnes Provide Title/Exp y agency?	Yes X No C ota Twins ^{blanation} Yes No X No Xes X	Date(s) <u>07</u> If no: <u>Oaklar</u>	f Each Ticket/Pass \$ /29 / 17 nd A's Name of Sour Richard- Supervisor D Official's Name (La	25 07 , 30 , 17 ce
3.	Recipients • Use Section A to identify the agency A. Name of Agency, Department B. Name of Individual (Last First)	nt or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)		Identify one of the followin	o the agency's policy
					al Role" or "Other" describe below:	

		If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
American Cancer Society Relay for Life of Newark 35501 Cedar Blvd Newark	4	To reward a nonprofit organization for its contributions to the community
Relay For Life is the signature fund raiser for the American Cancer Society.		-

4. Verification

l hav	julations 1894	14.1 and 18942. I have verified that the distri	bution set forth above, is in accordance with the	requirements.
	>	Gabriela Christy	Supervisor's Assistant	07/27/17
<u> </u>	96	Print Name	Title	(Month, Day, Year)
	\smile			

Comment: _____

С	eremonial Role Events and Tic	cket/Pass I	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County				Tomin	
	Division, Department, or Region (If Applicabl	le)			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.)	
		nristy@acgov.o	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				(Wohth, Day, Year)	
	Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of	f Each Ticket/Pass \$	25	
	Event Description Oakland A's vs Clevelan Provide Title/Exp	nd Indians	_		//	
			d If no: Oaklan	d A's		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🗵		Name of Sol	urce	
	Was ticket distribution made at the behest	No 🗌 Yes 🗵	If yes: Valle,	Richard- Supervisor [District 2	
	of agency official?			Ile, Richard- Supervisor District 2 Official's Name (Last, First)		
	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 (Lest First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	· · · · · · · · · · · · · · · · · · ·			Other D I Role" or "Other" describe below:	Income	
			Ceremonial Role	Other I	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant f	to the agency's policy	
	One Justice 433 California St #815, San Francisco		To reward a nonprof community	it organization for its o	contributions to the	
	OneJustice has been working to expand legal help for Californians in need.					
4.	Verification				· · · · · · · · · · · · · · · · · · ·	

4. Ih

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

Gabrieta Christy Print Name

Supervisor's Assistant Title

C (M nth. Day

Comment: _

Agency Report of: and Ticket/P . District . .

Ceremonial Role Events					A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County					Form OOZ For Official Use Only
Division, Department, or Regio	n (If Applicable))	x		For Onicial Use Only
Board of Supervisors					
Designated Agency Contact (N	ame, Title)				
Gabriela Christy					
	-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692	Gabriela.Chri	isty@acgov	.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform	ation				(Month, Day, Tear)
Does the agency have a ticket	olicy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	25
				, 05 , 17	
	Provide Title/Explai		Date(s)		
Ticket(s)/Pass(es) provided by a	adency?	Yes 🗌 No	If no: Oaklar	nd A's	
	agonoy .			Name of Sol	
Was ticket distribution made at t	the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor [District 2
of agency official?				Official's Name (L	ast, First)
. Recipients				~	
Use Section A to identify the agency's	department or u	al. • Use Section C to ident	ify an outside organization.		
A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
		Number of			
B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following	ng:
Daulas Kanan				Other	Income
Banks, Karen		2		al Role" or "Other" describe below:	
			- To reward a comr	nunity volunteer for he	r service to the public
<u>_</u>		- 1	Ceremonial Role	Other	income
		N.		al Role" or "Other" describe below:	
C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	o the agency's policy
]				

ś			Gabriela Christy	Supervisor's Assistant	07/27/17
	Signature of Agency Head or Designee	_	Print Name	Title	(Month, Day, Year)

Comment: ____

	to and mone	01 033	Distributions		A Public Document		
1. Agency Name				Date Stamp	California 802		
Alameda County					2		
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 pr	ovide explanation in Part 3.)		
(510) 272-6692	Gabriela.Christy	@acqo	/.org	Date of Original Filing: _	(Marth Day Mart)		
2. Function or Event Infor		<u> </u>			(Month, Day, Year)		
Does the agency have a ticke		s 🛛 No	□ Face Value o	f Each Ticket/Pass \$	90		
			—				
Event Description Oakland A's vs Minneso Provide Title/Expla Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?		on	Date(s)	Date(s)/ 29 / 17//			
Ticket(s)/Pass(as) provided by			IX If no: Oaklan	nd A's			
hereitan assies provided by	agency: yes	s 🗌 No		Name of Sou	rce		
		No 🗌 Yes 🛛 🛛 If yes: Vall		e, 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 unit.	• Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, Departme	ntorUnit 1	lumber of Ficket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	N	umber of		and difference and a stress of the second			
B. Name of Individua (Last, First)	1	licket(s)/ Pass(es)		Identify one of the followin	ig:		
Hernandez, Denisse		0	Ceremonial Role	Cther And	Income		
		3	- To reward a comm	nunity volunteer for he	r service to the public		
		Ħ.	Ceremonial Role	Other	Income		
C. Name of Outside Organi (include address and desc	Tintion)	umber of icket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	o the agency's policy		

4. Verification

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

Gabriela Christy Supervisor's Assistant Print Name Title

Ø

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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Oakland A's vs SF Giants Date(s) ______31 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 🛛 of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual.
 Use Section C to identify an outside organization

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
McGee, Jim	2	Ceremonial Role Other Other Income Income Income I Income
	Ħ	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

4. Verification

. Agency Name				Date Stamp	California 802
Alameda County		1	Form 002		
Division, Departme	nt, or Region (If Appl	licable)		1	For Official Use Only
Board of Supervis	ors				
Designated Agency	/ Contact (Name, Title,)		-	
Gabriela Christy					
Area Code/Phone	lumber E-mail				rovide explanation in Part 3.)
(510) 272-6692	Gabriela	a.Christy@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
. Function or Eve	ent Information	···· ·			
Does the agency h	ave a ticket policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$ _	150
Event Description	ron Maiden		Date(s)07	<u>, 05 , 17</u>	//
	Provide Inti	e/Explanation	Colder	- State Marriana	
Ticket(s)/Pass(es)	provided by agency?	Yes 🗌 No 🛛	If no: Golder	n State Warriors Name of So.	urce
Was ticket distributi	on made at the behe	est No 🗋 Yes 🔀	If year. Valle.		
of agency official?				Richard- Supervisor I Official's Name (I	_ast, First)
. Recipients					
Use Section A to ident	fy the agency's departme	al. • Use Section C to ident	tify an outside organization.		
A. Name of Agend	y, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Sibal, Mark	,		Ceremonial Role	Other 🔀	Iлсоте
		-	To reward a comm	munity volunteer for hi	s service to the public
		-	Ceremonial Role	Other X al Role" or "Olher" describe below:	Income
	tside Organization ess and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
_				:	
					······································
I	18944.	1 and 18942. I have verified	I that the distribution set for	rth above, is in accordance with	the requirements.
					an lon lin
		Gabriela Chris	sty E	Supervisor's Assistant	O+1 p+11

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 200 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$_ Yes 🛛 No 🗆 Event Description Shawn Mendez Date(s) _____/ 11 17 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🔲 🛛 No 🖾 Name of Source If ves: <u>Valle</u>, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗋 Yes 🖾 of agency official? Official's Name (Last, First) Recipients 3. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of 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) Ceremonial Role Other Income Nate, Glenn 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 Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verificatidn 44.1 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

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 150 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🗵 No 🗌 Event Description ______ Earth, Wind, & Fire and CHIC feat. Nile 07 12 17 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🕅 Name of Source If ves: <u>Valle</u>, 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 Ticket(s)/ Identify one of the following: (Lasi, First) Pass(es) Other 🔀 Ceremonial Role Income Southard, Sylvia If checking "Ceremonial Role" or "Other" describe below: 2 - To reward a community volunteer for her service to the public Other 🛛 Ceremonial Role Income Sustachek, Gretchen If checking "Ceremonial Role" or "Other" describe below: 2 - To reward a community volunteer for her service to the public Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 1 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Gabriela Christy Supervisor's Assistant Print Name Title

4.

A Public Document

1.	. Agency Name				Date Stamp	California 802	a 802
	Alameda County			Form 002	7		
	Division, Department, or Reg	jion (If Applicabl	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Gabriela Christy				Amondmont (Must a		-
	Area Code/Phone Number	É-mail				rovide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Ch	nristy@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	et policy?	Yes 🛛 No 🗌	Face Value c	f Each Ticket/Pass \$	150	
	Event Description J. Cole			Date(s) 07	<u>, 14 , 17 </u>	07 , 15 , 17	
	Provide Title/Explanation			(-)	10		
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛		Yes 🗌 No 🛛	If no: <u>Golder</u>	n State Warriors Name of Sou	Irce	
	Was ticket distribution made a of agency official?	at the behest	No 🗋 Yes 🛛	If yes: <u>Valle</u> ,	Richard- Supervisor E Official's Name (L	District 2	
	Desiniants		· · · · · · · · · · · · · · · · · · ·				_

3. Recipients

2

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

A. Name of Agency, Department or Unit	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:
Gonzalez, Yesina	4	Ceremonial Role Cother Control Income Income 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
Gonzalez, Michele	4	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for her service to the public
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

with the requirements.
with the requirer

Gabriela Christy

Print Name

_	07	27	17
-	(Month,	Day, Year)	

Comment: _

Supervisor's Assistant

Title

. Agency Name			Date Stamp	California 002
Alameda County		Form OUZ		
Division, Department, or Region (If Ap	For Official Use Only			
Board of Supervisors				
Designated Agency Contact (Name, Tit	1			
Gabriela Christy				
Area Code/Phone Number E-mail	Amendment (Must provide explanation in Part 3.)			
(510) 272-6692 Gabrie	ela.Christy@acgov.o	org	Date of Original Filing: .	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$	400
	Very Special Guest	<u>M</u> Date(s) <u>07</u>	<u>, 21 , 17</u>	//
Ticket(s)/Pass(es) provided by agency	y? Yes □ No D	If no: Golden State Warriors		
Was ticket distribution made at the be of agency official?	hest No 🗋 Yes 🗵	If yes: Valle,	e, Richard- Supervisor District 2 Official's Name (Last, First)	
• Use Section A to identify the agency's departm	nent or unit. • Use Secti	on B to identify an individu	al. • Use Section C to ident	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ıg:
Land Linak	Pass(es)	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: — To reward a community volunteer for his service to the public		
Parra, Alejandro				
Gutierrez, Sylvia		Ceremonial Role	Other X al Role" or "Other" describe below:	income
		 To reward a comr 	nunity volunteer for he	r service to the public
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
	Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
	Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
(include address and description)	Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
	Ticket(s)/ Pass(es)		ic purpose made pursuant t th above, is in accordance with	
(include address and description)	Ticket(s)/ Pass(es)	ed that the distribution set fo		
(include address and description)	Ticket(s)/ Pass(es)	ed that the distribution set fo	rth above, is in accordance with	

A Public Document 1. Agency Name Date Stamp California Form For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Vener Bates, Supervisor's Assistant Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: 925-551-6995 vener.bates@acgov.org; (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _____ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Alameda County Fair Date(s) ____/__ 16 , 17 7 9 17 Provide Title/ Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Haaggerty, Scott Was ticket distribution made at the behest Yes X No 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number

В.	Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
Martel Green		10	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public
Tim Sbranti		- 3	Ceremonial Role Other I Income I Income I t checking "Ceremonial Role" or "Other" describe below: It o reward a community volunteer for his service to the public
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	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.

	Vener Bates	Supervisor's Assistant	July 7, 2017
	Print Name	Title	(month, day, year)
Comment:			



Agency Name

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)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Laura Winter	5	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
Nat Piazza	10	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 his service to the public
Lori Baptista	10	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
Emily Carpizo	7	Ceremonial Role Other I income Income It checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Vener Bates, Supervisor's Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 925-551-6995 vener.bates@acgov.org (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗖 Event Description: Alameda County Fair Date(s) _____/ 17 16 9 17 Provide Title/ Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes X No 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Assessor's Office To promote attendance at a County sponsored event held at a 26 County facility to maximize potential County revenue Treasurer-Tax Collector To promote attendance at a County sponsored event held at a 30 County facility to maximize potential County revenue Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last First) Passes MaryAlice Faltings Ceremonial Role Other 🔲 Income 🔲 To reward a community volunteer for his of the service to the 4 public Mark Bernardin Ceremonial Role Other 6 To reward a community volunteer for his or her service to the public Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

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 reduirements.

	Vener Bates	Supervisor's Assistant	July 5, 2017
٤	Print Name	Title	(month, day, year)
Comment:			



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
General Services Agency	50	To promote attendance at a County sponsored event held at a County facility to maximise potential County revenue from parking and concession sales.				
Sheriff's Department	26	To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue from parking and concossion calos.				
Department of Child Support Services	16	To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue from parking and concession sales.				
Public Works	48	To promote attendance at a County sponsored event held at a County facility to maximize potential County revenue from parking and concession sales.				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:				
Jerry Morrow	3	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public				
Mel Luna	10	Ceremonial Role Other Income Income To promote attendance at a County sponsored event held at a County facility in order to maximize potential County revenue from parking and concession cales.				
Val Bettencourt	8	Ceremonial Role Other Income Income Income To reward a community volunteer for his or her service to the public				
Gloria Olson	10	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
		<u> </u>				

I. Agency Name					
- •	Date Stamp	California 802			
Alameda County		Form OUZ For Official Use Only			
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)				
Board of Supervisors					
Designated Agency Contact (Name, Title)	-				
Briana Brown					
Area Code/Phone Number E-mail			Amendment (Must p	rcvide explanation in Part 3.)	
(510)272-6695 briana.brow	n2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				(
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	15	
Event Description Alameda County Fair Provide Title/Expl		Data(a) 6	<u>, 16 , 17</u>	7 , 9 , 17	
Provide Title/Exp.	lanation				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Alame	da County Fair Assoc	iation	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor Official's Name (i		
. Recipients					
Kecipients Use Section A to identify the agency's department or	unit Use Sec	tion B to identify an individu	ual: • Use Section C to iden	tify an outside organization.	
A. Name of Agency Department or Unit	Number of	1-		The second	
	Ticket(s)/ Pass(es)	Describe the put	ublic purpose made pursuant to the agency's policy		
B. (Same of Individual) (Lost. First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
Dereen Eleree			Other 🔀	Income	
Doreen Flores	6DL+2pp		ial Role" or "Other" describe below:		
			ance at a County spon	a area di assa anti a manualità	
		held at a County fa	cility in order to maxim	nsored event or event nize potential County rev	
		held at a County fa	cility in order to maxim	nize potential County rev	
		held at a County fa	Cility in order to maxim	nize potential County rev	
		held at a County fa	cility in order to maxim	nize potential County rev	
	Number of	held at a County fa	cility in order to maxim	nize potential County rev	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	held at a County fa Ceremonial Role If checking "Ceremon	cility in order to maxim	nize potential County rev	
		held at a County fa Ceremonial Role If checking "Ceremon	Cility in order to maxim	nize potential County rev	
	Ticket(s)/	held at a County fa Ceremonial Role If checking "Ceremon	Cility in order to maxim	nize potential County rev	
	Ticket(s)/	held at a County fa Ceremonial Role If checking "Ceremon	Cility in order to maxim	nize potential County rev	
	Ticket(s)/	held at a County fa Ceremonial Role If checking "Ceremon	Cility in order to maxim	nize potential County rev	
(include address and description)	Ticket(s)/	held at a County fa Ceremonial Role If checking "Ceremon	Cility in order to maxim	nize potential County rev	
(include address and description)	Ticket(s)/ Pass(es)	held at a County fa Ceremonial Role If checking "Ceremon Describe the pub	cility in order to maxim	nize potential County rev	
(include address and description)	Ticket(s)/ Pass(es)	held at a County fa Ceremonial Role If checking "Ceremon Describe the pub	cility in order to maxim	hize potential County rev Income	
(include address and description)	Ticket(s)/ Pass(es)	held at a County fa Ceremonial Role If checking "Ceremon Describe the pub rified that the distribution set f	cility in order to maxim	hize potential County rev Income	
(include address and description)	d 18942. I have ve Briana Br	held at a County fa Ceremonial Role If checking "Ceremon Describe the pub rified that the distribution set f	cility in order to maxim	th the requirements.	

1.	Agency Name		Date Stamp	California 000			
	Alameda County					Form OUZ	
	Division, Department, or Regi	on (If Applicab	ole)		-	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	-				
	Briana Brown						
	Area Code/Phone Number E-mail					provide explanation in Part 3.)	
	(510)272-6695	vn2@acgov.o	org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information						
	Does the agency have a ticke	Yes 🔀 🛛 No	Face Value of Each Ticket/Pass \$		28		
	Event Description Alameda County Fair Provide Title/Explanat			Date(s) <u>6</u>		7 9 17	
	Ticket(s)/Pass(es) provided by agency?		Yes 🗌 No	If no: Alame	da County Fair Assoc	iation	
					Name of So		
	Was ticket distribution made at the behest of agency official?		No 🗌 Yes	If yes: Carso	on, Keith - Supervisor Official's Name (District 5	
_							
ა.	• Use Section A to identify the agency	's department o	runit. • Use Ser	ction B to identify an individu	ellse Section C to iden	tife an outside organization	
	A. Name of Agency, Department or Unit		Number of			c purpose made pursuant to the agency's policy	
			Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuam	to the agency's policy	
	BOS D.5		2GP [*]	To reward a County employee for his or her exemplary service to the public or to encourage staff development;			
	· · · · · · · · · · · · · · · · · · ·		2VIP pp				
	B. (Name of individual) (Lost First)		Number of Ticket(s)/ Pass(es)			ing:	
					Other X ial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremon	Other is Other is Other is Other is Other is 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 pursuant	to the agency's policy	
			-				
	Verification	nd 18942. I have ve	arified that the distribution set for	orth above, is in accordance wil	th the requirements.		
	100000 100000 1 and		Briana Br		Supervisor's Assistant		
	Signature of Agency Head or Designee	-	Print Nam		Title	(Month, Day, Year)	
	*Guest Pass Comment:	<u></u>					

E-mail

Provide Title/Explanation

A Public Document California Date Stamp Form For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing: . briana.brown2@acgov.org (Month, Day, Year) 90/8080 Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 29 07 17 80 17 17 Date(s) If no: Oakland Athletics

If yes: <u>Carson, Keith - Supervisor District 5</u>

Name of Source

Official's Name (Last, First)

Yes 🗋 No 🖾 Was ticket distribution made at the behest No 🗌 Yes 🗵 of agency official?

3. Recipients

1. Agency Name

Briana Brown

(510)272-6695

Alameda County

Board of Supervisors

Area Code/Phone Number

2. Function or Event Information

Event Description A's Baseball

Does the agency have a ticket policy?

Ticket(s)/Pass(es) provided by agency?

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Use Section A to identify the agency's department or unit.
 Use Section B to identify an individuat.
 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
BOS District 5	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)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income Income Income 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
Friday Night Live	2	

Verification 4.

ons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Briana Bown Supervisor's Assistant June 10 ure of Agency Head or Designe Print Name Title (Month, Day, Year) 2 Field Tickets Comment:

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Ceremonial Role Ever	nts and Ti	cket/Pas	s Distributions		A Public Documen
1. Agency Name			,	Dale Stamp	California 802
Alameda County	_				
Division, Department, or Reg	ilon (I/ Applicat	le)		-	For Official Upp Only
Board of Supervisors					
Designated Agency Contact	(Name,Tille)			1	
Lee Ann Fergerson, Super	visor'a Assisti	ant			
Area Code/Phone Number	E-mail	*		Amendment (Musi	provide explanation in Part 3.)
(510) 272-6691		erson@acg	ov.org	Date of Original Filing	(Manih Day, Yeer)
2. Function or Event Infor					3300
Does the agency have a licke	it policy?	Yes 🔛 🛛 No	Face Value	of Each Ticket/Pass \$.	<u> <u> </u></u>
Event Description	Provide Tille/Ex	sieneljon	Date(s)	2,29,17	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🛃 No	i handi	kland Athle Name of Si	tics
Was licket distribution made a of agency official?	it the behest	No 🖾 Yes	Ala if yes:	official's Name	lsor Scott Haggerty, D 1
3. Recipients					
· Lise Section A to identify the agenc	y's department o	unit. • Uso So	ction 8 to Identify an Individ	tual. • Use Section C to iden	tily en outside orgenization.
A. Numeratore opportun	n)colum			Weitungene metulgerignen	to Uil Brancy & polloy
1-					<u> </u>
B.		ANUMENTAL			
Rhiannon F	ddy	2		lance at a county sponsor tial county revenue for co	ed event in order 🛛 🗤 🔲
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		Lee Ann Fer	gerson	Supervisor's Assistant	7-B0-17
Signature of Agency Habit or Designee		Pdni Nam	The second se	Titlo	(Manth, Day, Your)
Comment:					

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the second se		cheuras	s Distributions	. •	A Public Document
1. Agency Name			····	Dale Slamp	California 802
Alameda County					
Division, Department, or Reg	i <mark>lon (//</mark> Applicab)	le)			For Olidal Use Only
Board of Supervisors					
Designated Agency Contact	(Namo,Yillo)		· · · · · · ·		
Lee Ann Fergerson, Supen		int		Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail	-			
(510) 272-6691	leeann.ferg	erson@acgd	ov.org	Date of Original Filing:	(Manih, Day, Yesr)
2. Function or Event Infor		_	- Free Mr.		9000
Does the agency have a licke		Yes 🔁 No		of Each Ticket/Pass \$	
Event Description	Provide Title/Exp.	ianalion	Date(s),	[,27,]]	
Ticket(s)/Pass(es) provided by		Yes 🔄 No	🔲 lf no: 🦲	akland Stu	Lotres
Was licket distribution made a	t the hohad	0	A	ameda County Super	/lsor Scott Haggerty, D 1
of agency official?		No 🗋 Yes	If yes:	Officies's Name	
3. Recipients					
· Use Section A to identify the egency	y's department or	untit. • Uso So	ction 8 to Identify an Indivi	dual. • Use Section C to iden	illy an outside organization.
A. Name charactery longering	ireal at 2			In succession of the second	Lo Lio principa pollos
NT:12-1221.1月4月19月18日		Haileannioul.			
B.		ANUMERRAL		Lucan Vondorth hollow	
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Derek Eddy		7	to maximize poter	ntial county revenue for co	
`			parking sales.		e -
	···· ·		Ceremonial Role	Ciher	
				nial Role" or "Other" describe below:	thoutro tad
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4. Verification				8	
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Alexandrea and a level have been	L	ee Ann Fer		Supervisor's Assistant	
Signaturo of Agency Hogd or Dazignos		Páni Nara	5	Tizo	(Month, Dzy; Year)
Comment:					······································

FPPC Form 602 (4/12) FPPC Toll-Free Helpline: 866/ASK-PPPC (856/275-77/2) · `

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C	eremonial Role Events and Ticket/Pass Distributions		A Public Documen
1.	Agency Name	Dale Stamp	California 802
	Alameda County		Form OOZ For Gildal Use Only
	Division, Department, or Region (I/ Applicable)		For Calder Obs Caly
	Board of Supervisors		
	Designated Agency Contact (Name, Tille)		
	Lee Ann Fergerson, Supervisor's Assistant	Amondmont (Maste	rovida explanation in Parl 3.)
	Area Code/Phone Number E-mail		
	(510) 272-6691 leeann.fergerson@acgov.org	Date of Original Filing:	(Manih, Day, Year)
2.	Function or Event Information		400.00
		If Each Ticket/Pass \$	100.00
	Event Description Date(s) Date(s)	5,2,17	
	Provida Tulla/Explanation	Su)	
	Ticket(s)/Pass(es) provided by agency? Yes 🖾 No 🔲 (f no:	Name of Sa	unte
	Line delicit aleguadent alegna di gra percepti UG 🗖 A68 🖂 👘 HA62.		isor Scott Haggerty, D :
	of sgency official?	Ο Ιδιοίο)'ς Νοπιο (Ι	Last, Firsi)
3.	Recipients		
	 Lise Section A to identify the aparty's department or unit. Use Section B to identify an individual strange and a section B to identify an individual section B to identify and a to identify an individual section B to identify and a to identify and a to identify and a to identify an individual section B to identify and a to identify and a to identify and a to identify an identify and a to identify an identify an identify an identify an identify an identify and a to ide	ni. • Use Section C to Iden	lify an outside organization.
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	B	Walonettio Sna Vilhebi	
		ance at a county sponsor	ed event in order na
		lal county revenue for co	
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		al Role" as "Other L	tacomo 🗖
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i.	Verification	n ih ebovo, is in occordanco wil	h tha requirements.
		Supervisor's Assistant	- 21 (7
	Staneturo of Apprily Heeld or Datanoo Pdat Namo	Title	(Month, Day, Your)
	Comment:		

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FPPC Form 802 (4/12) FPPC Toll-Free Helpline; 866/ASK-PPPC (865/275-77/2)

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						Date Stamp	Galifornia QA
	lameda County						A CONTRACTOR OF A CONTRACTOR O
DN	vision, Department, or Reg	ion (If Applici	ebie)				For Official Use Only
	pard of Supervisors					ſ	
De	signated Agency Contact	(Name, Tille)				1	
Le	e Ann Fergerson, Superv	isor's Assis	tant				
	a Code/Phone Number	E-mail			an a	Amendment (Must	provide explanation in Part 3.)
(51	10) 272-6691	leeann.fer	gerson@acc	JOV.OFO		Date of Original Filing:	
. Fu	inction or Event inform						(Manih, Day, Year)
Doe	es the agency have a tickel	policy?	Yes 🔂 🛛 N		ace Value o	f Each Ticket/Pass \$ _	150.00
Eve	ant Description <u>Kmel</u>	Sumn Provide Tille/Ex	ner Jan		ate(s) 🎘	,6,17	
Tick	et(s)/Pass(es) provided by			÷	Ge	-)	
1160	reitohi. gooleo) bionidad pà	agency?	Yes N	oD Ifi	no:	Neme of So	1//20
	s ticket distribution made at	the behest	No 🗌 Ye	s 177) ifi	Alan	neda County Superv	isor Scott Haggerty, [
Of £	agency official?					Ófficial's Name (i	Last, First)
	cipients	بوبزونك ادميس متزان بالاوب			in high to pain the pain of th		
e Use	e Section A to Identify the agency	a department o	r unit. + Use Si	ection B to identi	ly an individu	pl. • Use Section C to ident	lfy an outside organization.
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Constanting of the second	ער של איז	n ann an Anna an Anna Anna Anna Anna An		Caram	onial Rote	Other	Income
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lo diti			18942. I have veri se Ann Ferg			abova, is in accordance with th pervisor's Assistant	ne requirements.

FPPC Form 802 (4/12) FPPC Toil-Free Heipline: 866/ASK-FPPC (866/275-7772) 1

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1. Agency Name	no altu I	ickeuras	s distributions	*	A Public Documen
Alameda County				Date Stamp	California 802
Division, Department, or Reg	ion (If Applies	6/6)		_	Form OUZ For Official Use Only
	inani In Ukhanan	5167		9	
Board of Supervisors	A				
Designated Agency Contact (
Lee Ann Fergerson, Superv		ant		Amondmont /Aust	
Area Code/Phone Number	E-mail				provide explenation in Part 3.)
(510) 272-6691		jerson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event inform					22)
Does the agency have a ticket	t policy?	Yes N	o Face Value c	of Each Ticket/Pass \$	33.00
Event Description	ngelsa	U	Date(s)	,31,17	
14 M	Provida Tille/Ex	planalion	e f	200	ΛΙΛΛ
Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	□ If no:(Name of Sou	AThletics
Was ticket distribution made at	t the behest	No 🗋 Yea	Alar	neda County Supervi	isor Scott Haggerty, D 1
of agency official?			if yes:	Óffialel's Nome (1	est, First)
Recipients					
Use Section A to identify the agency's	's department o	r unit. + Use Se	ction B to identify an individu	ol Use Section C to ident	ify an outside organization.
A. Name of Adoncy, Departmen	PonUnit	4 Munther of	Describe the pub	ic purpose made ourseant	a this approved a sub-
n an					
R		N. Numberof.			(1.1.5.2) P.S.P. S. SERVICE MADE AND A
B. Nemerinalvaual		Number of Ticketts/ Pase(os)		Identify on the methodowin	9
~			To promote attenda	nce at a county sponsored	event in order me 🗍
Sabrina Gord	٨		to maximize potentia	al county revenue for con	cession and
mining Gord	lon	12	parking sales.		
en ander en personen van de Berlen van de regeler en de beste geste de service de service de service de service			Common lat Data		
			Ceremonial Role	Other Role" or "Other" describe below:	Income
197 - Anna - Anna Marcala, Anna an Ann					
C. Nemb of Outside Organiza	lion Dion	Number of Ticket(e)/ Ease(es)	Cescrits Unipublic	PUrpose made pursuant to	
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Varditia Mian	944, 1 april 1		and the Construction of the American Street Stre		
		18942. I have vari	fied that the distribution set forth		ie requirements.
Signature of Agency Head or Designoe			fied that the distribution set forth	above, is in accordance with th pervisor's Assistant Title	ie requirements. <u>S-1-17</u> (Month, Day, Yanr)

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	Agency Name				Dale Stamp	A Public Docum
	Alameda County				Uale Stamp	California 80
	Division, Department, or Reg	lon (If Applicab	le)		•	For Gilldat Use Only
	Board of Supervisors					
	Designated Agency Confact	(Name Yille)	·····		-	
	Lee Ann Fergerson, Superv Area Code/Phone Number		int		Amendment (Must	rovide explanation in Part 3.)
	(510) 272-6691	E-mail leeann.ferg	97507@3466	511 AVA	Date of Original Filing:	
2	Function or Event Infor		Sianu (Bach	here is a second s		(Manih Day, Year)
	Does the agency have a licke		Yes 🖾 No	Face Value o	f Each Ticket/Pass \$ _	400-00
	10	NPL P			$7 \rightarrow 17$	
	Event Description	Provida Title/Exp	ianajion	Date(s)		//
	Ticket(s)/Pass(es) provided by		Yes 🔁 No	🗖 If по: 🥵	SW	
					Name of So Reda County Supre-	isor Scott Haggerty,
	Was licket distribution made a of agency official?	t the behest	No 🖾 Yes	P If yes:	Official's Name (
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•	• Lise Section A to Identify the egency	/s department or	mit e Itao So	rtinn 8 to Idonijiy an Individu	ni 🔹 tito Section C in More	
						ny an outside organization.
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	Knonda Hayge	ATY	τ	to maximize potentl parking sales.	al county revenue for co	ression and
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FPPC Form 802 (4/12) FPPC Toll-Free Holpline: 866/ASK-FPPC (865/275-7772)

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions A Public Document** California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: leeann.fergerson@acgov.org (510) 272-6691 (Month, Day, Year) 2. Function or Event Information \mathbf{r} Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🗹 🛛 No 🗖 Date(s) **Event Description**. Provide Title/Explanation if no: Ticket(s)/Pass(es) provided by agency? Yes 🗹 No 🗖 Nama of Source Alameda County Supervisor Scott Haggerty, D 1 Was ticket distribution made at the behest No 🖸 Yes 📿 If yes: . Official's Name (Last, First) of agency official? 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 Tickous)/ Pass(es) Describe the public purpose made pursuant to the agency's policy. Δ. Name of Agency, Department on Unit Number of Ticket(s)/ Pass(os) Identity one of thefollowing; Name of Individual γ_{ij} To promote attendance at a county sponsored event in order ne Esmarelda Garcia to maximize potential county revenue for concession and parking sales. Other Income Ceremonial Role 🔲 If checking "Ceremonial Rols" or "Other" describe below: Number of Ticket(s)/ Pass(ss). Name of Outside Organization ((Include address) and description) Describe the public purpose made purguant to the agency's policy Verification tions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Supervisor's Assistant Lee Ann Fergerson Tille (Month, Day, Yes) Print Name Signature of Agency Head of

Comment: .

A Public Document

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	Agency Name		,		Date Stamp	Catifornia 802
	Alameda County					Form OVZ
	Division, Department, or Reg	ion (If Applicabl	(e)			F4F Olicea Ose Only
	Board of Supervisors					
	Designated Agency Contact (Name, Tille)		an na haifin an		
	Lee Ann Fergerson, Superv	isor's Assista	int			provide explanation in Part 3.)
•	Area Code/Phone Number	E-mail				
	(510) 272-8691		erson@acgo	v.org	Date of Original Filing	(Month, Day, Yeer)
	Function or Event Inform		-		of Each Ticket/Pass \$.	33,00
1	Does the agency have a licke		Yes P No		$\frac{(C_1 + 7)}{(C_1 + 7)}$	
1	Event Description	Provide Tille/Exp	Innalian	Date(s)/	7	
		-	•		ikland f	Hhletics
	Ticket(s)/Pass(es) provided by	agency?	Yes 😰 No		Name of S	
١	Wes ticket distribution made a	t the behest	No 🗖 Yes	If yes:	Official's Name	visor Scott Haggerty, D
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FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

1. Agency Name Dale Stamp California 8 Alameda County Division, Department, or Region (il Applicable) For Oktidat Uses of Board of Supervisors Designated Agency Contact (Name, Tille) For Oktidat Uses of Lee Ann Fergerson, Supervisor's Assistant Image: Amondment (Must provide explenation in Part of Stamp) Area Code/Phone Number E-mail (510) 272-8691 Iseenn.fergerson@acgov.org
Division, Department, or Region (// Applicable) For Oillda Use C Board of Supervisors Designated Agency Contact (Name, Tille) Lee Ann Fergerson, Supervisor's Assistant Image: Area Code/Phone Number Area Code/Phone Number E-mail (510) 272-8691 Iseann,fergerson@acgov.org
Board of Supervisors Designated Agency Contact (Name, Tille) Lee Ann Fergerson, Supervisor's Assistant Image: Code/Phone Number E-mail Area Code/Phone Number [510) 272-6691 E-mail Iseann.fergerson@acgov.org Date of Oxiginal Filling:
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Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number E-mail (510) 272-8691 Dete of Osiginal Filling:
Area Code/Phone Number E-mail (Most provide explanation in Parts) (510) 272-8691 [Beann.fergerson@acgov.org Eate of Osiginal Filing: (Manuh. Day, Yaer)
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2. Function or Event Information Does the agency have a licket policy? Yes P No D Face Value of Each Ticket/Pass \$.33.00 Event Description Buseball Date(s) 7/9/17
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Alameda County					
Division, Department, or F	legion (If Applicab	le)		7	For Official Use Only
Board of Supervisors					
Designated Agency Conta	Ct (Name, Tille)				
Lee Ann Fergerson, Sup	ervisor's Assista	int			
Area Code/Phone Number				Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgo	v.org	Date of Original Filing:	(Monih, Day, Year)
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FPPC Form 802 (4/12) FPPC Toll-Free Holpline: 866/ASK-FPPC (856/275-7772) .

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Ceremonial Role Ever			Distributions		A Public Document
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Alameda County Division, Department, or Res	alon III kanthash	_	Form OUZ For Official Use Only		
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Designated Agency Contact	(Name, Tille)				
Lee Ann Fergerson, Super	visor's Assista	int		Amandmant ///web	provide explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6691		erson@acgo	v.org	Date of Original Filing:	(Manih, Day, Year)
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Ce	remonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
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	Alameda County		25	- The second second			
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I	Board of Supervisors						
	Designated Agency Contact	(Name, Tille)	-				
	Lee Ann Fergerson, Superv	risor's Assistar	at				
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6691	leeann.fergerson@acgov.org			Date of Original Filing:(Manih, Day, Yeer)		
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Ceremonial Role Even	ts and Ti	cket/Pass	Distributions	•	A Public Document
I. Agency Name				Dale Stamp	California 802
Alameda County	_				
Division, Department, or Reg	lon (if Applicab		For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Tille)				
Lee Ann Fergerson, Superv	isor's Assista	ant			
Area Code/Phone Number	E-mail			🔲 🔲 Amendment (Must j	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgo	ov.org	Date of Original Filing:	(Manih, Day, Year)
2. Function or Event Infor	mation				· · · · · · · · · · · · · · · · · · ·
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Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
Alameda County		
Division, Department, or Region (if Applicable)		For Official Use Only
Board of Supervisors		
Designated Agency Contact (Name, Tille)		
Lee Ann Fergerson, Supervisor's Assistant		
Area Code/Phone Number [E-mail	🗕 🗌 Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6691 leeann.fergerson@acgov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		
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FPPC Form 602 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (855/275-7772)

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	Board of Supervisors					
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	3	leeann.ferge	erson@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)
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Alameda County					
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Board of Supervisors					
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Lee Ann Fergerson, Supervi	sor's Assist	ant			
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(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing:	Atasta Courtered
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	L	ee Ann Ferg	in the second	upervisor's Assistant	2-14-17
argineturo suraganery Habd er Designeo		Print Nama		7180	(Month, Day, Yost)
			in the second		7-14-17

FPPC Form 802 (4/12) FPPC Toll-Free Helpilne: 856/ASK-FPPC (856/275-7772)
Ceremonial Role Ever	its and Th	cketras	s Distributions	÷.	A Public Docume
. Agency Name		Date Stamp	California 802		
Alameda County					Form OV
Division, Department, or Rep	gion (If Applicab	le)			I of official coo only
Board of Supervisors					
Designated Agency Contact	(Nama, Title)				
Lee Ann Fergerson, Super	visor's Assista	int			
Area Code/Phone Number	E-mail	a parta da cara da cara da cara de como		Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation				1
Does the agency have a ticke	at policy?	Yes 💟 No	Face Value o	of Each Ticket/Pass \$ _	80/\$40
Event Description	and A's	Rasola	Le Date(s) 7	,29,2017	
Even Description	Provida Title/Exp	anation	Date(s)		anna an
Ticket(s)/Pass(es) provided b	v agency?	Yes 🙋 No		kland Ath	letics
		103121 110		Name of So Meda County Super-	urce isor Scott Haggerty, D
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes:	Official's Name (i	
			particular a state	Onidea și Nerne (i	uest, Pusij
 Recipients Use Section A to Identify the agenc 	vic depertment or	unit a tina Ca	silas 8 is identifie as indivisio	ut - Fre Destine O is Ideal	····
A. Name of Agency Departm		FIL DEFINITION		Currosse made pursuant	
		Tickous)/	Describeline pub	C.PUIPOSE made pursuant	to the agency's policy
Col		18/2	To roward a com	and helper and administration of the second	
65A		1.3	exemplary servic	nty employee for his	or her
			exemplary servic	le to the public	
B. Numboringiviaue		Number of		dentify cherof therfollow	
A DECEMBER OF THE ADDRESS OF				identify one of the follow!	
				nce at a county sponsore al county revenue for cor	
			parking sales.		
ala pomor na politika politika na politika na politika na politika na politika politika politika politika politika					
			Ceremonial Role		Income
			jí checking "Geremonia	i Role" or "Other" describe below:	
C. Name of Cutsibe Organi		NUMBER		Marka and South and Souther	
(Include address) and desc		Number of Teket(g) Post(gs)	Describa the publi	e pulpose mada pursuant t	o the agency's policy
			115 - 18 2222 (1312) 18 11 27 - 51 - 52 - 52 - 52	en den anne anne anne anne anne anne ann	Hander zwicht Schladzerfeiten und F
			an a	<u>.</u>	
Verification					
	tions 18944.1 and 1	18942. I have ven	ified that the distribution set for	in above, is in accordance with	the requirements.
		ee Ann Ferg		upervisor's Assistant	2-14-17
Signature of Agency Head of Designoo		Print Name		Title	(Month, Day, Year)

1

Cere	emonial Role Even	ts and Ticket/Pass Distributions	Α	Public Document	
1. Aç	gency Name	· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 802	
Ala	ameda County			Form OUZ	
Div	vision, Department, or Reg	ion (if applicable)	1	For Official Use Only	
Bo	oard of Supervisors				
De	signated Agency Contact (Name, Title)	1		
Le	e Ann Fergerson, Supervi	isor's Assistant			
Ar	ea Code/Phone Number	E-mail		ovide Explanation in Part 3.)	
51	10-272-6691	leeann.fergerson@acgov.org	Date of Original Filing: _	(month, day, year)	
~ -		41			

2. Function or Event Information

Does the agency have a ticket policy? Yes ⊠ No □	Face Value of Each Ticket/Pass \$
Event Description: Earth Wind & Fire	Date(s) 7 12 17
Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🔲	If no: GSW
Was ticket distribution made at the behest Yes ⊠ No □ of agency official?	If yes: Scott Hac (usy Official's Name (Last First)

Recipients 3.

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
T	histrict 5		To reward a County employee for his or her — exemplary service to the public or to encourage
P	21strict 5 Board of Supervisors	T	staff development
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
·			Ceremonial Role Conternation Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

	Lee Ann Fergerson	Supervisor's Assistant	7-17-14
ignature of Agency Head or Designee	Print Name		(month, day, year)

A Public Document

١.	Agency Name				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)		2000 (2000) (200				
	Gabriela Christy							
	Area Code/Phone Number	E-mail			_ [_] Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6692	gabriela.chi	risty@acgov.or	rg	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		
	Event Description 2017 Alar	neda County	Fair	$D_{ato}(s)$ 6	, 16 , 17	7, 9, 17		
		Provide Title/Exp	planation	Date(s)	//			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🗵	a If no: Alame	eda County Fair			
				_		Name of Source		
	Was ticket distribution made at the behest No Yes If yes: Va of agency official?			If yes: Valle	,RIChard Official's Name (I	act Einst		
_						-ast, Filstj		
3.	Becipients 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 General Services Agency		Number of Ticket(s)/ Pass(es)		he public purpose made pursuant to the agency's policy			
			15			sored event/facility to parking and concession		
	Assessor's Office		7	N				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing.		
				Ceremonial Role If checking "Ceremon	Other Charic Charity of the control	Income		
				Ceremonial Role If checking "Ceremon	Other nial Role" or "Other" describe below:	Income [
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy		
4.	Verif/cation	944.1 ai	nd 18942. I have veri	fied that the distribution set	forth above, is in accordance wi	z z		
(F		Gabriela Ch		Supervisor's Aide	07/09/17		
	17		Caphela	mory	oupervisor's Alue	01109/11		

Comment: _____



Agency Name

Alameda County

3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
Behavioral Health Care Services	8	To promote attendance at a County sponsored event/facility to maximize potential County revenue from parking and concession		
Fire Department	10	u		
Clerk of the Board	10	1		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role Other Income Income If checking "Ceremonia! Role" or "Other" describe below:		
		Ceremonial Role Cother Conternation Income Income If checking "Ceremonial Role" or "Other" describe below:		
		Ceremonial Role Other income income If checking "Ceremonial Role" or "Other" describe below.		
		Ceremonial Role Other Income Income Income Income		
C. Name of Outside Organization (include address and description)	Number of Troket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

Comment: ___

						AT usite Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County					Form OUZ		
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Lee Ann Fergerson							
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6691	leeann.ferg	erson@acgo	v.org	Date of Original Filing:	(Month. Day, Year)		
2.	Function or Event Infor	mation				(Monnie Boy, Tear)		
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$15		
	Event Description 2017 Alar	neda County			<u>, 16 , 17</u>			
		Provide Title/Ex	planation	Date(s)				
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	Manuel If no: Alame	da County Fair			
					Name of Sou	Irce		
	Was ticket distribution made at the behest No I Yes I If yes: Hagge of agency official?							
_					Official's Name (L	ast, First)		
	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	1	Describe the public purpose made pursuant to the agency's policy			
	Information Technology Department		14	To promote attendance at a County sponsored event/facility to maximize potential County revenue from parking and concession				
	Assessor's Office B. Name of Individual		9	17				
			Number of Ticket(s)/ Pass(es)	Identify one of the following				
				Ceremonial Role If checking *Ceremon	Other D	Income		
				Ceremonial Role If checking "Ceremor	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 pursuant	to the agency's policy		
4.	Verification							
	1 Printed and and a start 5000 0	19944.1 ar	nd 18942. I have ve	rified that the distribution set f	orth above, is in accordance with	n the requirements.		
			Lee Ann Fer	gerson	Supervisor's Assistant	07/09/17		
				e				



Agency Name

Alameda County

3. Recipients

.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
General Services Agency	17	To promote attendance at a County sponsored event/facility to maximize potential County revenue from parking and concession
Fire Department	10	т
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:
(Last, 545)	Pass(es)	Ceremonial Role Other Income I
		Ceremonial Role Dother Difference Income Difference Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income I
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(cs)	Describe the public purpose made pursuant to the agency's policy

<

Comment: _____

Ceremonial Role Events and Tic	Reveass Dis	tributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name. Title)				
Anna Gee				
Area Code/Phone Number E-mail		D /	Amendment (Must pro	ovide explanation in Part 3.)
510-891-5585 anna.gee@	acdov.ord	Date	e of Original Filing: _	
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of Eacl	h Ticket/Pass \$	12.50
Angleton 1 A				
Event Description		Date(s)	/	////
Ticket(s)/Pass(es) provided by agency?		IF TO CALLER	n State	INANYIOSS
nekel(3)/r ass(es) provided by agency?	Yes 🗋 No 🔀	II 110.	Name of Sou	rce
Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes: Miley, Nate)	
of agency official?		,	Official's Name (La	ast. First)
3. Recipients				
Use Section A to identify the agency's department or		to identify an individual.	Use Section C to Identit	ly an outside organization,
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public pur	pose made pursuant l	to the agency's policy
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/	ideni	tify one of the followin	1 9 :
	Pass(es)	Ceremonial Role	Other	·
Jackeson , hibert	1	If checking "Ceremonial Role"	Other describe below:	Income
Jackgon (margar)	4			
		To promote att	endance at an e	vent
2	•	held at a Count	ty facility in orde	erto Income
Campos, Pernando	1	maximize pote	ential revenue fr	rom
Campo >, 10.000000	9	parking and	concession sale	s.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public pur	pose made pursuant t	to the agency's policy
	Pass(es)			
4. Verification	d 400.40 1 hours of 1			0
I have man and inderstand EPPC Regulations 18944.1 an				n the requirements.
	Anna Gee	Exec	cutive Assistant	<u>+15/17</u>
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)

1.	Agency Name		Date Stamp	California 802			
	Alameda County					Form 002	
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Anna Gee					<u> </u>	
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)	
	(510) 272-6694	anna.gee@)acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	et policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$	15	
	Event Description	neda County Provide Title/Ex,	Fair	Date(s)6	<u>, 16 , 17</u>	7 <u>9</u> 17	
	Ticket(s)/Pass(es) provided b		Yes 🗌 No	If no: Alame	da County Fair Name of So.	11/C-D	
	Was ticket distribution made	at the behart		Milev			
	Was ticket distribution made at the behest No Yes If yes: <u>Miley</u> of agency official?			Official's Name (I	Last, First)		
2	Recipients						
Ο.	Use Section A to identify the agence	:y's department o	er unit. 🔹 Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose inade pursuant to the agency's policy			
	Assessor's Office		11	To promote attendance at a County sponsored event/facility to maximize potential County revenue from parking and concessions			
	Social Services Agency		5	To promote attendance at a County sponsored event/facility to maximize potential County revenue from parking and concession			
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role If checking "Ceremon	Other D	Income	
				Ceremonial Role If checking "Ceremon	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 pursuant	to the agency's policy	
4.	Verification						
	l ha	ns 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	th the requirements.	
			Anna G	ee	Operations Chief	7/9/17	
	Signature of Agency Head or Designe	ę	Print Narr	ne	Title	(Month, Day, Year)	



Agency Name

Alameda County

3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
ITD	45	To promote attendance at a County sponsored event/facility to maximize potential County revenue from parking and concession
Behavioral Health Care Services	8	n
Clerk of the Board	8	TT
General Services Agency	7	Π
B. A Name of Individual Agray	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Fire Department	10	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/facility to maximize potential County revenue from parking and concessions
Treasurer-Tax Collector's Office	6	Ceremonial Role Other Income Income It checking 'Ceremonial Role' or 'Other' describe below: To promote attendance at a County sponsored event/facility to maximize potential County revenue from parking and concessions
		Ceremonial Role Conter
		Ceremonial Role Other Income Income Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

A Public Document

• •	Agency Name				Date Stamp	California 802
	Alameda County		Form OOZ			
Ï	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
Ī	Designated Agency Contact (Name, Title)				
	Anna Gee					
_	Area Code/Phone Number	E-mail	······································		Amendment (Must prov	ide explanation in Part 3.)
	510-891-5585	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Infor			<u>, , , , , , , , , , , , , , , , , , , </u>	1	(Month, Day, Tear)
	Does the agency have a ticke		Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$ 💆	ジ
1	Event Description	Provide Title/Exp	im	Date(s)	, 2, 17	6,3,17
·	Ticket(s)/Pass(es) provided b		Yes 🗌 No 🛛	lf no:	Hand AH	letics
1	Was ticket distribution made a of agency official?	at the behest	If yes: <u>Miley</u>	, Nate Official's Name (La	st, First)	
	Recipients		-			
	Use Section A to identify the agence	cy's department or	runit. • Use Section i	8 to identify an individ	ual. • Use Section C to Identify	an outside organization,
	A. (Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	dic purpose made pursuant to) the agency's policy
	B, Name of Individu	य	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the following	g: Income
			Ticket(s)/	If checking "Ceremo Ceremonial Role	Other initial Role" or "Other" describe below:	
		nization	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other Other Other Other Other Other	Income [
	C. Name of Outside Orga (include address and de ted Seniors of Oakland & Alame 7200 Bancroft Ave #251	nization scription)	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote vulnerable p	Other Other Other Other Other Other Other Other Other Dic purpose made pursuant to health and wellness Opulations such as fos	Income [Income [Income [Income] Income [Income]
	C. Name of Outside Orga (include address and de ted Seniors of Oakland & Alame	nization scription)	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote vulnerable p	Other Other Other Other Other Other Other Other Dic purpose made pursuant to health and wellness	Income [Income [Income [Income] Income [Income]
nii	C. Name of Outside Orga (include address and de ted Seniors of Oakland & Alame 7200 Bancroft Ave #251 Oakland 94605 SENIOR ADVOCACY	nization scription)	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote vulnerable p	Other	Income [Income [Income [Income] Income [Income]
nii	C. Name of Outside Orga (include address and de ted Seniors of Oakland & Alame 7200 Bancroft Ave #251 Oakland 94605	nization scription) eda County	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote vulnerable p kids and set	Other	Income [Income] Income [Income] Income [Income]
Init	C. Name of Outside Orga (include address and de ted Seniors of Oakland & Alame 7200 Bancroft Ave #251 Oakland 94605 SENIOR ADVOCACY	nization scription) eda County	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote vulnerable p kids and set	Other	Income [Income [Income] Income [Income]

7

1. Agency Name			Da	te Stamp	California 002
Alameda County				te otamp	Form 802
Division, Department, or Regi	on (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (/	Name.Title)				
Anna Gee	,			· · · · · · · · · · · · · · · · · · ·	
······	E-mail		[]] Ame	ndment (Must pro	vide explanation in Part 3.)
510-891-5585	anna.gee@acgov.or	g	Date of C	Driginal Filing:	(Month, Day, Year)
2. Function or Event Inform	nation				(Monar, Day, Tear)
Does the agency have a tickel	t policy? Yes 🗙	No 🔲 🛛 🛛 Fac	e Value of Each Tic	:ket/Pass \$ 🚅	3-
Event Description	ball Game Provide Title/Explanation	Dat	e(s) 6 4		U, 5,17
Ticket(s)/Pass(es) provided by	/ agency? Yes 🗌	No 🛛 🛛 If no	Dalfan	A AHA Name of Sour	letus
Was ticket distribution made a of agency official?	t the behest No	Yes 🛛 🛛 If ye	es: <u>Miley, Nate</u>	Official's Name (La	əst, First)
3. Recipients					
 Use Section A to identify the agency 	y's department or unit. • U	Rection B to Identify	r an individual. • Use I	Section C to identif	ly an outside organization,
A. Name of Agency, Departme	int or Unit Number Ticket Passi	(s)/ Descr	be the public purpose	made pursuant t	o the agency's policy
B. Name of Individua	al Numbe Ticket Pass((5)/	Identify one of the following:		19:
			nonial Role 🔲 Oth	ner 🔲 her" describe below;	Income
			nonial Role 🔲 Oth king "Ceremonial Role" or "Ot	ter 🔲 her" describe below.	Income
C. Name of Outside Organ (include address and des		(s)/ Descr	ibe the public purpose	a made pursuant l	to the agency's policy
United Seniors of Oakland & Alam 7200 Bancroft Ave #251 Oakland 94605	eda County	vuln	promote health erable populatio	ns such as fo	ster
SENIOR ADVOCACY			and seniors tha service		nty ————
4. Verification	<u>. 1</u>		<u>e. na na na na na na na m</u> aga sa		1977 - Constantination (Constant and Constant and Const
egu	lations 18944.1 and 18942.1 h	ave verified that the dis	tribution set forth above, i	s in accordance with	the requirements.
ແມ່ນ ທີ່ ເປັນ ເຊັ່າ ເ		na Gee	Executiv	ve Assistant	<u> </u>
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) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-891-5585 anna.gee@acgov.org (Month, Day. Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 nsem 0 iN. Date(s) Event Description Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? lf no Yes 🗌 No 🛛 Name Miley, Nate Was ticket distribution made at the behest No 🗌 Yes 🔀 If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Å. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of 8. Name of Individual Ticket(s)/ Identify one of the following Tant Harat Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) United Seniors of Oakland & Alameda County To promote health and wellness to 7200 Bancroft Ave #251 vulnerable populations such as foster Qakland 94605 kids and seniors that receive county services. SENIOR ADVOCACY Verification 4 gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Anna Gee Executive Assistant ature of Agency Head or Designee Print Name Title Day, Year) Comment: .

A Public Document

. Agency Name				Date Stamp	California 000	
Alameda County					Form 802	
Division, Department, or Regio	on (If Applicable)			For Official Use Only	
Board of Supervisors						
Designated Agency Contact (A	lame,Title)					
Anna Gee				puery		
Area Code/Phone Number	E-mail			Amendment (Musi	t provide explanation in Part 3.)	
510-891-5585	anna.gee@a	acgov.org		Date of Original Filing	(Month, Day. Year)	
Function or Event Inform	nation				33/90/100-	
Does the agency have a ticket		Yes 🛛 No 🗆	Face Value c	f Each Ticket/Pass \$	55/10/100-	
Event Description		pall Gai	ne Date(s) _	<u>1517</u>	6,16,17	
	Provide Title/Expl	anation	Dele	Land All	1.4.0	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no: Late	Name of	Source	
Was ticket distribution made at of agency official?	t the behest	No 🗌 Yes 🛛	If yes: <u>Miley</u>	, Nate Official's Name	e (Last, First)	
. Recipients						
	• Use Section A to identify the agency's department or unit. • I			ual. • Use Section C to id	entify an outside organization.	
A. Name of Agency. Department	nt or Unit	interestant.		blic purpose made pursuant to the agency's policy		
		Pass(es)				
8. Name of Individua Get Fox:	B. Name of Individual and two Wally Massie			Identify one of the following:		
waele, Massi			Ceremonial Role	D Other D other describe beic	Income .	
			- To promote a	attendance at an ev	vent	
C.11 1 *			held at a Cou	unty facility in orde	r to	
pelder, Lisso	N	2	maximize p	otential revenue fr	om	
,			parking a	nd concession sales	.	
C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pu	blic purpose made pursu	ant to the agency's policy	
United Seniors of Oakland & Alam	1.00.50 (D.0.0.5)	Pass(es)	To promote	e health and wellness to		
7200 Bancroft Ave #251		4	vulnerable p	opulations such as	foster	
Oakland 94605	Oakland 94605		— kids and ser	niors that receive o	ounty	
SENIOR ADVOCACY				services.		
. Verifiçation		·				
	ns 18944.1 an	id 18942. I have verifi	ied that the distribution set	forth above, is in accordance	e with the requirements.	
former a		Anna Gee	8	Executive Assista	Int <u>7/7/17</u>	
		Print Name		Title	(Month, Day, Year)	
Comment Whited Sen	ids ru	eind an	Ullie Skich	we the fiel	der recended	
Comment: UNIFA Ser	11015 14	erner af	yiy skyp	14 The Fel	FPPC Form 802 (4	

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

C. Name of Outside Organization (include address and description) United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605 Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Vulnerable populations such as foster kids and seniors that receive county services. To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services. 4. Verification Cons 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee			1 435 513	our inductions		A Public Documen	
Alameda County Division, Department, or Region (if Applicable) Board of Supervisors Designated Agency Contact (Name, Tile) Anna Gee Amendment (Must provide explanation in Pet 3) Area Code(Phone Number S10-891-5855 Immediate (Name, Tile) Anna Gee Amendment (Must provide explanation in Pet 3) 2. Function or Event Information Does the agency have a ticket policy? Yes Ø No Event Description Back (Must provide explanation) Provide Vibue Comparison Date (s) Provide Vibue Comparison Date (s) Vas ticket distribution made at the behest of agency Official? No Vas ticket distribution made at the behest of agency Official? No Vas ticket distribution made at the behest of agency Official? No Vas ticket distribution made at the behest of agency Official? No Vas ticket distribution made at the behest of agency Official? No Vas ticket distribution made at the behest of agency Operationation Operationation? No Vas ticket distribution made at the behest of agency Operationation? No Vas ticket of Agency Department or Unit? Operational Role Operational Role Other Immediate addex or Ober department or Unit? Vasterior	1. Agency Name				Date Stamp		
Board of Supervisors Board of Supervisors Designated Agency Contact (Nume: The): Anna Gee Area Code/Phone Number Fanal St0-891-5685 anna.gee@acgov.org Date of Original Filling:	Alameda County				0	Form	
Designated Agency Contact (Nome, Title) Anna Gee Area Code/Phone Number Fara Code/Phone Number St0-891-5585 Designated Agency Contact (Nome, Title) Anna Gee Area Code/Phone Number St0-891-5585 Designated Agency Contact (Nome, Title) Date of Original Filling: phonds Tradewide Event Description Call Control Tradewide Dronds Tradewide Provide Tradewide Date(s)	Division, Department, or Reg	jion (If Applicable)	4,	<u> </u>		For Official Use Only	
Anna Gee Amendment (Mast provide exclanation in Part 3) 510-891-5585 anna.gee@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Does the agency have a ticket policy? Yes Ø No □ Event Description Backbull Chaume Provide Table_pleation Date of Chiginal Filling: Provide Table_pleation Date of Chiginal Filling: Ticket(s)/Pass(es) provided by agency? Yes Ø No Ø If no: Baddance (Last First) 3. Recipients •Use Section 2 to Sterify an orticle organization •Use Section 2 to Childre Nomber of Texes(s) •Use Section 2 to Sterify an orticle organization Nomber of Texes(s) •Use Generonial Role College of Childre •Use Generonial Role Other •Use Generonial Role Other •Use Generonial Role Other •Use Generonial Role Other •United Senico of Oddand & Alamed County Describe the public purpose made pursuant to the agency's policy Pass(es) Commonial Role Other •United Senico of Oddand & Alameda County Texes(s) •United Senico of Oddand & Alameda County Texes(s) <tr< th=""><th>Board of Supervisors</th><th></th><th></th><th></th><th></th></tr<>	Board of Supervisors						
Area Code/Phone Number E-mail Image@acgov.org Date of Original Filing: (Mod provide explanation in Field 3) 21. Function or Event Information Does the agency have a licket policy? Yes IM No Face Value of Each Ticket/Pass \$ 32 Image@acgov.org 2. Function or Event Information Does the agency have a licket policy? Yes IM No Face Value of Each Ticket/Pass \$ 32 Image@acgov.org Event Description Date of Original Filing: (Mod pass (s) provided by agency? Yes IM No Face Value of Each Ticket/Pass \$ 32 Image@acgov.org Was ticket distribution made at the behest of agency official? Provide Title/Explanation If no: Date(s) If no: If no: Date(s) If no: Date(s) If no: Da	Designated Agency Contact	(Name, Title)					
Area Code/Phone Number 510-891-5585 Email anna.gee@acgov.org Date of Original Filing:	Anna Gee				Amendment (Mustr	vovide explanation in Part 3.)	
C. Name of Ladvidual B. Name of Agency, Department or Unit C. Name of Agency, Department or Unit C. Name of Council Algo agency from C. Name of Council Algo agency from C. Name of Council Algo agency from United Sectors of Oxidard & Alameda County 7200 Bancoff Algo 4825 C. Name of Council Algo agency from C. Name of Council Algo agency from C. Name of Council Algo agency from Vinted Sectors of Oxidard & Alameda County 7200 Bancoff Algo 4825 C. Name of Council Algo from Vinted Sectors of Oxidard & Alameda County 7200 Bancoff Algo 4825 Sector Algo 625 Sector Algo 625 Sector Algo 625 Sector Algo 720 C. Name of Council Algo 720 C. Sector Algo 720 Constraing 720 <	Area Code/Phone Number	E-mail					
Does the agency have a ticket policy? Yes INO Face Value of Each Ticket/Pass \$ 33 Event Description Date(s) 17,17 18,18,17 Date(s) 17,17 18,18,17 Date(s) 17,17 18,18,17 Date(s) 17,17 18,18,17 Name of Source No If no: Date(s) Was ticket distribution made at the behest of agency official? No If yes: Miley. Nate •Use Section 8 to identify the agency's department or unit •Use Section 8 to identify an acticle organization. Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(ea) Ceremonal Role Other Incom United Seniors of Outside Organization (Include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Valeed Seniors of Outside Organization (Include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Valeed Seniors of Outside Organization (Include address of Ale #21) Oction (Ale #21) Other I include address of Outside Organization (Include address of Ale #	510-891-5585	anna.gee@acgo	v.org		Date of Original Filing:	(Month, Day. Year)	
Event Description Exactled in Classics Provide TitleExplanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes Ino Ino Was ticket distribution made at the behest of agency official? No I Yes Ino 3. Recipients Use Sector B to Mentry In an of Source •Use Sector A to Identify the agency's department or unit •Use Sector B to Mentry an outside organization A. Name of Agency Department or Unit Number of Tracket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Outside Organization Number of Tracket(s) Incom Pass(es) C. Name of Outside Organization Number of Tracket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonal Role Other Incom Pass(es) Describe the public purpose made pursuant to the agency's policy Incom Pass(es) Ceremonal Role Other Incom Pass(es) Describe the public purpose made pursuant to the agency's policy To promote health and wellness to vulnerable populations such as foster No on 1894.1 and 1894.1 nave verified that the distribution set forth above, is in accordance with the requirements. Anna Gee	2. Function or Event Info	rmation				12	
Provide TitleExplanation Detects Ticket(s)/Pass(es) provided by agency? Yes No Yes If no:	Does the agency have a tick	et policy? Yes	🛛 No 🗌	Face Value c	of Each Ticket/Pass \$ _	30-	
Wase ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Miley, Nate Miley, Nate 3. Recipients • Use Section A to identify the agency's department or unit • Use Section A to identify the agency's department or unit • Use Section A to identify the agency's department or unit • Use Section A to identify an extick or open section B to identify an individual • Use Section C to identify an extick or open section A. Name of Agency, Department or Unit • Use Section B to identify one of the following: • Pass(es) • Use Section C to identify an extick or open section • Use Section C to identify an extick or open section • Use Section C to identify one of the following: • Ceremonial Role □ Other □ Incom • If checking: Ce		Provide Title/Explanatio	<u>e</u>	_ Date(s)	17,17	6,18,17	
of agency official? Officials Name (Lest. First) 3. Recipients •Use Section A to identify the agency's department or unit. Busched a finite of the agency's department or unit. Busched a finite of the agency's department or unit. Busched a finite of the agency's department or unit. Busched a finite of the agency's department or unit. Busched a finite of the agency's department or unit. Busched a finite of the agency's policy are adeleted at the agency's policy. B. Name of finite of agency. Department or unit. Number of the public purpose made pursuant to the agency's policy are finite or the following: B. Name of individual context or unit. Number of the following: Identify one of the following: C. Name of Duffielde Organization (Individual context) Number of Tecket(s) Incom If checking: Ceremonal Role Organization (Individual context) Incom If checking Ceremonal Role Organization (Individual Context) Incom Incom If checking Ceremonal Role Organization (Individual Context) Incom Incom If checking Ceremonal Role Organization (Individual Context) Incom Incom If checking Ceremonal Role Organization (Individual Context) Incom Incom If checking Ceremonal Role Organization (Individual Context) Other I Incom	Ticket(s)/Pass(es) provided	oy agency? Yes		If no: Dale	lang Ath	Latics	
of agency official? Officials Name (Lest. First) 3. Recipients •Use Section A to identify the agency's department or unit. Busched a finite of the agency's department or unit. Busched a finite of the agency's department or unit. Busched a finite of the agency's department or unit. Busched a finite of the agency's department or unit. Busched a finite of the agency's department or unit. Busched a finite of the agency's policy are adeleted at the agency's policy. B. Name of finite of agency. Department or unit. Number of the public purpose made pursuant to the agency's policy are finite or the following: B. Name of individual context or unit. Number of the following: Identify one of the following: C. Name of Duffielde Organization (Individual context) Number of Tecket(s) Incom If checking: Ceremonal Role Organization (Individual context) Incom If checking Ceremonal Role Organization (Individual Context) Incom Incom If checking Ceremonal Role Organization (Individual Context) Incom Incom If checking Ceremonal Role Organization (Individual Context) Incom Incom If checking Ceremonal Role Organization (Individual Context) Incom Incom If checking Ceremonal Role Organization (Individual Context) Other I Incom	Was ticket distribution made	at the behest No	☐ Yes 🕅	If ves. Miley	, Nate		
 Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C (a identify an anticide organization (individual) A. Name of Agency, Department or Unit Ticket(s) Pass(es) B. Name of Individual Los Accil B. Name of Individual Los Accil Ceremonial Role Other Incom Incom	of agency official?	110		11 y 00.	Official's Name	(Last, First)	
 Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C (a identify an anticide organization (individual) A. Name of Agency, Department or Unit Ticket(s) Pass(es) B. Name of Individual Los Accil B. Name of Individual Los Accil Ceremonial Role Other Incom Incom	3. Recipients				yana kata tangga kata ta		
A. Name of Agency, Department or Unit Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy B. Number of Ticket(s) Identify one of the following: Ticket(s) Identify one of the following: Ticket(s) B. Number of Ticket(s) Identify one of the following: Ticket(s) Identify one of the following: Ticket(s) B. Name of Individual sets for the following: Ceremonial Role Other Incom C. Name of Outside Organization (Include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy C. Name of Outside Organization (Include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency is policy To promote health and wellness to vulnerable populations such as foster Verification ons 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements: Anna Gee Executive Assistant The following: Include addressistant		cy's department or unit.	Use Section	B to identify an individ	ual. • Use Section C to iden	ntify an outside organization.	
B. Name of Individual scret road Number of Tricket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Incom If aneoling "Ceremonial Role Other Incom United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605 (SENIOR ADVOCACY Number of To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services. 4. Verification Ons 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Executive Assistant $\frac{1}{2}/17$	A. Name of Agency, Departm	nent or Unit	icket(s)	Describe the put	blic purpose made pursuan	t to the agency's policy	
If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Income United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605 Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Vulnerable populations such as foster kids and seniors that receive county services. To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services. 4. Verification ons 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee	B. Name of Individ	uai	icket(s)/	Compared Pala			
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 United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605 A Describe the public purpose made pursuant to the agency's policy Økland 94605 A Verification To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services. 4. Verification To requirements. Anna Gee							
C. Treated of Outperformed address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605 Ticket(s)/ Pass(es) To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services. SENIOR ADVOCACY To services. 4. Verification Tons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Executive Assistant $\frac{7}{7}/17$						Income	
United Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605 SENIOR ADVOCACY 4. Verification To promote health and wellness to vulnerable populations such as foster kids and seniors that receive county services. Anna Gee Executive Assistant $\frac{7}{2}/17$		anization	licket(s)/	Describe the pu	blic purpose made pursual	nt to the agency's policy	
Oakland 94605 Image: Construction of the		meda County		To promo	te health and wellne	ess to	
SENIOR ADVOCACY services. 4. Verification ions 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Executive Assistant $\mathcal{F}/\mathcal{F}/\mathcal{F}/\mathcal{F}$		51	AI				
4. Verification Image: Senior ADVOCACY 4. Verification Image: Image: Senior ADVOCACY Image: Image: Image: Senior ADVOCACY Image: I	Uakiana 94605	+		— kids and se		ounty	
tons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Executive Assistant $\frac{7}{7}/17$	SENIOR ADVOCAC	Y			services.		
tons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee Executive Assistant $\frac{7}{7}/17$	4. Verification			s:			
		ons 18944.1 and 189	42. I have verified	d that the distribution set	t forth above, is in accordance	with the requirements.	
			Anna Gee		Executive Assistan	t 7/7/17	
Signature of Agency head of Designers Print Name hits	Signature of Agency Head or Desig	100	Print Name		Title	Month, Day, Year)	
	Comment:						

I. Agency Name						
	Date Stamp California 802					
Alameda County	Nameda County Division, Department, or Region (If Applicable)					
Division, Department, or Region (# App#ca						
Board of Supervisors	3oard of Supervisors					
Designated Agency Contact (Name. Title)						
Anna Gee						
Area Code/Phone Number E-mail		Amendment (Must provide explanation in Part 3.)				
510-891-5585 anna.gee(@acgov.org	Date of Original Filing:(Month, Day, Year)				
2. Function or Event Information						
Does the agency have a ticket policy?	Yes 🔀 No 🗖	Face Value of Each Ticket/Pass \$				
$h = \int \int \int dx dx$		I AT LOAT				
Event Description	xplanation	Date(s) $(0, 17, 17, 17, 17, 17, 17, 17, 17, 17, 17$				
Ticket(a) (Deco(co)) provided by even as 2		in Dolphind Athletics				
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 🛛 No 🔀	Name of Source				
Was ticket distribution made at the behes	t No 🗌 Yes 🛛	If yes: Miley, Nate				
of agency official?		Official's Name (Last, First)				
3. Recipients						
 Use Section A to identify the agency's department 	or unit. • Use Section E	I to identify an individual. • Use Section C to identify an outside organization.				
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
	Pass(es)					
B. Name of individual	Number of Ticket(s)/	Identify one of the following:				
€,2 ⁴ 5, * ² 5%	Pass(es)					
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
		Ceremonial Role 🔲 Other 🔲 income				
		If checking "Ceremonial Role" or "Other" describe below:				
annan an a						
C. Name of Outside Organization	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
(include address and description)	Pass(es)	To promote health and wellness to				
United Seniors of Oakland & Alameda County		vulnerable populations such as foster				
7200 Bancroft Ave #251 Oakland 94605	4	 kids and seniors that receive county 				
		services.				
SENIOR ADVOCACY						
4. Verifidation						
	1 and 18942. I have verified	that the distribution set forth above, is in accordance with the requirements.				
	Anna Gee	Executive Assistant $7/7/17$				
	Print Name	Title (Month, Day, Year)				
Comment:						

Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Reg	ion (If Applicable,)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name.Title)				
Anna Gee				Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail				
510-891-5585	anna.gee@a	acgov.org		Date of Original Filing	(Month, Day, Year)
. Function or Event Infor	mation				22.190
Does the agency have a ticke	et policy?	Yes 🔀 🛛 No 🗌		of Each Ticket/Pass \$.	. /
Event Description	Provide Title/Expl	anation	Date(s)	121,17	6,22,17
Ticket(s)/Pass(es) provided b	by agenc y?	Yes 🗌 No 🖸	⊠ lfno:_0µ	Rand AM Name of S	latice
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Miley	r, Nate Official's Name	(Last, First)
. Recipients					
• Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	Ival. • Use Section G to te	mtilly an outside organization.
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the folia	wing:
B. Name of Individ care for			Ceremonial Role If checking "Ceremo		Income
ilan finiti		Ticket(s)/	If checking "Ceremo To promo held at a maximize	Other D	event Income der to from
ilar finiti	inacl	Ticket(s)/	If checking "Ceremi To promo held at a maximize parking	te attendance at an County facility in or e potential revenue	event Income from les.
C. Name of Outside Org	inacl	Ticket(s)/ Pass(es) Z Number of Ticket(s)/ Pass(es)	If checking "Ceremi To promo held at a maximize parking Describe the pu	Other Contact and County facility in or e potential revenue g and concession sa	Income event der to from les.
C. Name of Outside Org include address and of WAMEN ON She W	inacl	Ticket(s)/ Pass(es) Z Number of Ticket(s)/	If checking "Ceremi To promo held at a maximize parking	Other Other onial Role" or "Other" describe belo te attendance at an County facility in or e potential revenue g and concession sa ublic purpose made pursu	Income event der to from les.
C. Name of Outside Org	inacl	Ticket(s)/ Pass(es) Z Number of Ticket(s)/ Pass(es)	If checking "Ceremi To promo held at a maximize parking Describe the pu	Other Other onial Role" or "Other" describe belo te attendance at an County facility in or e potential revenue g and concession sa ublic purpose made pursu	Income event der to from les.
C. Name of Outside Org (include address and c Women on the W Ricevenz - 2022 Ave Mayward REENTRY RE	inacl	Ticket(s)/ Pass(es) Z Number of Ticket(s)/ Pass(es)	If checking "Ceremi To promo held at a maximize parking Describe the pu	Other Other onial Role" or "Other" describe belo te attendance at an County facility in or e potential revenue g and concession sa ublic purpose made pursu	Income event der to from les.
C. Name of Outside Org include address and of WAMEN ON She W	unization tescription) tegy to 4 Havila 94541 overy	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es) V2 (20	I checking "Ceremin To promo held at a maximize parking Describe the pu To newound contributive	Other Donial Role" or "Other" describe belo te attendance at an County facility in or e potential revenue g and concession sa ublic purpose made pursu A NON PN fit	Income event der to from les. and to the agency's policy for Muir Mulic
C. Name of Outside Org (include address and c Women on the W Ricevenz - 2022 Ave Mayward REENTRY RE	unization tescription) tegy to 4 Havila 94541 overy	Ticket(s)/ Pass(es) Z Number of Ticket(s)/ Pass(es) V/ 200	If checking "Ceremin To promo held at a maximize parking Describe the pu To revound contribution se	Other Other onial Role" or "Other" describe belo te attendance at an County facility in or e potential revenue g and concession sa ublic purpose made pursu	Income event der to from les. ant to the agency's policy fur Muir Zublic
C. Name of Outside Org (include address and c Women on the W Ricevenz - 2022 Ave Mayward REENTRY RE	unization hescription) by tu 4 Hanla 9 4541 overy \$ 18944.1 a	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es) V2 (20	If checking "Cerem To promo held at a maximize parking Describe the pr To newound contribution se Gee	Other Onial Role" or "Other" describe belo te attendance at an County facility in or e potential revenue g and concession sa ublic purpose made pursue A NUN PNJ Lo Purpose torth above, is in accordance	Income event der to from les. ant to the agency's policy fur Muir Zublic

1.	Agency Name			·····	Date Stamp	California 002
	Alameda County					Form 802
	Division, Department, or Regio	n (If Applicable	4	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (A	lame, Ti tle)				
	Anna Gee					
		E-mail	<u> </u>		Amendment (Musi	t provide explanation in Part 3.)
		anna.gee@a	acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inforn	nation				
	Does the agency have a ticket	policy?	Yes 🔀 No 🗖	Face Value	of Each Ticket/Pass \$	33-
	Event Description	Provide Title/Exp	Internation	Date(s)	2011	
	Ticket(s)/Pass(es) provided by	agency?	kand AM	Netics Source		
	Was ticket distribution made al of agency official?	the behest	No 🗌 Yes 🔀	If yes: <u>Miley</u>	/, Nate Official's Name	e (Last. First)
3.	Recipients					
	Use Section A to identify the agency		B to identify an individ	fual, • Use Section C to Id	entity an outside organization.	
	A. Name of Agency, Departme	nt 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:		
				Ceremonial Role	Other D	Income 🔲 w:
				Ceremonial Role	Other or "Other" describe belo	Income
					·	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	ddic purpose made pursu	ant to the agency's policy
Unit	ed Seniors of Oakland & Alameda County 7200 Bancroft Ave #251 Oakland 94605 —		2	vulnerable p	te health and wellness to populations such as foster eniors that receive county	
	SENIOR ADVOCACY				services.	
4.	V					
÷	11 	ons 1 8944.1 a		1 that the distribution se	t forth above, is in accordance	
			Anna Gee		Executive Assista	<u>int <u>~717117</u></u>
	Comment:					

1. Agency Name			Date Stamp	California 002
Alameda County				Form 602
Division, Department, or Region (If Applicable	ə)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Anna Gee				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
510-891-5585 anna.gee@	acgov.org		Date of Original Filing: _	(Month, Day. Year)
2. Function or Event Information			1	10.50
Does the agency have a ticket policy?	Yes 🛛 No 🗖	Face Value of	of Each Ticket/Pass \$	
Event Description	Grame	Date(s)		<u> </u>
Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No 🛛	1110.	Name of Sou	Warriors
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🔀	If yes: <u>Miley</u>	/, Nate Official's Name (L	ast. First)
3. Recipients • Use Section A to Identify the agency's department of	unit. 🔹 Use Section	n B to identify an individ	lual. • Use Section C to kien	lly an outside organization,
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
005 District 4 Sta	5 4 3	to reward a	a country em service to	the sublice
B. Name of Individual	Numher of Ticket(s)/ Pass(øs)		identify one of the fellowi	ng:
Pratt, Linda	2	Ceremonial Role If checking "Ceremo	Other Other or "Other" describe below:	Income
		— To promote	attendance at an eve	ent
O. Dr. A			ounty facility in order	to
Scalosi, Sierra	2		potential revenue fro and concession sales.	m
	Number of		and concession suies.	
C. Name of Outside Organization (include address and description)	Describe the pu	e public purpose made pursuant to the agency's policy		
		· · · · ·		
4. Verification ations 18944.1 a	nd 18942. I have verifi	ed that the distribution se	t forth above, is in accordance wi	ith the requirements. 📔 🛛 🦼
	Anna Gee		Executive Assistant	-1-1
Signature of Agency Hose of Designed	Print Name		Title	(Month, Day, Year)



Agency Name

Alameda County

3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the	e agency's palicy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
Start, David	2	Ceremonial Role Other Other If checking "Ceremonial Role" or "Other" describe below:	Income 🔲
Galinsky, James	2	Ceremonial Role Dother Other I Ceremonial Role" or "Other" describe below:	Income
Dones, Alan	2	Ceremonial Role Other Other Other If checking "Ceremonial Role" or "Other" describe below:	Income
Linton Donna	2	Ceremonial Role Other Other If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	To promote attendance at an event held at a County facility in order to maximize potential revenue from parking and concession sales.	agency's policy
			

C	eremonial Role Even	ts and lic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802	
	Alameda County					From the second
	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Briana Brown					
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510)272-6695	briana.brow	n2@acgov.or	rg	Date of Original Filing:	(Month. Day. Year)
2.	Function or Event Infor	mation		· · · · · · · · · · · · · · · · · · ·	1	(month, 24), roury
	Does the agency have a ticke	t policy?	Yes 🛛 No [Face Value of	of Each Ticket/Pass \$ _	15
	Event Departmention Alameda (County Fair			, 16 , 17	7 9 17
	Event Description Alameda	Provide Title/Exp	lanation	Date(s)	//	//
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Alame	eda County Fair Assoc	iation
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Carso	on, Keith - Supervisor Official's Name (I	District 5
	of agency official:				Oniciars Name (I	
	Use Section A to identify the agence A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	· · · · · · · · · · · · · · · · · · ·
	B. Name of Individua	alj	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other 🔀	Income
	Schery Dugan	ery Dugan		If checking "Ceremon To promote attend	nial Role" or "Other" describe below: ance at a County spor acility in order to maxin	
	Michele Bryd 10DL+2pp		IC DL+ PF	To promote attendan	nial Role" or "Other" describe below: Ice at a County sponsore	Income Income devent or event held at a County revenue from parkin
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
4						

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

 Briana Bown
 Supervisor's Assistant
 7/10/17

 Print Name
 Title
 (Month, Day, Year)

Comment: _

Agency Report of:

				A Public Document		
1. Agency Name			Date Stamp	California 802		
Alameda County		FORM				
Division, Department, or Region (If Appl.	1	For Official Use Only				
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name, Title)			-			
Briana Brown						
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)		
	rown2@acgov.o	ora	Date of Original Filing:			
2. Function or Event Information				(Month, Day, Ye ar)		
Does the agency have a ticket policy?	Yes 🛛 No	Eace Value of	of Each Ticket/Pass \$ _	15		
Event Description <u>Alameda County Fa</u> Provide Titl	e/Explanation	Date(s)		7 9 17		
Ticket(s)/Pass(es) provided by agency?		Hanna, Alame	eda County Fair Assoc	iation		
nexet(s) Pass(es) provided by agency:	Yes 🗌 No		eda County Fair Assoc Name of So	purce		
Was ticket distribution made at the beha	est No 🗌 Yes	If yes: Cars	on, Keith - Supervisor	District 5		
of agency official?		2	Official's Name (Last, First)		
Use Section A to identify the agency's department A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuant			
B. Name of Individual	Number of		Identify one of the follow	100		
B. Name of Individual			Identify one of the follow	ing:		
(Laet, First)	Number of Ticket(s)/		Other 🔀			
B. Name of Individual (Last, First) Selest Agana	Number of Ticket(s)/	If checking "Ceremo To promote attend	Other other nial Role" or "Other" describe below: ance at a County spor	Income [
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend held at a County fa Ceremonial Role	Other other nial Role" or "Other" describe below: ance at a County spor	Income [
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend held at a County fa Ceremonial Role If checking "Ceremon	Other o	Income		
(Laet, First) Selest Agana C. Name of Outside Organization	Number of Ticket(s)/ Pass(es) 1+pp	If checking "Ceremon To promote attend held at a County fa Ceremonial Role If checking "Ceremon Describe the put	Other Other Other' describe below: ance at a County spor acility in order to maxim Other Other nial Role" or "Other" describe below: blic purpose made pursuant	Income		

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	7/10/17
 Signature of Agency Head or Designee? 	Print Name	Title	(Month, Day, Year)
Comment:			

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



Agency Name

Alameda County

3. Recipients

A. Name of Agency. Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		1)
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:
L ast, rirstj	Pass(es)	Ceremonial Role Other I Income
		Ceremonial Role Other I Income Income I Income To reward a student for outstanding scholastic achievement
		Ceremonial Role Dother I Income I Incom
		Ceremonial Role Differ I Income I Incom
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
Berkeley NAACP P.O. Box 613	10	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
-		

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	4			
Briana Brown				
Area Code/Phone Number IE-m	nail		Amendment (Must	provide explanation in Part 3.)
	ana.brown2@acgov.	ora	Date of Original Filing:	
Function or Event Informat				(Month, Day, Year)
Does the agency have a ticket pol		- 🗖 🛛 Eace Value	of Each Ticket/Pass \$ _	15
Event Description Alameda Cour	vide Title/Explanation	Date(s)	6 <u>16</u> 17	7 9 17
		— Kana Alam	eda County Fair Assoc	ziation
Ticket(s)/Pass(es) provided by age	ency? Yes 🗌 No		Name of Se	ource
Was ticket distribution made at the	e behest No⊡ Ye	s 🛛 If ves: Cars	on, Keith - Supervisor Official's Name	District 5
of agency official?			Official's Name	(Last, First)
Recipients				
• Use Section A to identify the agency's de			• Use Section C to ider	ntlfy an outside organization,
-	Number of	Describe the pu	blic purpose made pursuan	t to the agency's policy
A.		bescribe the pt		
Α.	Ticket(s)/ Pass(es)			
B. Name of Individual	Pass(es)			ána :
	Pass(es)		Identify one of the follow	
B. Name of Individual	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	Income
B. Name of Individual (Last. First)	Pass(es) Pass(es) Number of Ticket(s)/	Ceremonial Role	Identify one of the follow	Income
B. Name of Individual (Last. First)	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	Income
B. Name of Individual (Last. First)	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial To reward a common public; Ceremonial Role	Identify one of the follow	Income
B. Name of Individual (Last. First)	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) 5DL+pp	Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role	Identify one of the follow	Income
B. Name of Individual (Last, First) Barbara Taylor C. Name of Outside Organizatio	Pass(es) Number of Ticket(s)/ Pass(es) 5DL+pp 	Ceremonial Role If checking "Ceremonial To reward a common public; Ceremonial Role If checking "Ceremonial Describe the pu	Identify one of the follow Other Other nunity volunteer for his Other Other nunity volunteer for his blic purpose made pursuan ance at a County spor	Income
B. Name of Individual (Last, First) Barbara Taylor C. Name of Outside Organization (include address and descripting) New Life Community Church Kit	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) 5DL+pp on Number of Ticket(s)/ Pass(es) ids Life 20 1955 San 10	Ceremonial Role If checking "Ceremonial To reward a common public; Ceremonial Role If checking "Ceremonial Describe the put To promote attendo held at a County for To promote health	Identify one of the follow Other Oth	Income
B. Name of Individual (Last, First) Barbara Taylor C. Name of Outside Organization (include address and descripting) New Life Community Church Kit 3903 Broadway Center for Elders Independent 1 Senior services for ALCO reside Verification	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) SDL+pp SDL+pp ids Life 20 1955 San ents 10	Ceremonial Role If checking "Ceremonial To reward a common public; Ceremonial Role If checking "Ceremonial Describe the put To promote attendo held at a County for To promote health to vulnerable popt	Identify one of the follow	Income
B. Name of Individual (Last, First) Barbara Taylor C. Name of Outside Organization (include address and descripting) New Life Community Church Kit 3903 Broadway Center for Elders Independent 1 Senior services for ALCO reside Verification	Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) SDL+pp SDL+pp ids Life 20 1955 San ents 10	Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Describe the put Describe the put To promote attendo held at a County for To promote health to vulnerable popular	Identify one of the follow Other Oth	Income

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



Agency Name

Alameda County

3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Bos D5	1002 + 4pp	To promore attendance at a canto stansorth
Sheriff Dep	YHPP	TO reward county employee for this exemplary service to the public ou councile staff development.
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
James Brown	2+pp	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
Mira Tellegen	2+pp	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a student for outstanding scholastic achievement
-		Ceremonial Role Other 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
ECAP, 3610 San Pablo- provide food housing	10	To reward a school or nonprofit organization for its contributions to the community
East Bay Refugee Forum Oakland Ca	5	To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic
Berkeley Food &Housing- 1901 Fairview Homeless service provider	5	To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic

Agency Report of:

1.	Agency Name	Date Stamp	California Form 802		
	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 (510)272-6695 briana.brown	2@acgov.org		Date of Original Filing: _	
2	Function or Event Information	2@acgov.org			(Month, Day, Year)
۷.		Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$	15
	Event Description Alameda County Fair Provide Title/Expla	nation	Date(s)	, 16 , 17	<u> </u>
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🔀	If no: Alame	da County Fair Associa	ation
				Name of Sou	rce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🔀	If yes: <u>Carse</u>	on, Keith - Supervisor [Official's Name (L	
_					
3.	Recipients •Use Section A to identify the agency's department or u	init.)		Ilse Section C to identi	fy an outside organization.
	A. (1997)	Number of		plic purpose made pursuant	
		Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuant	to the agency's poncy
	B Name of Individual	Number of			
	B. (Name of Individual) (Last. First)	Ticket(s)/ Pass(es)	44	Identify one of the following	ng:
				Other 🔀	
			If checking "Cere mo i	nial Role" or "Other" describe below:	
	· · · ·		Ceremonial Role	Other	
			If checking "Cere mo i	nial Role" or "Other" describe below:	
	C. Name of Outside Organization	Number of	THE REAL PROPERTY OF		
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy
	South Berkeley Senior Center 2939 Ellis				
	Street- provide Senior Services	20			
	The Way Christian Center1901				
	University- provide Spiritual leadership to	10			
4.	Verification	•			
	I ha tions 18944.1 and		hat the distribution set	forth above, is in accorda nce wit i	
	Signature of Agency Head or Designee	Briana Bown		Supervisor's Assistant	
	Signature of Agency Head or Designee	Print Name		1100	(Month, Day, Year)
	Comment:	<u></u>			
				FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/

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



Agency Name

Alameda County

3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income I
		Ceremonial Role Other I Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income I Income I Income II
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
True Vine Missionary Baptist Church 1125 West Street- Provide spiritual leade	10	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
West Oakland Health Council 700 Adeline Street - Provide Health Services	10	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und
Options Recovery 1931 Center St drug, alcohol treatment center	10	To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic
Berkeley Daytime Drop-in Center 2218 Acton- services for homeless women & c	15	To reward a school or nonprofit organization for its contributions to the community

	Agency Name			Date Stamp	California 000
	Alameda County	Date Stamp	Form 802		
	Division, Department, or Region (If Applicable,)	<u> </u>	-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	=1		-	
	Briana Brown Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510)272-6695 briana.browr	2@acgov.o	rg	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	15
	Event Description Alameda County Fair		Date(s)	i , 16, 17 ·	7,9,17
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Alame	eda County Fair Associ	
			Coro	Name of Sou	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Cars	on, Keith - Supervisor I Official's Name (L	ast. First)
2	Recipients				· · · · · · · · · · · · · · · · · · ·
J.	Use Section A to identify the agency's department or i	unit.) Cilitation		• Use Section C to ident	ify an outside organization.
				the second secon	
	A. (1997)	Number of	Describe the nu	blic purpose made pursuant	to the agency's policy
	A. (1993)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
		Ticket(s)/ Pass(es)	Describe the pu		
	A. B.	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	
	B.	Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	
	B.	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Ceremonial Role	Identify one of the following other and the following of	ing:
	B.	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo	Identify one of the following Other Other Inial Role" or "Other" describe below: Other	ng:
	B. Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To provide opportu	Identify one of the followi Other Other nial Role" or "Other" describe below: Inial Role" or "Other" describe below: nial Role" or "Other" describe below: blic purpose made pursuant unities to those who are	ng:

 Briana Bown
 Supervisor's Assistant
 7/10/17

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

Comment: _



Agency Name

Alameda County

3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
(Luss, rijsy		Ceremonial Role Other I Income Income Income Income
		Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other 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
Peter Pan Nursery School 4618 Allendal childcare	10	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev
Positive Communication Practices 2627 57th Avenue-positive alternative for teen	10	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und
Prescott Joseph Resource Center 920 Peralta- Center for community service ed	10	To provide opportunities to those who are receiving services from County agencies consistent with the agency's goals for the partic
Progressive Baptist Church 3301 King- provide spirtital guidance to community	10	To reward a school or nonprofit organization for its contributions to the community

eremonial Role Even						A Public Documer
. Agency Name					Date Stamp	California 802
Alameda County						Form 002
Division, Department, or Reg)				For Official Use Only	
Board of Supervisors	Board of Supervisors					
Designated Agency Contact	(Name, Title)	<u> </u>				
Briana Brown						
Area Code/Phone Number	E-mail				Amendment (Must p	rovide explanation in Part 3.)
(510)272-6695	briana.brown	2@acgov.o	rg		Date of Original Filing:	(Month, Day, Year)
. Function or Event Infor	mation					
Does the agency have a ticke	t policy?	Yes 🛛 No	Face	Value of	Each Ticket/Pass \$ _	15
Fuent Description Alameda (Date(s) <u>6 / 16 / 17 7 / 9 /</u>			
Event Description Alameda	Provide Title/Expla	anation	Date(s)		
Ticket(s)/Pass(es) provided b		Yes 🗌 No	If no:	Alamed	a County Fair Assoc	iation
	, sector,				Name of So	urce
Was ticket distribution made a	at the behest	No 🗌 Yes	If yes	Carso	n, Keith - Supervisor	District 5
of agency official?	_				Official's Name (I	Last, First)
		Init. Initiation			Use Section C to Iden	tify an outside organization.
•Use Section A to identify the agenc		Number of Ticket(s)/ Pass(es)			ic purpose made pursuant	to the agency's policy
A. Name of Individua		Number of Ticket(s)/ Pass(es)				
A. (2000)		Number of Ticket(s)/ Pass(es)			ic purpose made pursuant	
A. Name of Individua		Number of Ticket(s)/ Pass(es)	Describe	the publ	Identify one of the follow	
A. Name of Individua		Number of Ticket(s)/ Pass(es)	Ceremor	ital Role [Identify one of the follow Other A I Other I	Ing:
A. Name of Individua	al)	Number of Ticket(s)/ Pass(es)	Ceremor If checking Ceremor	the publ	Identify one of the follow Other A Role" or "Other" describe below: Other	Ing: Income
A. Name of Outside Organ	al hization origination) Center 200	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Describe Ceremor If checking Ceremor If checking Describe	ial Role [g"Ceremonia ial Role [g"Ceremonia	Identify one of the follow Other I Other I Role" or "Other" describe below: I Role" or "Other" describe below: I Role" or "Other" describe below: ic purpose made pursuant motivate and provide	Ing: Income

Comment: _

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



Agency Name

Alameda County

3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:
D. (Last, First)	Pass(es)	Ceremonial Role Other Income Income Income Income It checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Cther I Income Income I Income
		Ceremonial Role Other I Income Income Income
		Ceremonial Role Other 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
First AME Church 530 37th provides spiritual guidance to d5 resident	20	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und
Healthy Oakland 2580 San Pablo promotes health awareness in low-incom	10	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und
Hidden Genius Project 519 17th St Suite 240- train & mentor blk youth in Tech	10	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und
Mother Wright Foundation 3120 San Pablo- provide food clothing for	10	To promote health, motivate and provide expanded opportunities to vulnerable populations in the County such as the disabled, und

<u> </u>	eremonial Role Even	to und me				A Public Document			
1.	Agency Name		Date Stamp	California 802					
	Alameda County			Form 002					
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact (Name, Title)			-				
	Briana Brown								
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)			
	(510)272-6695	briana.brow	n2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Inform	mation							
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	15					
	Event Description Alameda	County Fair	0, 10, 17	7,9,17					
		Provide Title/Exp	lanation	Date(s)					
	Ticket(s)/Pass(es) provided b	y agen cy ?	Yes 🗌 No	If no: Alame	eda County Fair Assoc				
	Was ticket distribution made a	at the behast		Cars	on, Keith - Supervisor				
	of agency official?	at the beliest	No 🗌 Yes	If yes:	Official's Name (i	Last, First)			
3	Recipients								
Υ.		Recipients •(Ise Section Atta identify the agency's department or unit, where the section is a individual. • Use Section C to identify an outside organization.							
	A. Name of Agency, P. Darums	ant of Dan	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy			
			Pass(es)	and the second second					
	B. (Diffeo Mily III) (Last, Firal)	2	Number of Ticket(s)/		Identify one of the follow	ing			
			Pass(es)	Ceremonial Role	Other 🔀	Income			
					nial Role" or "Other" describe below:				
				Ceremonial Role		Income			
					nnial Role" or "Other" describe below:				
		×	Number of						
	C. Name of Outside Organ		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy			
	Center of Emeryville Rec D	ept: Teen		To reward a schoo	ol or nonprofit organiza	tion for its contributions			
	Division 4300 San Pablo Av		10	to the community					
	City Slicker Farms		10	To reward a school or nonprofit organization for its contribution					
	1625 16th St			to the community					
_									
4.	Verification	ations 18944.1 ar	nd 18942. I have vi	erified that the distribution set	forth above, is in accordance w	ith the requirements.			
4.	Verification	ations 18944.1 ar	ad 18942. I have ve Briana B		forth above, is in accordance w Supervisor's Assistan	1 (-			

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



Agency Name

Alameda County

3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
		Ceremonial Role Other Income Income Income Income Income			
		Ceremonial Role Other , Income I			
		Ceremonial Role Other I Income I If checking "Ceremonial Role" or "Other" describe below:			
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
Bonita House 6333 Telegraph Ave Suite 102	. 10	To reward a school or nonprofit organization for its contributions to the community			
BOSS 1918 University Ave #2A	10	To reward a school or nonprofit organization for its contributions to the community			
Catholic Charities 433 Jefferson Street	10	To reward a school or nonprofit organization for its contributions to the community			
Center for Independent Living 2539 Telegraph Ave	10	To reward a school or nonprofit organization for its contributions to the community			

Ceremonial Role Even	ts and licket/Pass D	Istributions		A Public Document			
1. Agency Name		Date Stamp	California 802				
Alameda County				ronn			
Division, Department, or Reg	on (If Applicable)		1	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.)				
(510)272-6695	briana.brown2@acgov.org		Date of Original Filing	(Month, Day, Year)			
2. Function or Event Infor				(Month, Day, Year)			
Does the agency have a ticke		of Each Ticket/Pass \$.	15				
• •			7,9,17				
Event Description Alameda	Provide Title/Explanation	6,16,17	1 9 11				
		eda County Fair Asso	ociation				
Ticket(s)/Pass(es) provided b	y agency? Yes 🗌 No 🛛		Name of S	Source			
Was ticket distribution made a	at the behest No 🗌 Yes 🔀	If ves: Cars	on, Keith - Superviso	r District 5			
of agency official?		Official's Name	(Last, First)				
3. Recipients	Recipients						
•Use Section A to identify the agenc			• Use Section C to ide	ntify an outside organization			
A. (Statistic Agenia Departm	A. (Statistic Agence, Department or Unit) Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy			
Antonia	Pass(es)						
<u> </u>							
B. (Name of Individu	al Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:			
		Ceremonial Role If checking "Ceremo	Other X Inial Role" or "Other" describe below	Income			
		Ceremonial Role	Other Other or "Other" describe below	Income			
C. Name of Outside Orga (include address and de		Describe the pu	blic purpose made pursua	nt to the agency's policy			
100 Black Men 1632 12th Street	2014						
100 Black Women P.O. Box 2432	20						
4. Verification							
In	ations 18944.1 and 18942. I have veri	t forth above, is in accordance					
	Briana Bo	wn	Supervisor's Assista	int 7/10/17			
ť	Print Name		Title	(Month, Day, Year)			

Comment: ____



Agency Name

Alameda County

3. Recipients

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
<		
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income Income Income Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
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
Albany Senior Center 846 Masonic Ave	20	
Beebe Memorial Cathedral 3900 Telegraph Ave	10	
Berkeley Youth Alternatives 1255 Allston Way	10	
Beth Eden Baptist Church 1183 10th St	10+298	

Agen	cy Name			<u>ಕರ್ಷಾಧಕ್ರಮ ನಿನಕ್ಕೆ ನಿರ್ದೇಶಕ್ಕೆ ನಿರ್ದೇಶಕ್ಕೆ ನಿರ್ದೇಶಕ್ಕೆ ನಿರ್ದೇಶಕ್ಕೆ ನಿರ್ದೇಶಕ್ಕೆ ನಿರ್ದೇಶಕ್ಕೆ ನಿರ್ದೇಶಕ್ಕೆ ನಿರ್ದೇಶಕ</u>	Date Stamp	California 802		
Alame	eda County					Form OOL		
	on, Department, or Regi	on (If Applicable	1	For Official Use Only				
Board	of Supervisors							
	nated Agency Contact (Name, Titl e)						
Sarah	Oddie		Amendment (Must)	provide explanation in Part 3.)				
Area C	Code/Phone Number	E-mail	·····					
(510)	272-6693	sarah.oddie	@acgov.org		Date of Original Filing:			
Func	tion or Event Infor	mation						
Does t	he agency have a ticke	t policy?	of Each Ticket/Pass \$ _					
Event	Description Alameda (County Fair	planation	Date(s)0	6 <u>16 17</u>	07 , 09 , 17		
T : -1 1			eda County Fair					
licket					Name of S			
Was ti	cket distribution made a	at the behest	No 🗌 Yes [If yes: Alam	eda County Supervis	or Wilma Chan		
of ag	ency official?				Official's Name	(Last, First)		
Reci	pients							
• Use S	Section A to identify the agenc	y's department o	r unit. • Use Sec Number of			ntify an outside organization.		
A.	Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant to the agency's policy			
		Number of						
B. Name of Individual (Last First)		Ticket(s)/ Pass(es)		Identify one of the follo	wing:			
	n, Jamaal		4		onial Role" or "Other" describe below			
	eno, Jonath an ra, Leticia		1	To promote attend held at a County f	dance at a County spo acility in order to max	onsored event or event imize potential County re		
				Ceremonial Role		Income		
Brow	Brown, Madison		1	To promote attend	If checking "Ceremonial Role" or "Other" describe below: o promote attendance at a County sponsored event or event eld at a County facility in order to maximize potential County			
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	int to the agency's policy		
X	Å							
/	V V I J U R S					1929 6		
. <u>N</u>		5944.1 a	and 18942. I have v	erified that the distribution se	t forth above, is in accordance	with the requirements.		
	Sarah		Sarah O	ddie	Supervisor's Assista	ant 07.31.2017		
_			Print Nar		Title	(Month, Day, Year)		
1.	Signature of Age ncy-Head o r Design	ee	Print Nar	ne -	hite	,,		

Division, Department, or Region (if Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Tifle) Sarah Oddie Amendment, (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6693 sarah.oddie@acgov.org Event Description Amendment, (Must provide explanation in Part 3.) Does the agency have a ticket policy? Yes (No) Face Value of Each Ticket/Pass \$ \$22 Event Description Alameda County Fair Prove TitleExplanation Date of Original Filling: Name dagency have a ticket policy? Yes (No) Ket distribution made at the behest no () Yes () Yes () Vas ticket distribution made at the behest no () Yes () If no: Alameda County Supervisor Willing Chan of agency.official? Describe the public purpose made pursuant to the agency's policy A name of Individual () Name of agency.Department or Unit Name of County approver of the following: B. Name of Individual () Name of agency is policy approver or the starte date: To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County () B. Name of Individual () Nameter of County approprisered event or	Agency Name Alameda County		Date Stamp	California 802		
Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number [510] 272-6993 Sarah oddie@acqov.org Function or Event Information Description All ameda County Fair Provide TibleExplanation Provide TibleExplanation Ticket(s)/Pass(es) provided by agency? Yes Name of Source Vasi toket distribution made at the behest No Yes Sation Ato 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. • Name of Agency, Department or Unit Number of Ticket(s) Pass(ed) Imagency Comparison (Source) B. Name of Individual sufficient or Unit Number of Ticket(s) Pass(ed) Describe the public purpose made pursuant to the agency's policy Pass(ed) B. Name of Individual sufficient or Source Interversion Ceremonial Role or Other cancel addition or event neld at a County facility in order to maximize potential County points or event neld at a County facility in order to maximize potential County Ceremonal Ref or Oth	•	on (If Applicabl		For Official Use Only		
Area Code/Phone Number (510) 272-5693 E-mail sarah.oddie@acgov.org Date of Original Filing:	•	lame,Titl e)				
Area Code/Phone Number (510) 272-6693 E-mail sarah.oddle@acgov.org Date of Original Filing:	Sarah Oddie					
Function or Event Information Does the agency have a ticket policy? Yes Ø No Face Value of Each Ticket/Pass \$	Area Code/Phone Number	E-mail			_	
Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
Does the agency have a ticket policy? Yes X No Face Value of Each TicketPass 5 Event Description Alameda County Fair Date(s) 06 16 17 07 09 17 Provide TitleExplane/for Date(s) 06 16 17 07 09 17 Provide TitleExplane/for If no: Alameda County Fair Date(s) 06 16 17 07 09 17 Ticket(s)/Pass(es) provided by agency? Yes X If no: Alameda County Supervisor Wilma Chan Official? Was ticket distribution made at the behest No Yes X If yes: Alameda County Supervisor Wilma Chan Official? Recipients . Vae 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 Individual Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Income Income Smith, Jamaal 1 Ceremonial Role Other Income Rivera, Leticia 1 Name of Individual </td <td>Function or Event Inform</td> <td>nation</td> <td></td> <td>\$20</td>	Function or Event Inform	nation		\$20		
B. Name of Individual dust find Number of Ticket(s)/Pass(es) If no: Alameda County Fair Name of Source B. 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 dust find Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual dust find Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual dust find Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) B. Name of Individual dust find Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) B. Name of Individual dust find Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Income dust find B. Name of Individual dust find Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Income dust find B. Name of Individual dust find Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Income dust find B. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the age						
Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Alameda County Supervisor Wilma Chan Officials Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (ast, First) Number of Ticket(s) Pass(es) Identify one of the following: Pass(es) Income (ast, First) Smith, Jamaal Cedeno, Jonathan Rivera, Leticia Number of Ticket(s) Pass(es) Ceremonial Rote □ Other □ Income (ast, First) Income (ast, First) Brown, Madison 1 Number of Ticket(s) Pass(es) Other □ Income (ast, Commonal Rote □ Other □ Income (include address and description) Income (ast, Commonal Rote □ Other □ Income (include address and description) Income (ast, Commonal Rote □ Other □ Income (include address and description) Income (ast, Commonal Rote □ Other □ Income (include address and description) Value Number of (include address and description) Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Value Name of Outside Organization (include address and description) Number of Ticket(s) Pass(es) Describe the public purpose ma	Event Description Alameda C	ounty Fair Provide Title/Exp				
Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Alameda County Supervisor Wilma Chan Officiars Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual. • Use Section B to identify one of the following: Pass(es) • Use Section C to identify an outside organization. • Use Section B to identify one of the following: Pass(es) B. Name of Individual (sec.First) Number of Ticket(sy Pass(es) Describe the public purpose made pursuant to the agency's policy Smith, Jarnaal Cedenc, Jonathan Rivera, Leticia 1 Ceremonial Rote □ Other □ Income if cedency Commond Rote or Chard-deacide balow. Income if cedency Commond Rote or Chard-deacide balow. Brown, Madison 1 1 To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County if cellsway Ceemonal Rote □ Other □ Income if cellsway Ceem	Ticket(s)/Pass(es) provided by	agency?	Yes□No[If no: Alame	eda County Fair	
of agency official? Officials Name (Lest, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of individual (text, First) Number of Ticket(s)/Pass(es) Identify one of the following: Smith, Jamaal Cedeno, Jonathan Rivera, Leticia 1 Ceremonial Role Other Other Headence at a County sponsored event or event held at a County facility in order to maximize potential County affective To Other describe back: Income Brown, Madison 1 Number of Commonia Role Other Other Section Back Income C. Name of Outside Organization (include address and description) Number of Describe the public purpose made pursuant to the agency's policy Pass(es) Income Virtual Address and description) 1 To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County facility in order to maximize potential County held at a County facility in order to maximize potential County facility in order to maximize potential County Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) C. Name of Outside Organization (include address and description) Number of Pass(-				
Becipients •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 policy A. Name of Agency, Department or Unit Number of Tracket(s)/ Pase(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (taxt Fuel) Number of Tracket(s)/ Pase(es) Identify one of the following: Smith, Jamaal 0.thereing Commonial Role (taxt Fuel) Other (taxt Fuel) Income (taxt Fuel) Smith, Jamaal 1 To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County facility facility in order to maximize potential County facility facility in order to maximize potential County facility in order to maximize potential County facility		t the behest	No 🗋 Yes 🛛	If yes: Alam	Official's Name	(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 organization. A. Name of Agency, Department or Unit Textet(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Section 2 to identify an outside or other of the following: Describe the public purpose made pursuant to the agency's policy Section 2 to identify agency and the identify agency agenc		<u>* * 8.</u>		*********************************	• # 21° # 3. 5. 5.	
A. Name of Agency, Department or Unit Number of Ticket(p)' Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Law, Fool) Number of Ticket(p)' Pass(es) Identify one of the following: B. Name of Individual (Law, Fool) Number of Ticket(p)' Pass(es) Identify one of the following: Smith, Jamaal Cedeno, Jonathan Rivera, Leticia 1 Ceremonial Role Other Income Brown, Madison 1 1 Ceremonial Role Other Income C. Name of Outside Organization (Include address and description) Number of Ticket(p)' Pass(es) Describe the public purpose made pursuant to the agency's policy C. Name of Outside Organization (Include address and description) Number of Ticket(p)' Pass(es) Describe the public purpose made pursuant to the agency's policy Yinfer-entere Include address and description) Number of Ticket(p)' Pass(es) Describe the public purpose made pursuant to the agency's policy Yinfer-entere Include address and description) Staffed that the distribution set forth above, is in accordance with the requirements. Sarah Oddie Supervisor's Assistant 07.31.201		's department o	runit∎ Use Sec	tion B to identify an individ	uai. • Use Section C to ide	entify an outside organization.
B. Name of Individual (tast field) Number of Ticket(s)/ Pass(es) Identify one of the following: Smith, Jamaal Cedeno, Jonathan Rivera, Leticia 1 Ceremonial Role Other Income if checking "Commonial Role" or "Other" describe below. Income if checking "Commonial Role" or "Other" describe below. Brown, Madison 1 1 Ceremonial Role Other Income if checking "Commonial Role" or "Other" describe below. Income if checking "Commonial Role" or "Other" describe below. Brown, Madison 1 1 Ceremonial Role Other Income if checking "Commonial Role" or "Other" describe below. Income C. Name of Outside Organization (include address and description) Number of Ticket(s)? Describe the public purpose made pursuant to the agency's policy Vi=utScreet 1 Number of Ticket(s)? Describe the public purpose made pursuant to the agency's policy Vi=utScreet 1 1 St 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.			Number of Ticket(s)/			
Smith, Jamaal 1 Ceremonial Role Other Income Smith, Jamaal 1 To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County Brown, Madison 1 Ceremonial Role Other Income Brown, Madison 1 Ceremonial Role Other Income If theoking "Ceremonial Role Other Income Income Brown, Madison 1 Ceremonial Role Other Income If theoking "Ceremonial Role Other Income Income If theoking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County C. Name of Outside Organization (include address and description) Describe the public purpose made pursuant to the agency's policy If the second registration (include address and description) Income Sarah Oddie Supervisor's Assistant O7.31.201	B. Name of Individual (Last, First)		Ticket(s)/		Identify one of the following:	
Cector ID, contained To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County Brown, Madison 1 1 Ceremonial Role Other 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 Image: Count of C				If checking "Ceremo	nial Role" or "Other" describe beiow	
Brown, Madison 1 If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County 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 Image: Second Secon				To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County re		
1 To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County 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 Image: Pass (es) Image: Pass(es) Image: Pass(es) Image: Pass(es) Image: Pass(es)	Brown, Madison			1		Income
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy I. Vinite intervention Image: Second sec			1	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev		
Image: Second start 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Image: Second start 07.31.201 Image: Second start 07.31.201			Ticket(s)/	Describe the pu	blic purpose made pursuant to the agency's policy	
Sarah Oddie Supervisor's Assistant O7.31.201						
Sarah Oddie Supervisor's Assistant 07.31.201	Valiation (
	1. is 18944.1 ar		d 18942. I have verified t hat the distribution se		set forth above, is in accordance with the requirements.	
Signature of agency need or Designee Print Name Title (Month, Day, Yea			Sarah Oddie			
	Signature of Agency Head or Designee		Print Nan	ne — —	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) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$5 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🕅 No 🗌 Event Description <u>Alameda</u> County Fair 09 17 06 , 16 17 07 Date(s) Provide Title/Explanation If no: Alameda County Fair Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ Pass(es) Lest Firsh Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Anderson, Carl Juan 15 To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County rev Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 15 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4 Marification

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

	Sarah Oddie	Supervisor's Assistant	07.31.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Name	Reason	# tickets
	SECTION B	
	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from	
Jamaal Smith	parking and concession sales	6
	To promote attendance at a County sponsored event or event held at a	
	County facility in order to maximize potential County revenue from	
Jonathan Cedeño	parking and concession sales	8
	To promote attendance at a County sponsored event or event held at a	
	County facility in order to maximize potential County revenue from	
Leticia Rivera	parking and concession sales	12

A Public Document

. A(gency Name				Date Stamp	California Q02
	ameda County					Form OUZ
	vision, Department, or Reg	ion (If Applicabl	e)		-	For Official Use Only
Bo	oard of Supervisors					
	signated Agency Contact	(Name, Title)	-			
Sa	arah Oddie				Amondment (Must	rovide explanation in Part 3.)
Ar	Area Code/Phone Number E-mail					
(5	10) 272-6693	sarah.oddie	@acgov.org		Date of Orlginal Filing: .	(Month, Day, Year)
. Fı	unction or Event Infor	mation		\$10		
	es the agenc <mark>y have</mark> a ticke		Yes 🗵 No	Face Value	of Each Ticket/Pass \$	ۍ ۱۵
Ev	ent Description Alameda	County Fair	Dianation	Date(s)	06 , 16 , 17	07 , 09 , 17
Tic	cket(s)/Pass(e <mark>s)</mark> provided b	,	Yes 🗌 No	If no: Alam	eda County Fair Name of So	urce
W:	as ticket distribution made a	at the behest	No 🗖 Vee	K Ifves, Alar	neda County Superviso	r Wilma Chan
	Was ticket distribution made at the behest No Yes If yes: Alarmed of agency official?			Official's Name (I	Last, First)	
	Recipients					
• L	Ise Section A to identify the agenc	y's department o		tion B to identify an indivi	dual. • Use Section C to iden	tify an outside organization.
A	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
В	Name of Individu	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
ĸ	ubo, Theresa			Ceremonial Role If checking "Cerem	e Other Donial Role" or "Other" describe below:	Income
	ran, Royce choch, Gerald		1		dance at a County spor facility in order to maxin	nsored event o <mark>r even</mark> t nize potential County rev
н	errera, Linda			Ceremonial Role If checking "Cerem	e Other D	Income
Н	arada, Carol		1		dance at a County spor facility in order to maxin	nsored event or event nize potential County rev
С	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy
_		<u></u>				
	erification	2				···· a' · · · · 6 · · · · ·
	erification	""^tions 18944.1 a	nd 18942. I have ve	erified that the distribution se	et forth above, is in accordance w	ilh the requirements.

Comment: _____

Name	Reason	# tickets
	SECTION B	
	To promote attendance at a County sponsored event or event held at a	
	County facility in order to maximize potential County revenue from	
Monica Venalzeal	parking and concession sales	
	To promote attendance at a County sponsored event or event held at a	
	County facility in order to maximize potential County revenue from	
Christine Chiovare	parking and concession sales	:
	To promote attendance at a County sponsored event or event held at a	
	County facility in order to maximize potential County revenue from	
Jenny Neuenschwander	parking and concession sales	
	To promote attendance at a County sponsored event or event held at a	
	County facility in order to maximize potential County revenue from	
Jesse I. Patine	parking and concession sales	
	To promote attendance at a County sponsored event or event held at a	
	County facility in order to maximize potential County revenue from	
Carl Juan Anderson	parking and concession sales	
	To promote attendance at a County sponsored event or event held at a	
	County facility in order to maximize potential County revenue from	
Irene Hagebusch	parking and concession sales	
	To promote attendance at a County sponsored event or event held at a	
	County facility in order to maximize potential County revenue from	
Sokhom Mao	parking and concession sales	
	To promote attendance at a County sponsored event or event held at a	
	County facility in order to maximize potential County revenue from	
Margie Rogers	parking and concession sales	

A Public Document

	• • • • • • • • • • • • • • • •	1 400	Distributions		A Public Document
1. Agency Name		Date Stamp	California 802		
Alameda County					Form UUL
Division, Department, or Regio	on (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (A	lame, T itle)		TO THE TRUE AND		
Sarah Oddie				Amendment (Must pr	uide evelopetion in Ded 2.)
Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
(510) 272-6693	sarah.oddie@aco	gov.org		Date of Original Filing: _	(Month, Day, Yea r)
2. Function or Event Inform	nation		45		
Does the agency have a ticket		No No	Face Value o	of Each Ticket/Pass \$	15
Event Description 2017 Alam	eda County Fair Provide Title/Explanation	n	Date(s)6	, 16 , 17	7 9 17
Ticket(s)/Pass(es) provided by	agen cy? Yes		If no: Alame	da County Fair Name of Sou	IfCe
Was ticket distribution made a	t the behest No	□ Yes	If yes: Chan	, Wilma	
of agency official?	110		<u> </u>	Official's Name (L	ast, First)
3. Recipients • Use Section A to identify the agency A. Name of Agency, Departme	Nu	 Use Sec umber of icket(s)/ 		ual. • Use Section C to ident	
		ass(es)			
General Services Agency		23	To promote attendance at a County sponsored event/facility maximize potential County revenue from parking and conces		
Assessor's Office		12	u		
B. Name of Individua (Last: First)	ti T	umber of Ticket(s)/ Pass(es)		Identify one of the followi	ng
			Ceremonial Role If checking "Ceremon	Other Other nial Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremo	Other D	Income
C. Name of Outside Organ (include address and des		lumber of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
				- T	7

4. Verification

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



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
Social Services Agency	3	To promote attendance at a County sponsored event/facility to maximize potential County revenue from parking and concession
Treasurer-Tax Collector's Office	13	17
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Cother C Income Income
		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
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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: _ briana.brown2@acgov.org (510)272-6695 (Month, Day, Year) 2. Function or Event Information 80 Face Value of Each Ticket/Pass \$ _____ Does the agency have a ticket policy? Yes 🛛 No 🗌 Date(s) ______ 16 ____17 _____/____ Event Description <u>A's Baseball</u> 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 🛛 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) county employee for new Service rehard BOS D.5 To 2Field or so encourage wall development public ച Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last, First Pass(es) Other 🗵 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: П Ceremonial Role Other 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) Varifiantion

11	ons 18944.1 and 18942. I have verified that the distribu Briana Brown	tion s et forth a bove, is in accorda nce with the rea	quirements.
1	Briana Brown	Supervisor's Assistant	June 10
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___

4.

A Public Document

Ce	eremonial Role Even	is and fici	kel/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Tealin
	Division, Department, or Regi	on (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510)272-6695	briana.browr	n2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	nation				90
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _			
	Event Description A's Baseb	all		Date(s)7	7 , 18 , 17	///////
		Provide Title/Expl	anation	Oakla	nd Athlatica	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oakla	Name of So	urce
	Was ticket distribution made a	it the heheet		Carso	on. Keith - Supervisor	District 5
	of agency official?		No 🗌 Yes	If yes:	on, Keith - Supervisor Official's Name (i	Last, First)
3	Recipients					
Υ.	Use Section A to identify the agence	y's department or	unit. • Use Sec	ction 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)		olic purpose made pursuant	
	BOS D.5		2Field	to reward count	the encourage	staff development
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	
	(Last. First)	****	Pass(es)			ing.
				Ceremonial Role If checking "Ceremon	Dther X nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)			Ceremonial Role If checking "Ceremo	Dther nial Role" or "Other" describe below:	Income
			Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
4.	Verification		d 18942. I have v Briana B		forth above, is in accordance w	7/14/17

	Diraita Diowit	Oupervisor 37 (SSIStant	
Signature of Agency measor is signee	Print Name	Title	(Month, Day, Year)

- - - --

A Public D	ocument
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	A A1						
1.	Agency Name		Date Stamp California 80				
	Alameda County	<u>.</u>				For Official Use Only	
	Division, Department, or Regi	ion (If Applicabl	e)				
	Board of Supervisors						
	Designated Agency Contact (Name, Tit le)		· · ·			
	Briana Brown						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510)272-6695	n2@acgov.or	rg	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	mation					
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	80			
	Event Description A's Baseba	all		Date(s)	7 / 🍻 / 17	//	
	Event Description	Provide Title/Exp	anation	Date(s)		//	
	Ticket(s)/Pass(es) provided by	v adency?	Yes 🗌 No	If no: Oakla	nd Athletics		
		, ageney.			Name of So		
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Cars	on, Keith - Supervisor	District 5	
	of agency official?				Official's Name (I	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, Department or Unit		Number of Ticket(s)/	Describe the pul	olic purpose made pursuant	to the agency's policy	
			Pass(es)				
	B. Name of Individua (Last, First)	alj	Number of Ticket(s)/ Bosciosi		Identify one of the follow	ing:	
	B. Name of Individua (Last, First)	al		Ceremonial Role			
	B. Name of Individua (Last, First) Jordan Mitchel	alj	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo			
	(Last, First)	al	Ticket(s)/	If checking "Ceremo To promote attend	Dether other nial Role" or "Other" describe below: ance at a County spor	Income	
	(Last, First)	al)	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend held at a County fa	Dether other nial Role" or "Other" describe below: ance at a County spor acility in order to maxin	Income C nsored event or event nize potential County rev	
	(Last, First)	al)	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend held at a County fa Ceremonial Role	Dether other nial Role" or "Other" describe below: ance at a County spor	Income C nsored event or event nize potential County rev	
	(Last, First)	a)	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend held at a County fa Ceremonial Role	Other	Income C nsored event or event nize potential County rev	
	Last, First) Jordan Mitchel C. Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2Field	If checking "Ceremo To promote attend held at a County fa Ceremonial Role If checking "Ceremo	Other	Income	
	(Last, First) Jordan Mitchel	nization	Ticket(s)/ Pass(es) 2Field	If checking "Ceremo To promote attend held at a County fa Ceremonial Role If checking "Ceremo	Other Control of the series below: ance at a County spor acility in order to maxim Other Other	Income	
	Jordan Mitchel C. Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2Field	If checking "Ceremo To promote attend held at a County fa Ceremonial Role If checking "Ceremo	Other Control of the series below: ance at a County spor acility in order to maxim Other Other	Income	
	Jordan Mitchel C. Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2Field	If checking "Ceremo To promote attend held at a County fa Ceremonial Role If checking "Ceremo	Other Control of the series below: ance at a County spor acility in order to maxim Other Other	Income	
4.	C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) 2Field Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend held at a County fa Ceremonial Role If checking "Ceremo Describe the pu	Other X nial Role" or "Other" describe below: ance at a County sport acility in order to maxin Other nial Role" or "Other" describe below: blic purpose made pursuant	Income	
4.	(Last, First) Jordan Mitchel C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) 2Field Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend held at a County fa Ceremonial Role If checking "Ceremo Describe the pu	Other Control of the series below: ance at a County spor acility in order to maxim Other Other	Income	

Cerer	nonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1. Age	ency Name			<u> </u>	Date Stamp	California 802
Alar	neda County					Politi
Divis	sion, Department, or Reg	ion (If Applicable	e)		-	For Official Use Only
Boa	rd of Supervisors					
Desi	gnated Agency Contact (Name, Tit le)			-	
Bria	na Brown					
Area	Code/Phone Number	E-mail			_	provide explanation in Part 3.)
510	2726695	briana.brow	n2@acgov.o	rg	Date of Original Filing	(Month, Day, Year)
2. Fur	ction or Event Infor	mation				
	s the agency have a ticke		Yes 🔀 No		of Each Ticket/Pass \$ _	
Ever	nt Description	Gee's charity Provide Title/Exp	softball gam	e Date(s) 7	1117	//
Tick	et(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	If no: Golde	n State Warriors	
TIOK		y agonoy.			Name of S	ource
	ticket distribution made a	at the behest	No 🗌 Yes	If yes:	Official's Name	(Last First)
OT a	agency official?		Officiars Name	(Last, Frist)		
	 Recipients Use Section A to identify the agency's department or A. Name of Agency, Department or Unit 		and a second second	tion B to identify an individ	ual • Use Section C to ide	ntify an outside organization,
Α.			Number of Ticket(s)/ Pass(es)	Describe the pul	e public purpose made pursuant to the agency's policy	
ВО	S D5.		2 To reward a County employee for his or her exemplary serv the public or to encourage staff development			
В.	Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
		······		Ceremonial Role	Other	Income
					nial Role" or "Other" describe below	:
				Ceremonial Role If checking "Ceremo	D Other nial Role" or "Other" describe below	Income
C.	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	ifination					

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

	Briana Brown	Supervisor's Assistant	
Signature of Agency Head a: Designee	Print Name	Title	(Month, Day, Year)
Comment:			FPPC Form 802 (4/12)
		FPPC Toll-Free Helpline: 866/A	SK-FPPC (866/275-7772)

Comment: _

			Kel/Fass	Distributions		A Public Documen
1. Ag	ency Name				Date Stamp	California 802
	ameda County					Form 002
Div	ision, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
Bo	ard of Supervisors					
Des	signated Agency Contact	(Name, Title)		······································		
Am	ny Shrago					
Are	a Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(51	0) 272-6695	amy.shrago	@acgov.org		Date of Original Filing	(Month, Day, Year)
2. Fu	nction or Event Infor	mation				100
Doe	es the agency have a ticke	t policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	120
Eve	ent Description	Provide Title/Exp	lanation	Date(s)7	/ 14 / 17	07 <u>15</u> 17
Tic	ket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors _{Name of S}	ource
	s ticket distribution made a agency official?	at the behest	No 🗌 Yes	If yes: Carso	on, Keith Official's Name	(Last, First)
	cipients re Section A to identify the agenc	y's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
Α.	Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	
BC	OS Dist 5		4		y employee for his or ourage staff developr	her exemplary service to nent.
BC	OS Dist 5		4		y employee for his or ourage staff developr	her exemplary service to nent.
В.	Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
				Ceremonial Role If checking "Ceremon	Other describe below:	Income
					Other D 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 pursuan	t to the agency's policy
. Ver	ification					
1		ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance w	ith the requirements.
-	_		Amy Shra	ago	Supervisor's Assistan	t 07/31/17
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)

-				Distributions		A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County Division, Department, or Regior	· //f Applicable				For Official Use Only
	-	I (II Applicable)	1			
	Board of Supervisors					
	Designated Agency Contact (Na	me, Title)				
	Amy Shrago					
	Area Code/Phone Number E	-mail		- <u> </u>	Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6695 a	my.shrago@	Dacgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	ation	_			(Monor, Day, rear)
	Does the agency have a ticket p	olicy?	Yes 🔲 No	Face Value o	of Each Ticket/Pass \$ _	400
		-				
	Event Description Lionel Richie	rovide Title/Expla	nation	Date(s)	<u>, 21 , 17</u>	//
	Ticket(s)/Pass(es) provided by a	denov2		If no. Golder	n State Warriors	
	nekel(3)/1 ass(es) provided by a	igency:	Yes 🗌 No		Name of So	DUICO
	Was ticket distribution made at t	he behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?				Official's Name	(Last, First)
	A. Name of Agency, Department		Ticket(s)/ Pass(es)	Describe the pub	lic 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	ing:
	<u> </u>		F 433(63)	Ceremonial Role	Other 🛛	
	Simpson, Michelle				al Role" or "Other" describe below:	
			4	To promote attenda held at a County fa	ance at a County spor cility in order to maxin	nsored event or event nize potential County rev
			4		Other describe below:	Income
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	to the agency's policy
4.	Verification					

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

	Amy Shrago	Supervisor's Assistant	07/ 3 1/ 17
algring in Agency Lean of Designee	Print Name	Title	(Month, Day, Year)
Comment:			
			FPPC Form 802 (4/12)

ī.

С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Henni
	Division, Department, or Region (If Applicable	э)		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Briana Brown				
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	5102726695 briana.brow	n2@acgov.o	rg	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$.	200
	Event Description Shawn Mendes Provide Title/Exp	lanation	Date(s)	<u>, 11 , 17</u>	///
	Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No	If no: Golde	n State Warriors	ource
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes:	Official's Name	(Last, First)
2	Recipients		<u>i</u>		
9.	Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	vina:
	(Lüst, First)	Pass(es)			
	Nakaso Kelly		Ceremonial Role If checking "Ceremor	Other international of the second sec	Income
		4	To promote attend held at a County fa	lance at a County spo cility in order to maxi	onsored event or event mize potential County rev
			Ceremonial Role If checking "Ceremor	Other Dial Role" or "Other" describe below	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
4.	Verification				
		d 18942. I have ve	rified that the distribution set f	forth above, is in accordance w	vith the requirements.
	H	Briana Br Print Nam		Supervisor's Assistar	nt(Month, Day, Year)
	Comment:				

A Public Document

-	A second blasses			-	Dete Ota-	Collifornia 0000
1.	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
	Division, Department, or Regi	on (If Applicable	э)			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must pro	
	(510)272-6695	briana.brow	n2@acgov.org	9	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 c	of Each Ticket/Pass \$	150
	Event Description	d and Fire		Dete(a) 07	<u>, 11 , 17 </u>	1 1
	Event Description	Provide Title/Exp	lanation	Date(s)	/	//
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No 🗵	a If no: Golder	n State Warriors	
					Name of Sour	
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🔀	If yes: Carso	on, Keith - Supervisor D Official's Name (La	ISTRICT 5
_						
3.	• Use Section A to identify the agency	re department or	unit a Lise Section	on B to identify an individ	ual Use Section C to identif	y an outside organization
			Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant t	o the agency's policy
						A
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followin	ig:
	(Last, First)		Pass(es)			
	Debra Richard				Other X nial Role" or "Other" describe below:	Income
	Debra Richard		4	-	ance at a County spons	sored event or event
						ize potential County rev
	<u> </u>			Ceremonial Role	Other	Income
				If checking "Ceremo	nial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organ (include address and des	scription)	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant t	to the agency's policy
			Pass(es)			
					·····	
_						
4.	Verification	S 1RQAA 1 a	nd 18942 J have ver	ified that the distribution set	forth above, is in accordance with	the requirements.
	1	3 1 0344 .1 dl				
			Briana Bro		Supervisor's Assistant	(Month, Day, Year)
	Signature of Agency mean or Designed	a	Print ivame	-	THE	(wonin, Day, redi)
	Comment:					
						FPPC Form 802 (4/12

С	eremonial Role Events	and Tick	et/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region	(If Applicable)				For Official Use Only
	Board of Supervisors				· · · ·	
	Designated Agency Contact (Nar	ne,Title)				
	Sarah Oddie					
		mail			Amendment (Must pr	ovide explanation in Part 3.)
		arah.oddie@	acrov ord		Date of Original Filing: .	AL
2	Function or Event Informa		juogov.org			(Month, Day, Year)
۷.					of Each Ticket/Pass \$	\$15
	Does the agency have a ticket po	-	Yes 🛛 No [
	Event Description Alameda Cou	ovide Title/Explai	nation	Date(s)	<u> </u>	07 , 09 , 17
				Alame	da County Fair	
	Ticket(s)/Pass(es) provided by a	gency?	Yes 🗌 No [Name of Sol	ırce
	Was ticket distribution made at th	ne behest	No 🗌 Yes [X If ves. Alam	eda County Superviso Official's Name (I	r Wilma Chan
	of agency official?				Official's Name (L	.ast, First)
			Pass(es)			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income
	Kubo, Theresa Shipman, Clare		1	-	nial Role" or "Other" describe below:	
	Martin, Helen				ance at a County facili evenue from parking ar	ty in order to maximize
			1	Ceremonial Role		Income
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	San Lorenzo Village Homes A 377 Paseo Grande, San Lorer		100		ance at a County facili evenue from parking ar	ty in order to maximize nd concession sales
	Homeowners association					

4. Verification

I have read and understand FPPC Regulations 189	44.1 and 18942. I have verified that the dist	ribution set forth above, is in accordance with the re	quirements.
fait 1	Sarah Oddie	Supervisor's Assistant	07.31.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: __

Name	Reason	# Address	Org description
		SECTION B	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Royce Tran	parking and concession sales	2	
	To reward a community volunteer		
Sylvia Stadmire	for his or her service to the public	2	
-	To reward a community volunteer		
Eric Murphy	for his or her service to the public	2	
	To reward a community volunteer		
Jason Cheng	for his or her service to the public	2	
	To reward a community volunteer		
Estelle Clemons	for his or her service to the public	2	
	To reward a community volunteer		
Mona Shah	for his or her service to the public	2	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Gerald Schoch	parking and concession sales	2	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Linda Herrera	parking and concession sales	2	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Monica Venalzeal	parking and concession sales	2	
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	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Nohemi Maciel	parking and concession sales	m	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Gina Rose	parking and concession sales	m	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
arl Juan Anderson	Carl Juan Anderson parking and concession sales	ß	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Margie Rogers	parking and concession sales	m	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Rick Choy	parking and concession sales	Ω.	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Joie Thach	parking and concession sales	3	

	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Loesja Howes	parking and concession sales	33	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
Meredith	potential County revenue from		
Houghtelling	parking and concession sales	3	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Mike Houghtelling	parking and concession sales	3	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Loranna Shoptaw	parking and concession sales	3	
	To reward a community volunteer		
Randy Wage	for his or her service to the public	3	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Dora Broron	parking and concession sales	3	
	To promote attendance at a County		
	sponsored event or event held at a		
	County facility in order to maximize		
	potential County revenue from		
Isaal Hernandez	parking and concession sales	33	

	To promote attendance at a County			
	sponsored event or event held at a			
	County facility in order to maximize			
	potential County revenue from			
Stacey Rose	parking and concession sales	3		
	To promote attendance at a County			
	sponsored event or event held at a			
	County facility in order to maximize			
	potential County revenue from			
Qiaoqing Zhang	parking and concession sales	3		
	To promote attendance at a County			
	sponsored event or event held at a			
	County facility in order to maximize			
	potential County revenue from			
Michelle Duherty	parking and concession sales	3		
	To promote attendance at a County			
	sponsored event or event held at a		-	
	County facility in order to maximize			
	potential County revenue from			
Lauaine Path	parking and concession sales	£		
	To promote attendance at a County			
	sponsored event or event held at a			
	County facility in order to maximize			
	potential County revenue from			
Flora Shelc	parking and concession sales	ε		
	To promote attendance at a County			
87	sponsored event or event held at a			
	County facility in order to maximize			
-	potential County revenue from			
Irene Hagebusch	parking and concession sales	4		

	To promote attendance at a County			
	concorrod avant or avant held at a			
	spolisored event of event field at a			
	county facility in order to maximize			
Dobert Colemal	potential county revenue nom	4		
	To promote attendance at a County	•		
	sponsored event or event held at a			
	County facility in order to maximize			
	potential County revenue from			
Shirley Deveno	parking and concession sales	4		
	To promote attendance at a County			
	sponsored event or event held at a			
	County facility in order to maximize			
	potential County revenue from			
Christine Chiovare	parking and concession sales	5		
	To promote attendance at a County			
	sponsored event or event held at a			
	County facility in order to maximize			
Jenny	potential County revenue from			
Neuenschwander	parking and concession sales	5		
	To promote attendance at a County			
	sponsored event or event held at a			
	County facility in order to maximize			
	potential County revenue from			
Jesse I. Patine	parking and concession sales	5		
	To promote attendance at a County			
	sponsored event or event held at a			
	County facility in order to maximize			
	potential County revenue from			
Sokhom Mao	parking and concession sales	9		
			SECTION C	
	To reward a school or nonprofit			
Girls Inc. of the	organization for its contributions to		1724 Santa Clara Ave.,	
Island City	the community	30	30 Alameda, CA 94501	Safe and healthy programming for young girls

401 Marina Blvd, San 30 Leandro, CA 94577	Safe and healthy programming for youth
	Safe and healthy programming for youth
1835 Alcatraz Ave,	Affordable housing developers/property
10 Berkeley, CA 94703	managers
977 66th Ave, Oakland,	
30 CA 94621	Skilled trade apprenticeship program
1900 3rd St, Alameda, CA	
30 94501	Safe and healthy programming for youth

Name	Reason	# tickets
	SECTION B	
	To promote attendance at a County sponsored event or event held at a County facility in order to	
Clare Shipman	maximize potential County revenue from parking and concession sales	7
	To promote attendance at a County sponsored event or event held at a County facility in order to	
Jamaal Smith	maximize potential County revenue from parking and concession sales	2
	To promote attendance at a County sponsored event or event held at a County facility in order to	
Danya Guo	maximize potential County revenue from parking and concession sales	2
	To promote attendance at a County sponsored event or event held at a County facility in order to	
Affton Maryland	maximize potential County revenue from parking and concession sales	2
	To promote attendance at a County sponsored event or event held at a County facility in order to	
Abby Wu	maximize potential County revenue from parking and concession sales	2
	To promote attendance at a County sponsored event or event held at a County facility in order to	
Theresa Kubo	maximize potential County revenue from parking and concession sales	4
	To promote attendance at a County sponsored event or event held at a County facility in order to	
Carl Juan Anderson	maximize potential County revenue from parking and concession sales	4
	To promote attendance at a County sponsored event or event held at a County facility in order to	
Leticia Rivera	maximize potential County revenue from parking and concession sales	4
	To promote attendance at a County sponsored event or event held at a County facility in order to	
Madison Brown	maximize potential County revenue from parking and concession sales	4
	To promote attendance at a County sponsored event or event held at a County facility in order to	
Jonathan Cedeño	maximize potential County revenue from parking and concession sales	5