_						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUL
	Division, Department, or Regi	on (If Applicable	e)]	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					eravida avalancián in Part 2 \
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				205 55 ticket/25 perts
	Does the agency have a ticke	t policy?	Yes 🛛 No [Face Value of	of Each Ticket/Pass \$ _	305.55 ticket/35 park
	Event Description Football ga	ame		Date(s)	3 <u>19 17</u>	/
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗍 No [If no: Oaklai	nd Raiders Name of So	
	Mos ticket distribution made a	t the behast	N	If yes: Chan		00,00
	Was ticket distribution made a of agency official?		No 🗋 Yes	If yes: chan	Official's Name	(Last, First)
2	Recipients					an ann an
э.	Use Section A to identify the agency	y's department or	r unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
	· · · · · · · · · · · · · · · · · · ·		Pass(es)			
	B. Name of Individua (Last. First)	ał	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			1 000(00)	Ceremonial Role	Other	
	Taylor, Debbie		3+1park		nial Role" or "Other" describe below:	
			0. Ipark		ance at a(n) event l potential County reve	held at a County facility in nue
				Ceremonial Role	Other	
			3+1park		nial Role" or "Other" describe below.	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
-					_ 5, 59 ~~ 6 9	tuu utaa oo saa aha a
4.	Verification	tions 18944.1 an	nd 18942. I have ve	rified that the distribution set i	forth above, is in accordance w	vith the requirements.
			Sarah Oo	die	Supervisor's Assistar	nt 08.31.2017
			Print Nam		Title	(Month, Day, Year)
	Comment:					EBBO Farma 882 (4/42

1	Agency Name			Construction of the second sec		
	Agency Name				Date Stamp	California 802
	Alameda County					Form OOL
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Board of Supervisors				1	
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		aa_		
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	305.55 ticket/35 park
	Event Description Football g	ame		Date(s)	8 , 31 , 17	
		Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oakla	nd Raiders Name of So	
	Mos tisket distribution mode	at the behast		- Char		ource
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Char	Official's Name	(Last, First)
2	Recipients			್ರವ ಭವು ಕರ್ಷನ 8	्रावे १४ ४ - २ व्य	।।76 ৳ ব্যরণে∫ ট ব টা দেশৰ এ জু
Ο.	Use Section A to identify the agence	sy's department o	or unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
	<u>.</u>					
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		e teter t		Ceremonial Role	Other	Income
	Elliott, Laura		3+1park	-	nial Role" or "Other" describe below:	
					ance at a(n) event i potential County reve	held at a County facility in nue
				Ceremonial Role	Other	Income
			3+1park	If checking "Ceremoi	nial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	It to the agency's policy
			Pass(es)			
4.	Verification				s () () () () () ()	Stand & St. &
	I ha T	1944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.
			Sarah Oo	ddie	Supervisor's Assistar	nt 08.31.2017
	Signature of Agency Head or Designed	e	Print Nam	10	Title	(Month, Day, Year)

		. 620 o 620 o			0 4 -64 <u>-127</u>	the state of the s
١.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail	······		Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month. Day. Year)
2.	Function or Event Inform	mation	<u>ತೆ ಮನೆಕ ಕಟ್ಟಿಗಳು ಕಾರ್ಣಕ</u>		• বুন্ধ চাইবেৰি বা বুন্ধ	22
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	33
	Event Description Baseball g	ame			3 , 01 , 17	//
		Provide Title/Exp	planation	Date(s)		///
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oakla	nd A's	
	NAT				Name of So	ource
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Char), VVIIMa Official's Name (i	Last. First)
-	Recipients			TER LEAST IN HER MANNER	1 9759 (1919) (191 5) (1917) (1917) (1917) (1917)	
).	• Use Section A to identify the agency	y'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 pursuant	
	Y Cano or regency, Separate		Ticket(s)/ Pass(es)	Describe the pu	one purpose made pursuam	t to the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	B. Name of Individua (Last, First) Cheng, Jason	81	Ticket(s)/			Income
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comm public Ceremonial Role	Dether describe below:	Income
	(Last, First)	ization	Ticket(s)/ Pass(es) 2	If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo	Other Other other* describe below: unity volunteer for his Other Other	Income
	(Last, First) Cheng, Jason	ization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo	Other inial Role" or "Other" describe below: nunity volunteer for his Other Other nial Role" or "Other" describe below:	Income
	(Last, First) Cheng, Jason C. Name of Outside Organ (include address and des	ization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo Describe the pu	Other inial Role" or "Other" describe below: nunity volunteer for his Other Other nial Role" or "Other" describe below:	Income
	(Last, First) Cheng, Jason C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the public	Other inial Role" or "Other" describe below: nunity volunteer for his Other Other nial Role" or "Other" describe below:	Income
	(Last, First) Cheng, Jason C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo Describe the pul	Conter C	Income
	(Last, First) Cheng, Jason C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo Describe the pul	Conter C	Income

1	Agency Name	and the second distance of the second distanc	10 1 2 2 - A		Data Stamp	California 000
	Alameda County				Date Stamp	Form 802
	Division, Department, or Regio	on (If Applicab	le)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (A	lame, Title)			-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation	ىرىدىرى بىيە بىرىمىڭ ئۇ تېسىمىشىرىكى <u>ئەر</u>			
	Does the agency have a ticket	policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	33
	Event Description Baseball ga	ame		Date(s) 08	3 08 17	
		Provide Title/Exp	planation	Date(3)		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 🛛 No	If no: Oakla	nd A's Name of Sou	
						rce
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Chan	Official's Name (La	ast, First)
2		⇒32				
J.	• Use Section A to identify the agency'	's department o	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departmen		Number of			
	The mane of Agency, Department		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant t	to the agency's policy
	D Name of Individual	0	Number of			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income
	Kavasch, Kent		2		nial Role" or "Other" describe below:	
					anceevent held at a C potential County revenu	
					Other D	
					nial Role" or "Other" describe below:	income _
			2			
						
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/	Describe the put	olic purpose made pursuant f	to the agency's policy
			Pass(es)			
-		e s She.		d		<u>றாறைக்கு (பில் கிரத்த</u>
4.	V Th ula	ations 18944.1 ค	nd 18942. I have ve	arified that the distribution set	orth above, is in accordance with	the requirements
			Sarah Oo			
	Jugnature of Agency Head or Designee		Print Nam	·	Supervisor's Assistant	08.31.2017 (Month, Day, Year)
1	· · · · · ·					(monut, Day, Ital)
	Comment:					

Comment: _

A Public Document

1.	Agency Name			<u>ার বার দি হার্মনালর</u>	Date Stamp	California QOO
	Alameda County					Form 802
	Division, Department, or Reg	ion (If Applicabl	e)		•	For Official Use Only
		. ,,				
	Board of Supervisors Designated Agency Contact	(Name Title)		· · · · · · · · · · · · · · · · · · ·		
		Name, nuej				
	Sarah Oddie				Amendment (Must pi	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	~			
_	(510) 272-6693	-	@acgov.org	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor					33
	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	
	Event Description Baseball g	lame		Date(s)	<u>, 10 , 17</u>	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklar	Name of Sou	
	Was ticket distribution made a	at the behast		If yes: Chan		108
	of agency official?	at the beliest	No 🗌 Yes	IX If yes: Onan	Official's Name (L	.ast, First)
2	Recipients					
0.	Use Section A to identify the agency	y's department or	·unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	P Manua of Individu		Number of			
	B. Name of Individua (Last, First)	aj	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other	Income
	Park, Lina		2		ial Role" or "Other" describe below:	
					anceevent held at a ootential County reven	
			-		Other	
					ial Role" or "Other" describe below:	
			2			
	A News of Outside Original	1	Number of			
	C. Name of Outside Orgar (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
-		to the		८००म ∈ेव्यः		
4.	Verification					

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

Sarah OddieSupervisor's Assistant08.31.2017Print NameTitle(Month, Day, Year)

-					9 위에 쓴 전 현문 도구 같이 문	the second se
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicabl	le)]	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Sarah Oddie					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month. Day. Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	33
	Event Description Baseball g	ame		Deta(a) 0	8 , 11 , 17	//
		Provide Title/Exp	planation	Date(s)	/	······································
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	IX If no: Oakla	nd A's	
					Name of So	Durce
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Char	n, Wilma Official's Name	(1
_	of agency official?	·····································	N 0 0125543 231	ತಿಥಿನ ಮು. ಶ. ನೆ. ನಿರ್ದರ್ಶ್ (ಮ್. ಆ	Official's Name	(Last, Hirst)
3.						
	Use Section A to identify the agency	/'s department or	r unit. • Use Sec Number of	ction B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	R Name of Individua	1	Number of			
	B. Name of Individua (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	B. Name of Individua (Last, First) Ardios, Hannah	81	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo		
	(Last_First)	21	Ticket(s)/	lf checking "Ceremo To promote attend	Other Other Conter Con	Income
	(Last_First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize	Other Other Conter Con	Income E
	(Last_First)	21	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role	Other Other Conter Con	Income County
	(Last_First)	ization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other Other Conternation Other Othe	Income County nueconcession sales Income
	(Last, First) Ardios, Hannah C. Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 2 Number of	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other Content of the	Income County nueconcession sales Income
A	(Last, First) Ardios, Hannah C. Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other Content of the	Income County nueconcession sales Income
4.	(Last, First) Ardios, Hannah C. Name of Outside Organ	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other Content of the	Income County nueconcession sales Income C
\$.	(Last, First) Ardios, Hannah C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other inial Role" or "Other" describe below: anceevent held at a potential County rever Other nial Role" or "Other" describe below: blic purpose made pursuan	Income County nueconcession sales Income County to the agency's policy

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation	a a constant a sector a sect		deat - or	<u>, A.C. =618 C, na 013 C(D.C. (r.s.</u>)
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	33
	Event Description Baseball g	Jame		Date(s) 08	3, 12, 17	//
		Provide Title/Exp	planation			/
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oakla	nd A's Name of So	
	Mag ticket distribution mode	tthe behad	_	— Char		ource
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Char	Official's Name	(Last, First)
2	Recipients	K-10			0	
э.	Use Section A to identify the agence	y's department o	runit. ●Use Sec	ction B to identify an individ	ual. • Use Section C to ider	ntifv an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		olic purpose made pursuan	· · · · · · · · · · · · · · · · · · ·
	R Name of Individu	al	Number of			
	B. Name of Individue (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	B. Name of Individue (Last. First) Amperosa, Robin	al	Ticket(s)/ Pass(es)		Other other other describe below:	Income
	(Last First)	al	Ticket(s)/	If checking "Ceremon To promote attend	Other D nial Role" or "Other" describe below: anceevent held at a	Income
	(Last First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend facilitymaximize Ceremonial Role	Other D nial Role" or "Other" describe below: anceevent held at a	Income County nueconcession sales
	(Last First)	nization	Ticket(s)/ Pass(es) 2	If checking "Ceremon To promote attend facilitymaximize Ceremonial Role If checking "Ceremon	Other Other Conternation Other Othe	Income County nueconcession sales Income
	(Last First) Amperosa, Robin	nization	Ticket(s)/ Pass(es) 2 2 2 2 2 2	If checking "Ceremon To promote attend facilitymaximize Ceremonial Role If checking "Ceremon	Other Other Other Conternation Other Othe	Income County nueconcession sales Income
	(Last First) Amperosa, Robin	nization	Ticket(s)/ Pass(es) 2 2 2 2 2 2	If checking "Ceremon To promote attend facilitymaximize Ceremonial Role If checking "Ceremon	Other Other Other Conternation Other Othe	Income County nueconcession sales Income
4.	(Last First) Amperosa, Robin	nization scription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend facilitymaximize Ceremonial Role If checking "Ceremon Describe the put	Other Other Other Conternation Other Othe	Income County nueconcession sales Income C
1.	(Last First) Amperosa, Robin C. Name of Outside Organ (Include address and des	nization scription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend facilitymaximize Ceremonial Role If checking "Ceremon Describe the put	Other Other Content and County revent Other Oth	Income County nueconcession sales Income Income

						A REAL PROPERTY AND A REAL
1.	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)			1	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor			- 18 (O)# W		
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ -	90
	Event Description Baseball g	lame			3 , 12 , 17	//////
	Event Description	Provide Title/Exp	planation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	If no: Oakla	nd A's	
					Name of S	lource
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Char	n, Wilma	1 · · · · ·
-	of agency official?		(192) (1920)		Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department of	r unit.	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuar	nt to the agency's policy
	S. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	wing:
	B. Name of Individua (Last, First)	al		Ceremonial Role	Identify one of the follow	
	B. Name of Individua (Last, First) Wong, Vivien	al	Ticket(s)/ Pass(es)			Income
	(Last, First)	al	Ticket(s)/	If checking "Ceremo	Other	Income
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comm public	Other D nial Role" or "Other" describe below. nunity volunteer for his	Income E s or her service to the
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Cerema To reward a comm public Ceremonial Role	Other D nial Role" or "Other" describe below nunity volunteer for his	Income Sor her service to the
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Cerema To reward a comm public Ceremonial Role	Other	Income C s or her service to the Income C
	(Last, First)	lization	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo	Other	Income [s or her service to the Income [
	(Last, First) Wong, Vivien	lization	Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/	If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo	Other inal Role" or "Other" describe below nunity volunteer for his Other Other nial Role" or "Other" describe below	Income [s or her service to the Income [
	(Last, First) Wong, Vivien	lization	Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/	If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo	Other inal Role" or "Other" describe below nunity volunteer for his Other Other nial Role" or "Other" describe below	Income [s or her service to the Income [
	(Last, First) Wong, Vivien	Nzation scription)	Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo Describe the pu	Other inal Role" or "Other" describe below. nunity volunteer for his Other Other nial Role" or "Other" describe below. blic purpose made pursuar	Income [s or her service to the Income [
.	(Last, First) Wong, Vivien C. Name of Outside Organ (include address and des	Nzation scription)	Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comm public Ceremonial Role If checking "Ceremo Describe the pu	Other inal Role" or "Other" describe below nunity volunteer for his Other Other nial Role" or "Other" describe below	Income

A Public Document	Α	Pu	bli	ic	Do	C	u	m	e	n	t
-------------------	---	----	-----	----	----	---	---	---	---	---	---

Agency Name				Date Stamp	California 802
Alameda County					A - BUAK
Division, Department, or Reg	on (If Applicabl	e)		-	For Official Use Only
Board of Supervisors					
	Name, Title)			-	
Sarah Oddie					
	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
		Macqov org		Date of Original Filing: _	
		Guogonorg	0 6 6 6 6		(Month, Day, Year)
		Vee 🔽 - Ne	🗖 🛛 Eace Value c	of Each Ticket/Pass \$	33
Event Description Baseball g	Provide Title/Evr	Japation	Date(s)	3 <u>13 17</u>	//
-			Oaklar	nd A's	
licket(s)/Pass(es) provided b	y agency?	Yes 🗌 🛛 No		Name of Sou	rce
Was ticket distribution made a	t the behest		🛛 Ifvos Chan	i, Wilma	
of agency official?			23 Il yes	Official's Name (L	ast, First)
Recipients		<u>)</u>		9:58 89(0008)); 5-55	
•	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
B. Name of Individua (Lest First)	al	Number of Ticket(s)/ Pass(ce)		Identify one of the following	ng:
		Fass(es)	Ceremonial Role	Other D	Income
Shepherd, Silvia					
		2			
					ueconcession sales
		2			Income
		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	Agency Name Alameda County Division, Department, or Reginstread Agency Contact (Board of Supervisors Designated Agency Contact (Sarah Oddie Area Code/Phone Number (510) 272-6693 Function or Event Information Does the agency have a ticked Event Description Baseball gency official? Was ticket distribution made as of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Department B. Name of Individual (Last, First) Shepherd, Silvia	Agency Name Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number E-mail (510) 272-6693 Ermail Function or Event Information Does the agency have a ticket policy? Event Description Baseball game Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last. First) Shepherd, Silvia	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 Function or Event Information Does the agency have a ticket policy? Yes ⊠ No Event Description Baseball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. B. Name of Agency, Department or Unit Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency is department or unit. Pass(es) Shepherd, Silvia 2 C. Name of Outside Organization Number of Ticket(s)/ Pass(es)	Alameda County Division, Department, or Region (if Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number Function or Event Information Does the agency have a ticket policy? Yes X No Function or Event Information Does the agency have a ticket policy? Yes X Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes X Was ticket distribution made at the behest of agency official? No Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individ A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the put B. Name of Individual (Last Firel) Number of Ticket(s)/ Pass(es) Ceremonial Role (I doeking "Ceremonial Role (I doeking "Ce	Agency Name Date Stamp Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must pr) Area Code/Phone Number E-mail Sarah Oddie Date of Original Filing: - Function or Event Information Date of Original Filing: - Does the agency have a ticket policy? Yes X No Function or Event Information Date(s) Does the agency have a ticket policy? Yes X No Function or Event Information Date(s) Does the agency have a ticket policy? Yes X No Function or Event Information Date(s) Revent Description Baseball game Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes No X If no: Oakland A's of agency official? No X Aume of Agency, Department or unit • Use Section B to identify an individual. • Use Section C to i

Sarah Oddie Supervisor's Assistant 08.31.2017 Print Name Title Signature of Agency mead of Designee (Month, Day, Year)

Comment: _

1. Agency Name	ංකුළ ප <u>හෙත</u> ප පත්ත ප	a dayt y 76 yw ciw tany ny maala a ny gt	<u>. 100 (0.00</u> es al gr	Date Stamp	California 802
Alameda County					Form OUZ
Division, Departme	nt, or Region (If Applicab	le)		1	For Official Use Only
Board of Supervise					
Designated Agency	Contact (Name, Title)			-	
Sarah Oddie					provide explanation in Part 3.)
Area Code/Phone N					-
(510) 272-6693		e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Eve					33
Does the agency ha		Yes 🛛 No		of Each Ticket/Pass \$ _	
Event Description	Baseball game Provide Title/Ex		Date(s)	8 , 14 , 17	//
			Oakla	and A's	
licket(s)/Pass(es) p	provided by agency?	Yes 🗌 No	If no: Oakla	Name of Sc	burce
Was ticket distributi	on made at the behest	No 🗌 Yes	If yes: Char	n, Wilma	
of agency official?				Official's Name ((Last, First)
3. Recipients			, , ,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>A tuð mann þæsen í A</u> <u>i B</u>	\$ ⇔ संध <u>अ</u> , "∜5, 0 × ≥करत का
 Use Section A to identi 	fy the agency's department o		ction B to identify an individ	lual. • Use Section C to iden	tify an outside organization.
A. Name of Agence	y, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy
	· · · · · · · · · · · · · · · · · · ·	Pass(es)			· · · · · · · · · · · · · · · · · · ·
	of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
			Ceremonial Role	Other	
			If checking "Ceremo	onial Role" or "Other" describe below:	
· · · · · · · · · · · · · · · · · · ·			Ceremonial Role	Other	
				nial Role" or "Other" describe below:	
· · · · · · · · · · · · · · · · · · ·		Number of			
	itside Organization ess and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
San Leandro Cha	mber of Commerce,		To promote attend	lanceevent held at a	County
	, San Leandro, CA	2		potential County rever	
San Leandro's lea	ding business				
	connects businesses		0.01		
4. Verification		2 (3 /8/2 (2 +67 g)	<u>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 </u>	<u>, a s.i</u> e	a (5 10 6)
I^{\bullet}	ons 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	ith the requirements.
-	<u> </u>	Sarah O	ddie	Supervisor's Assistan	t 08.31.2017
Signature of Agency He	ad or Designee	Print Narr	7 0	Title	(Month, Day, Year)
Comment:					
					FPPC Form 802 (4/12)
				FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-7772)

	Agency Name	<u> </u>		P 9		0.11
1.					Date Stamp	California Form 802
	Alameda County Division, Department, or Region ((If Applicable))		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nam	e. Title)			-	
	Sarah Oddie	,,				
		nail			Amendment (Must p	rovide explanation in Part 3.)
			@acgov.org		Date of Original Filing:	
2	Function or Event Informat		guogov.org			(Month, Day, Year)
-	Does the agency have a ticket pol		Yes 🛛 No	Eace Value	of Each Ticket/Pass \$	80 ticket/20 park
		•				
	Event Description Baseball game	vide Title/Expla	anation	Date(s)	8 , 14 , 17	///
		_		If no: Oakla	and A's	
	Ticket(s)/Pass(es) provided by ag	ency?	Yes 🗌 No		Name of So	urce
	Was ticket distribution made at the	e behest	No 🗌 Yes	If yes: Chai	n, Wilma	
	of agency official?			,	Official's Name (I	Last, First)
3.	Recipients		ليدر (مداد المك ^ر ة - ح	<u> </u>		3626 <u>2012 6. 4. 80</u> . ¥ 10 , 11
	• Use Section A to identify the agency's de	epartment or u		tion B to identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or	r Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
			1			
			Number of			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	B. Name of Individual (Last. First)		Ticket(s)/	Ceremonial Role If checking "Ceremo	Identify one of the follow	ing: Income
	B. Name of Individual (Last. First)		Ticket(s)/	If checking "Ceremo Ceremonial Role	Other	
	B. Name of Individual (Lost, First) C. Name of Outside Organization (include address and descript		Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below: Other Other	Income
	(Lest, First)	tion) e Law	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Other nnial Role" or "Other" describe below: Other Other onial Role" or "Other" describe below: blic purpose made pursuant	Income

Comment: -

A Public Document

1.	Agency Name			6 F 6 *4 608 665 65 6 65	Date Stamp	California 000	
	Alameda County					Form 802	
	Division, Department, or Reg	ion (If Applicabl	e)		4	For Official Use Only	
		(~,				
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Sarah Oddie				Amendment (Must p		
	Area Code/Phone Number	E-mail			· · ·		
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation			530 M 6 196 5 5 5 6 6 6 19 8 8 8		
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$	33			
	Event Description Baseball game Date(s) 08				3 , 15 , 17	////	
					//	//	
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Oaklan				nd A's		
		,			Name of Sol	urce	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	n, Wilma		
	of agency official?				Official's Name (Last, First)		
3.	• Use Section A to identify the agence		ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individu	al	Number of				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	Svedensen, Sabrina		2	To promote attenda	ial Role" or "Other" describe below: ance…event held at a (
					ootential County reven		
			2		Other D	income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	08.31.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

Alameda County Form O Division, Department, or Region (If Applicable) For Official Use C Board of Supervisors For Official Use C Designated Agency Contact (Name, Title) Image: Contact (Name, Title) Sarah Oddie Image: Contact (Name, Title) Date of Original Filing: (Month, Day, Year) Description or Event Information Date of Original Filing: Does the agency have a ticket policy? Yes Image: No Image: Contact (Name of Source) Event Description Baseball game Date(s) Provide Title/Explanation If no: Oakland A's Name of Source No Image: Yes Image: Chan, Wilma of agency official? Official? A. Name of Agency, Department or unit Use Section B to identify an individual. • Use Section C to identify an outside organizati A. Name of Agency, Department or Unit Number of Ticket(e) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, Fing) Ceremonial Role (- Other Image: Ch	1	Agency Name		A-607-028 F (0	the second s	Data Otama		
Privation Department, or Region (// Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number Email sarah. Oddie Area Code/Phone Number Email sarah. Oddie Area Code/Phone Number Email sarah. Oddie@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes ID No ID Face Value of Each Ticket/Pass \$ Event Description Baseball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ID No ID If no: Oakland A's Mamber of agency official? Official? Name of Source Was ticket distribution made at the behest No ID Yes Socion A to Identify the agency's department or unit. • 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. • Use Section B to Identify one of the following: • Use Sectin A to Identify the agency's department or unit.						Date Stamp		
Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number Farea Code/Phone Number Sarah Oddie Area Code/Phone Number Sarah Oddie Area Code/Phone Number Sarah Oddie Area Code/Phone Number Sarah Oddie@acgov.org Churction or Event Information Does the agency have a ticket policy? Yes X Event Description Baseball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's Vas ticket distribution made at the behest No Yes Section A to Identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organizati • Use Section A to Identify the agency's department or unit. • Use Section B to identify one of the following: Pass(es) Pass(es) Other I with or of Ticket(s) Recipients Identify one of the following: Identify one of the following: • Use Section A to Identify the agency's policy Pass(es) Identify one of the following: B. </th <th></th> <th></th> <th>on (If Applicabl</th> <th>-</th> <th>For Official Use Only</th>			on (If Applicabl	-	For Official Use Only			
Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 sarah.oddie@acgov.org Date of Original Filing: (Month, Day, Year) Does the agency have a ticket policy? Yes X Event Description Baseball game Pravde Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes X Was ticket distribution made at the behest No Yes X if yes: Chan, Wilma 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 organizati A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other is dealed below: Incertify an outside organizati Mendieta, Rene 2 Ceremonial Role Other is dealed below: Incertify active polecy is not the following: 2 2 Ceremonial Role Other is dealed below: Incertify aclify is conthy revenueconcession satisfy active gar								
Sarah Oddie		•	Name. Title)			-		
Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Event Description Baseball game Provide Title/Explanation Face Value of Each Ticket/Pass \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
(510) 272-6693 sarah.oddie@acgov.org Date of Original Filing:(Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Event Description Baseball game Provide TitleExplanation Face Value of Each Ticket/Pass \$			E-mail			Amendment (Must p	provide explanation in Part 3.)	
2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$				@acgov.org		Date of Original Filing:	(Month Day Yoar)	
Event Description Baseball game Date(s) 08 25 17 Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's Was ticket distribution made at the behest of agency official? No Yes If no: Oakland A's Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma Official's Name of Source If yes: Chan, Wilma Official's Name (Lest, 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 • Use Section A to identify the agency's department or unit. • Use Section B to identify an outside organization • Use Section C to identify an outside organization • Use Section A to identify the agency's generation of Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, Find) Number of Ticket(s) Identify one of the following: Inc Mendieta, Rene 2 Ceremonial Role Other Inc Inc 1// checking "Ceremonial Role" or "Other" describe below: Inc Inc Inc Inc	2.	Function or Event Inform	and the second se				(Mohin, Day, Teal)	
Event Description Baseball game Date(s) 08 25 17		Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	33			
Provide Interceptation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma Official? 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, Free) Number of Ticket(s)/ Pass(es) Identify one of the following: Mendieta, Rene 2 Ceremonial Role Other Other describe below: Inc 1 to percontral Role Other Other Inc Inc 2 Ceremonial Role Other Inc Inc 1 to hecking "Caremonial Role Other Inc Inc If checking "Caremonial Role" or "Other" describe below: 2 Ceremonial Role Inc Other Inc Inc 1 to hecking "Caremonial Role Inc Inc If checking "Caremonial Role" or "Other" describe below:		Event Description Baseball g	ame	8,25,17	1 1			
Was ticket distribution made at the behest of agency official? No Yes X If yes: Chan, Wilma Official's Name (Last, First) 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, Finst) Number of Ticket(s)/ Pass(es) Identify one of the following: Mendieta, Rene 2 Ceremonial Role of Other of the collowing: 2 Ceremonial Role or Other describe below: Inc 2 Ceremonial Role or Other describe below: Inc 2 If checking "Ceremonial Role or Other describe below: Inc 2 If checking "Ceremonial Role or "Other" describe below: Inc 2 Ceremonial Role or "Other" describe below: Inc 2 If checking "Ceremonial Role" or "Other" describe below: Inc 2 If checking "Ceremonial Role" or "Other" describe below: Inc			Provide Title/Exp		//			
Was ticket distribution made at the behest of agency official? No Yes X If yes: Chan, Wilma 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 • Use Section B to identify an individual. • Use Section C to identify an outside organization Ticket(s)' B. Name of Individual (Last, Final) Number of Ticket(s)' Describe the public purpose made pursuant to the agency's policy Pass(es) Mendieta, Rene 2 Ceremonial Role Other Inc If checking "Ceremonial Role" or "Other" describe below: To promote attendanceeven theld at a County facilitymaximize potential County revenueconcession set If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other Inc 2 Ceremonial Role" or "Other" describe below: Inc 2 If checking "Ceremonial Role" or "Other" describe below: Inc	C	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oakla	nd A's		
Of agency 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, Fina) Number of Ticket(s)/ Pass(es) Identify one of the following: Mendieta, Rene 2 Ceremonial Role Other Other describe below: To promote attendanceevent held at a County facilitymaximize potential County revenueconcession second If checking "Ceremonial Role" or "Other" describe below: 2 Ceremonial Role Other Other Other Other Other" describe below: 2 Ceremonial Role Other Other" describe below: 3. Recipiental Role Outside Organization Number of Ticket(s)/ 2 Other Other Other Other	,	Was ticket distribution made at the bebest N D X ST				urce		
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, Fince) Number of Ticket(s)/ Pass(es) Identify one of the following: Mendieta, Rene 2 Ceremonial Role Other Other describe below: Inc 2 If checking "Ceremonial Role" or "Other" describe below: Inc 2 Ceremonial Role Other Other Describe below: Inc 2 If checking "Ceremonial Role" or "Other" describe below: Inc			t the benest	No 🗋 Yes	If yes: Other	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 Number of Tricket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, Firal) Number of Tricket(s)/ Pass(es) Identify one of the following: Last, Firal) Mendieta, Rene 2 Ceremonial Role Other Identify a County facilitymaximize potential County revenueconcession set If the cking "Ceremonial Role" or "Other" describe below: Ceremonial Role Ceremoni	3	Recipients			24. : 537 Ø		nd and a south of the second sec	
Mame of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Mendieta, Rene 2 Ceremonial Role Other Intermonial Role" or "Other" describe below: To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sate If checking "Ceremonial Role Other Intermonial Role" or "Other" describe below: Q Ceremonial Role Other Intermonial Role" or "Other" describe below: To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sate If checking "Ceremonial Role" or "Other" describe below: Q If checking "Ceremonial Role" or "Other" describe below: C. Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		•				ual. • Use Section C to iden	tify an outside organization.	
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Mendieta, Rene 2 Ceremonial Role □ Other □ Inco If checking "Ceremonial Role" or "Other" describe below: Inco If checking "Ceremonial Role" or "Other" describe below: 2 2 Ceremonial Role □ Other □ Inco If checking "Ceremonial Role" or "Other" describe below: Inco Inco If checking "Ceremonial Role" or "Other" describe below: 2 2 Ceremonial Role □ Other □ Inco If checking "Ceremonial Role" or "Other" describe below: 2 If checking "Ceremonial Role" or "Other" describe below: 2 If checking "Ceremonial Role" or "Other" describe below: 2 Inco 3 Describe the public purpose made pursuant to the agency's policy			Number of Ticket(s)/					
B. Name of individual (Last, First) Ticket(s)/ Pass(es) Identify one of the following: Mendieta, Rene 2 Ceremonial Role □ Other □ Inc If checking "Ceremonial Role" or "Other" describe below: Inc 2 2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sa 2 Ceremonial Role □ Other □ Inc 2 Ceremonial Role □ Other □ Inc 2 Ceremonial Role □ Other □ Inc 2 If checking "Ceremonial Role" or "Other" describe below: 2 2								
Mendieta, Rene 2 Ceremonial Role □ Other □ Include Include address and description		B. Name of Individua (Last, First)	Ticket(s)/		identify one of the follow	ing:		
Mendieta, Rene 2 If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sa 2 Ceremonial Role Other Inc 2 If checking "Ceremonial Role" or "Other" describe below: Inc 2 Ceremonial Role Other Inc 2 If checking "Ceremonial Role" or "Other" describe below: Inc 2 Describe the public purpose made pursuant to the agency's policy				1 235(65)	Ceremonial Role	Other	income	
C. Name of Outside Organization (include address and description)		Mendieta, Rene		2				
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				2				
2 If checking "Ceremonial Role" or "Other" describe below: 2 If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)! Describe the public purpose made pursuant to the agency's policy							Income	
C. (include address and description) Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				2				
(Include address and description) Pass(es)		C. Name of Outside Organization			Describe the put	public purpose made pursuant to the agency's policy		
				Pass(es)				
4. Verification gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	4.		ations 18944.1 an	d 18942. I have ve	Parified that the distribution set	forth above, is in accordance wi	th the requirements	
		Signature of Agency Head or Designee		Print Nam	ne		(Month, Day, Year)	
Comment:		Comment:						

A Public Document

1.	Agency Name		and the second	·····	Date Stamp	California 000		
	Alameda County					Form OUZ		
	Division, Department, or Regi	on (If Applicable)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (/	Name, Title)						
	Sarah Oddie							
		E-mail	Amendment (Must pi	rovide explanation in Part 3.)				
	(510) 272-6693	sarah.oddie(@acgov.org		Date of Original Filing: .	(Month Day Year)		
2.	Function or Event Inform	nation	Qa i s	5.55 ¢re à higg n≩∵ s	лез. <u>Сна</u> в сі <u>о</u>			
	Does the agency have a ticket	policy?	of Each Ticket/Pass \$	33				
	Does the agency have a ticket policy? Yes X No Face Value of the second				3, 26, 17	//		
	Event Description Date(s) Date(s)				/			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oaklar				nd A's			
					Name of Sou	urce		
	Was ticket distribution made at of agency official?	t the behest	No 🗌 Yes	If yes: Chan	n, Wilma Official's Name (Last, First)			
L.								
3.	 Recipients Use Section A to identify the agency 	's department or	unit. • Use Sec	tion B to identify an individu	3 to identify an individual. • Use Section C to identify an outside organization.			
	A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ublic purpose made pursuant to the agency's policy			
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
				Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income		
				Ceremonial Role If checking "Ceremon	Other D	income		
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	Kiwanis Club of San Leandre Alvarado St., Ste. K, San Le		2	To reward a school to the community	l or nonprofit organizat	ion for its contributions		
	Community Service Organiz	ation						
A	Verification	93 A Ta A	de la compansión de la com	5				

4. Verification

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

		Sarah Oddie	Supervisor's Assistant	08.31.2017
1	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

-						AT usite Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			4	
	Sarah Oddie					
	Area Code/Phone Number	E-mail	Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
					of Each Ticket/Pass \$ _	33
	Event Description Baseball game Date(s) 08				3, 27, 17	//
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Oaklar				nd A's Name of Sc	
						ource
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Chan	official's Name ((Last First)
	1/22-02-010-02-01	া ও সকলে ৫	а (К. М ⁸ 9 (ком.).	an anan a mananasi sa		
3.	Recipients		unit a llas Cas	ales D to identify an is divid		
	Use Section A to identify the agency's department or unit. Use Section B to Number of			tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
					· · · ·	
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:		ing:
	(Last, First)		Pass(es)			
	Johnson, Arne			Ceremonial Role	D Other nial Role" or "Other" describe below:	Income
			2		danceevent held at a County	
				facilitymaximize potential County revenueconcession		
				Ceremonial Role	Other	Income
			Ż		nial Role" or "Other" describe below:	
		Name of Outside Organization Numb				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
						<u>, , , , , , , , , , , , , , , , , , , </u>
		<u> </u>				
4.	Verification					

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

	Sarah Odo	die Supervisor's /	Assistant 08.31.2017
Signature of Agency Head of D	Designee Print Name	Title	(Month, Day, Year)

 Ceremonia: Role Events and Ticket/Pass Distributions
 A Public Document

 1. Agency Name
 Date Stamp

 Alameda County
 Date Stamp

 Division, Department, or Region (If Applicable)
 For Official Use Only

 Board of Supervisors
 For Official Use Only

 Sarah Oddie
 Area Code/Phone Number

 (510) 272-6693
 E-mail

 sarah.oddie@acgov.org
 Date of Original Filing:

	(510) 272-6693	sarah.oddie	@acgov.or	rg		Date of Original Fi	ling:(\lambda	fonth, Day, Yei	ar)	
2.	Function or Event Inform	nation	<u> </u>	<u></u> .	P Chench -		16)* 400* -	<u> </u>		
	Does the agency have a ticket	t policy?	Yes 🛛 N	lo 🗖	Face Value of	f Each Ticket/Pass	s \$			60
	Event Description Marvel Universe LIVE!					<u>, 13 , 17</u>		/	_/	
		Provide Hae/Exp	Danauon		• • • •					
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 N	lo 🛛	If no: Golder	n State Warriors	of Source			
	Was ticket distribution made a	t the behest	No 🗌 Ye	s 🛛	lf yes: <u>Chan</u> ,					
	of agency official?					Official's N	ame (Last, F	irst)		

3. Recipients

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

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Dother Income Income
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
EBA 946	AYC, 2025 E 12th St, Oakland, CA 06	4	To reward a school or nonprofit organization for its contributions to the community
	are dedicated to helping youth be e, smart, and socially responsible.		

4. Verification

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

· · · · · · · · · · · · · · · · · · ·	Sarah Oddie	Supervisor's Assistant	08.31.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

A Public Document

1	Agency Name							
1.					Date Stamp	California Form 802		
	Alameda County				-	For Official Use Only		
	Division, Department, or Reg	ion (If Applicab	le)			i di cindia dec ciny		
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)			1			
	Sarah Oddie							
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 272-6693		e@acgov.org		Date of Original Filing:			
2	Function or Event Infor			we he he	C 26 8 Children (C 2 59) - 15	(Month, Day, Year)		
۷.						400		
					of Each Ticket/Pass \$			
	Event Description Ed Sheeran Date(s) 08				3 _ 02 _ 17	//		
		Provide Title/Exp	<u> </u>					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sol	1600		
	Moo ticket distribution mode			— Chan		nce		
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Chan	n, Wilma Official's Name (Last, First)			
-	and the second second second			Officiar's Name (Last, First)				
э.	• Use Section A to identify the agenc		ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the agency's				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:		
				Ceremonial Role	Other	Income		
	Geisner, Benjamin		2		nial Role" or "Other" describe below:			
			_		anceevent held at a (
					ootential County reven			
					Other	Income		
			2	ii cnecking "Geremon	ial Role" or "Other" describe below:			
	C. Name of Outside Organ (include address and dea		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy		
	(manage dealogs and deal		Pass(es)					
	Building Futures Women & 1395 Bancroft Ave, San Le		2	To reward a school to the community	l or nonprofit organizat	ion for its contributions		
	Domestic violence shelters							
-								

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	08.31.2017
 Signature of Agency Head or Designee 	Print Name	Title	(Month, Day, Year)

Comment: ___

A Public Document

1.	Agency Name			and the <u>encodersta by</u> ergent it and y	Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month Day Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	250
	Event Description Kendrick L	amar		—		
	Event Description	Provide Title/Exp	anation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no. Golder	n State Warriors	
		j ugonoj .			Name of So	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (I	
_	of agency official?				Official's Name (I	.ast, First)
3.	Recipients					
	• Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1 405(40)			
	R Name of Individua	ai	Number of			
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	(Last, First)	al	Ticket(s)/	Ceremonial Role		
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon	D Other D	Income
	(Last, First)	al	Ticket(s)/	If checking "Ceremon To promote attenda	Other Dial Role" or "Other" describe below: anceevent held at a	Income
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p	Other D ial Role" or "Other" describe below: anceevent held at a potential County reven	Income County
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role	Other Dial Role" or "Other" describe below: anceevent held at a potential County reven	Income County
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role	Other D ial Role" or "Other" describe below: anceevent held at a potential County reven	Income County
	(Last, First)	al	Ticket(s)/ Pass(es) 4	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role	Other Dial Role" or "Other" describe below: anceevent held at a potential County reven	Income County
	(Last, First)		Ticket(s)/ Pass(es) 4 4 Number of	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role if checking "Ceremon	Other ial Role" or "Other" describe below: anceevent held at a potential County reven Other ial Role" or "Other" describe below:	Income
	(Last, First)	lization	Ticket(s)/ Pass(es) 4 4	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role if checking "Ceremon	Other Dial Role" or "Other" describe below: anceevent held at a potential County reven	Income
	(Last, First) Lam, Marianne C. Name of Outside Organ	lization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role if checking "Ceremon	Other ial Role" or "Other" describe below: anceevent held at a potential County reven Other ial Role" or "Other" describe below:	Income
	(Last, First) Lam, Marianne C. Name of Outside Organ	lization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role if checking "Ceremon	Other ial Role" or "Other" describe below: anceevent held at a potential County reven Other ial Role" or "Other" describe below:	Income
	(Last, First) Lam, Marianne C. Name of Outside Organ	lization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role if checking "Ceremon	Other ial Role" or "Other" describe below: anceevent held at a potential County reven Other ial Role" or "Other" describe below:	Income
	(Last, First) Lam, Marianne C. Name of Outside Organ	lization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role if checking "Ceremon	Other ial Role" or "Other" describe below: anceevent held at a potential County reven Other ial Role" or "Other" describe below:	Income

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

A Public Document

1.	Agency Name	<u>्य स्त्र</u> त्व कल्ल	<u>10 (100)</u> (1	<u> </u>	Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pre	ovide explanation in Part 3.)
	(510) 272-6693		@acgov.org	د.	Date of Original Filing: _	
2	Function or Event Inform				Date of Original Filing: _	(Month, Day, Year)
	Does the agency have a ticket				f Each Ticket/Pass \$	60
			Yes 🛛 No			
	Event Description Marvel Uni	Provide Title/Exp	Jana tian	Date(s)	, 12 , 17	//
		,	ranation	Golder	a State Warriors	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No		n State Warriors Name of Sou	rce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan		
	of agency official?			⊠ ii yes	Official's Name (L	ast, First)
3.	Recipients		11-1 1-1 - 1 - 1 - 1	a is a solution from the solution of the		Car C 1
	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant i	to the agency's policy
			Pass(es)			
ģ	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the followir	ng:
	(Eady (Ac.)	····	Pass(es)			
	Roberts, Shannell			Ceremonial Role If checking "Ceremon	Other Other or other	Income
			4		unity volunteer for his o	or her service to the
				public		
				Ceremonial Role	Other	
			4	If checking "Ceremon	ial Role" or "Other" describe below:	
1.						· · · · · · · · · · · · · · · · · · ·
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant f	to the agency's policy
	· · · · · · · · · · · · · · · · · · ·		Pass(es)			
	7					
	Verification	lations 18044 1 on	d 18942 have ve	ution that the distribution and f	oth shows is in secondary with	the maultements
			G IUGTE, INSVEVE		WIT ADDRE IS ID ACCOTOANCE WIT	LUE IEUWEOEUS

Sarah Oddie Supervisor's Assistant 08.31.2017

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

A Public Document

LINGES			10 65 6 40 A			AT abite Document
1.	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)			-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation	• 96908 A 4	1 P 1 W		(inomit, Edg, rodi)
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	60
	– Shreva Go	oshal				
	Event Description Shreya Go	Provide Title/Expl	anation	Date(s)	,	///
	Ticket(s)/Pass(es) provided b	v agenov2		Golde	n State Warriors	
	nekel(s)/Pass(es) provided b	y agency :	Yes 🗌 No		Name of So	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?				Official's Name (L	ast, First)
	Use Section A to identify the agence A. Name of Agency, Department		unit. Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ident	
	B. Name of Individua (Last. First)	ai	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
				Ceremonial Role If checking "Ceremor	Other D	Income 🗖
				Ceremonial Role If checking "Ceremor	Other D	Income
	C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
	Maitri, PO Box 697, Santa (95052	Clara, CA	2	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions
	Domestic violence shelter					
4			1971 - 1971 - 19 - 19 - 19 - 19 - 19 - 1	02 83 2736 7.42022 . 2 14 10 0		

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	08.31.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: __

Ceremonial Role Eve	nts and Tie	cket/Pass	s Distributio	ns	· · · · · · · · · · · · · · · · · · ·	A Public Docume
1. Agency Name					Date Stamp	California 802
Alameda County						and the second se
Division, Department, or Re	gion (If Applicabl	le)				For Official Use Only
Board of Supervisors	1					
Designated Agency Contac						
Lee Ann Fergerson, Supe		int			Amendment (Must p	nvide explanation in Dari 3 1
Area Code/Phone Number	E-mali					
(510) 272-6691	leeann.ferg	erson@acgd	v.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Info					s 	33,00
Does the agency have a tick	-, -	Yes 🖉 No	E Face V	alue of	f Each Ticket/Pass \$	22.00
Event Description	seball	<u>`</u>	Date(s)	, <u>9</u>	18,17	
	Provide Title/Exp	lans‼on	(alt	14/	
Ticket(s)/Pass(es) provided	by agency?	Yes 😰 No	lf no:	10	Name of Sou	urca
Was ticket distribution made	at the hohest	``		Alan	neda County Supervi	sor Scott Haggerty, D
of agency official?	or nig Delig2(No 🗋 Yes	P If yes:.		Official's Name (L	est, F/rsi)
3. Recipients						
 Use Section A to Identify the agen 	icy's department or					
A. Name crassicy Daparty	ani on Unit					to the scarcy's polloy
		E Page (68)		10		
			1			
		·				
R		ANUMBARAS				
	e ie air	TABULODI -			identity one of the following	
Daniel Wolm	ick	17			nce at a county sponsore	
			parking sales.		al county revenue for con	icession and
			1			
	····		Ceremonia!	Role [Other	Income [
			t checking "C	Ceremontal	Rais" at "Other" describe below:	
- Store and the Contraction of the Ch		IN MITTANK LINE	and the second	1.5.95(dati	and the state of the second state of the secon	
C. Name of Outside Orde	nization activition	Number of Tickello)/- Francisco	Describe U	10. PUDI	sipulpoor made puauantit	o the egency's polloy
		Inguaranteaco	na haddenna seither	r. d (2 ⁷		ARAINEN LING GURBERT CAL
		ļ				
· · · · · · · · · · · · · · · · · · ·	· · · ·	<u>.</u>				
Varification	······					
. Verification	lions 18944.1 and	18942. I have ve	rified that the distributio	n set for	ih ebove, is in accordance with	the requirements.
		.ee Ann Fer			upervisor's Assistant	8/31/17
Signature of Agency Hoad of Dosigno		Print Nara	the second s		1750	(Month, Cay, Yoar)
						8
Comment:		_	`			FPPC Form 802 (4/12

`

.

\

	Agency Name			Date Stamp	Summer 1302
	Alemeda County				SPORT OUZ
	Division, Department, or Region (If Applice	ble)			For Olficial Use Only
	Board of Supervisors				
	Designated Agency Contact (Nema, Title)				
	Lee Ann Fergerson, Supervisor's Assist	tant			
	Area Code/Phone Number E-mail			Amonumont (Asust,	orovádo oxplanaťon in Parl 3.)
	(510) 272-6691 leeann.fer	gerson@acgov.	org	Date of Original Filing:	(Monil), Day, Year)
	Function or Event Information				305.55
	Does the agency have a ticket policy?	Yes 🖉 🛛 No 🗆] Face Value	of Each Ticket/Pass \$_	203135
	Event Description Raiders		Date(s)	0,15,17	
	Provide Tillu/E.	xplanalion	(-	(Su)	
	Tickel(s)/Pass(es) provided by agency?	Yes 🛛 No 🗆		Name of Se	<i>U/CD</i>
,	Was licket distribution made at the behast	No 🗖 Yest	A! If yes:	ameda County Super	lsor Scolt Haggerty, D 1
	of agency official?			Olficia's Namo (Losi, Firsi)
	Recipients				
	Use Socillon A to identify the agency's depertment (Society and a second sec	or unit. • Uso Sectional	on B to triuntify an India	Idual. • Use Section C to Idea additions: Induced Action Conservation	tily an autstau organization.
	A. Name of Agency (Department of Unit	raili flumbol olar raili flickol(9) Passios]	- Describeithe pi	upicipulpego meodopusuu	lo the ununcy o policy.
		I IS MULTARE IN STREET	and a design of the second	<u>en de serviciente de la composition de</u>	
		1997 - C. 1997			
		i i			
1	B. Annosolaaliya.			lindonilly one of the follow	
	B. S. S. Namesuladiyandi yazısı il		-		
	B S An Namasuladiyanuk An Um Presi	STI ZNUTIVINOU. Principinou. Sti Vitaneiopinii Sti Vitaneiopilii i	To promo	te attendance at a c	ounty sponsored
	B. Szar vandadiyalvandi	EL CLUTINGTOUL F Million CLUTING CLUTING CLUTING CLUTING CLUTING CLUTING CLUTING	To promo event in		ounty sponsored D
	B. San Namasuladiyatiya San Usar Sala	21 CLUTIVINOLL CTICIOLOIVEL CTICIOLOIVEL CTICIOLOIVEL CTICIOLOIVEL CTICIOLOIVEL CTICIOLOIVEL CTIVIE	To promo event in revenu	e for concession and	ounty sponsored D octential county I parking sales
	B. Szar vandadiadvards		To promo event in revenu Coromonial Rote	e for concession and	ounty sponsored D
	B. San wamasuladiyandi Ang ustan ang san		To promo event in revenu Coromonial Rote	e for concession and	ounty sponsored D octential county I parking sales
	B San Nama suladiya usu		To promo event in revenu Coromonial Rote	ote attendance at a c order to maximize p e for concession and o Other Other Concession and o Other Concession and	ounty sponsored octential county I parking sales
	c. Namacious in organization		To promo event in revenu Coromonial Roto Vehesting Corema	and only environ unitation of the attendance at a close of the maximize plant is a concession and the for concession and the concession and th	ounty sponsored octential county I parking sales
	Gen Mannadioucalap Orgunization (To promo event in revenu Coromonial Roto Vehesting Corema	Identify and or unitality international of the attendance at a c order to maximize p e for concession anc □ □ □ □ □ □ □	ounty sponsored octential county I parking sales
	C. Manaconoulaise provinsionality Malus marging and description Liver more Valley whe	Mümtersoff	To promo event in revenu Coromaniai Rata Victoritico "Coroma Dascribio Victoriti Dascribio Victoriti Michigano Victoriti	Aldontilis entron unification of attendance at a c order to maximize p e for concession and o Other D enter Role" or "Other describe between units promote an address of the test	Ing ounty sponsored optential county I parking sales
	Gen Mannadioucalap Orgunization (Mümtersoff	To promo event in revenu Coromenial Relo Vehesting Corom	and only environ unitation of the attendance at a close of the maximize plant is a concession and the for concession and the concession and th	ounty sponsored optential county parking sales
	C. Manadousia orgunization Madulus and company and control Liver more Valley whe Growers 3585 Greenville Road Ster	Mümtersoff	To promo event in revenu Coromenial Relo Vehesting Corom	te attendance at a c order to maximize p e for concession and concession	ounty sponsored optential county parking sales
	C. Manaconoulaise provinsionality Malus marging and description Liver more Valley whe	Mümtersoff	To promo event in revenu Coromenial Relo Vehesting Corom	te attendance at a c order to maximize p e for concession and concession	ounty sponsored optential county parking sales
	Cristian and the contraction of	Humpherror Humpherror Haracton H	To promo event in revenu Coromonial Rolo Vehesking Coromo Describer Using Describer Using To reward a its co	te attendance at a c order to maximize p e for concession and concession	ounty sponsored optential county I parking sales
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Cristian and the contraction of	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	To promo event in revenu Coromonial Rolo Uchostice 'Corom Describe Using Describe Using To reward a its co	school or non-profil or ntributions to the com	Induction for munity
; ; ; ;	Cristian and the contraction of	Humpherror Humpherror Haracton H	To promo event in revenu Coromonial Rolo Uchostice 'Corom Describe Using Describe Using To reward a its co	torder to maximize p order to maximize p of or concession and of other become and of the torter become and th	Induction for munity

of nutrition, healthcare, and education

Ceremonial Role Events and Ticket/	Pass Distributions		A Public Documen
1. Agency Name		Date Stamp	California 802
Alameda County			Politin
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	provide explanation in Part 3.)
(510) 272-6691 leeann.fergerson@	acgov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			8 6
Does the agency have a ticket policy? Yes	🖗 No 🔲 🛛 🗖 Face Valu	e of Each Ticket/Pass \$ _	(0.00)
Event Description Maryel Universe Provide Title/Explanation	Date(s)	8,13,17	//
Ticket(s)/Pass(es) provided by agency? Yes		Name of Sc	urce
Was ticket distribution made at the behest No C of agency official?	A]Yes	Iameda County Super	risor Scott Haggerty, D Last, First)
3. Recipients			
Use Section A to Identify the agency's department or unit.			
A. Name of Agency, Department on Unit		ubije purpose madeipursuan	to the agency's policy.
<u>The stady of the definition of the state of</u>	REAL AT DESCRIPTION AND A STREET		
		<u></u>	
B.	14 off. 146)/ 105)	identity one of metollow	
		the second s	
CRYSTAL JOHNSON 4		ndance at a county sponsor Intial county revenue for co	
UNT THU DUNNON T	parking sales.	initial county revenue for co	
	Ceremonial Role	Other	Income
-	If checking "Cerem	onial Role" or "Other" describe below:	
			en indeservice en an
C. Nama of Outside Organization (Include address and description)	t(s)/ (es)	Iblic purpose made puravant	to the agency's policy
	a 222 o 2016, and a substantia and an and a substantia and a substantia and a substantia and a substantia and a		n anna ann ann a fhrainn ann ann a' fh
			· · · · · · ·
	have verified that the distribution se	t forth above, is in accordance wit	h the requirements.
/ Lee An	n Fergerson	Supervisor's Assistant	4/20/1
	Int Name	Title	(Month, Day, Year)

Comment: _____

 \mathbf{X}

.

Ceremonial Role Events	and Tic	ket/Pass	Distributions	*	A Public Document
1. Agency Name		·		Date Stamp	California 202
Alameda County					Form OUZ
Division, Department, or Region	(If Applicable	ə)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	me, Title)				
Lee Ann Fergerson, Superviso	r's Assista	nt			
Area Code/Phone Number E	mail			Amendment (Must	provide explanation in Part 3.}
(510) 272-6691 le	eann.ferge	erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informa	tion				00 01
Does the agency have a ticket p	olicy?	Yes 🏹 No	Face Value of	of Each Ticket/Pass \$ _	e0.00
Event Description Marves		verse	Date(s) <u></u>	, 12, (7	
Pr	ovide Title/Expl	anation	G	su)	
Ticket(s)/Pass(es) provided by a	gency?	Yes 🏳 No		Name of St	
Was ticket distribution made at th	ne behest	No 🗇 Yes	Ala	meda County Superv	visor Scott Haggerty, D 1
of agency official?			11 yes	Official's Name ('Last, First)
3. Recipients		· · · · ·			
Use Section A to Identify the agency's of					
A. Namerof/Agency, Department of	n Unit	Number of Tickous)/	Describe the pub	je purpose madeipursuan	t to the agancy's policy
	和社会被感到的。	Pass(es)		<u>。各种的公式活用用的公式的</u> 。201	enternation : en enternation d'Altre d'Altre de la companya de la companya de la companya de la companya de la La companya de la comp
B. Name:ofinglvidital		Number of Ticket(s)/ Pase(os)		identify one of thefollow	Ng
Linette Niles		11	To promote attend	ance at a county sponsor	ed event in order 🛛 🕫 🗖
Untern Niter		4	to maximize potent parking sales.	ial county revenue for co	incession and
			purking suice.		
	<u></u>		Ceremonial Role	Other	Income
				al Role" or "Other" describe below:	
		NUMBER			
C. Name of Outside Organizat	on Uon)	Number of Ticket(s)/ Pass(as)	Describe the plb	llc;purpose made pursuant	to the agency's policy
من بالكامل هوفيات وجريب في جامعة 70 معارفينية في المواقعة والتركية عن الروالية عن الروالية من عن المراكز المراك 	المواد الالالالات مستحملا	and the second	1997 - Configuration (1997) and a second	in the line of a second of the second of the second s	an an tha an ann an Anna an Ann
				30	· · · · · · · · · · · · · · · · · · ·
4. Verification				<u> </u>	· · · · · ·
I have read and understand FPPC Regulation					C.L.al.a
1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	L	.ee Ann Fer	· · · · · · · · · · · · · · · · · · ·	Supervisor's Assistant	
Signature of Agendy Head on Oesignee		Print Nam	e	Title	(Month, Day, Year)
Comment:					
· · · · · · · · · · · · · · · · · · ·					FPPC Form 802 (4/12)

÷2

-	eremonial Role Even	ts and Tic	ket/Pass	s Distri	butions	1	A Public Document
1	Agency Name		and the second			Oale Slamp	Sanguer 1000
	Alameda County						19973
	Division, Department, or Reg	Ion (II Applicabl	e)			-	For Olficial Use Only
	Board of Supervisors	-					
2	Designated Agency Contact	(Name, Tille)		······			
	Lee Ann Fergerson, Superv	isor's Assista	int				rovide explanation in Parl 3.}
	Area Code/Phone Number	E-mail					
80	(510) 272-6691	leeann.ferge	erson@acgo	ov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor		(0)				33.00
	Does the agency have a ticke	t policy?	Yes 🖾 No		Face Value o	i Each Ticket/Pass \$	2/ 2/ 17
	Event Description	Provida Tille/Exp			Date(s)	121-	8,20,11=
					1. Drekla	and Athletics	8/27/17
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔀 🛛 No		lī по	Name of Se	игсе
	Was ticket distribution made a	t lhe behest	No 🗋 Yes	; 🗗	If yes:		isor Scott Haggerty, D 1
	of agency official?				•	Official's Name (L	.ast, First)
3.	Recipients						
	 Use Section A to identify the agency 	r's department or	unit. • Use Se	iction B to Id	entify on Individu	el. • Use Section C to idunt	lfy un outside organization.
	A. Nomeici Agoney (Departine	ก้างกับก็ได้	Tickous)		oscribelthe publ	 busa section C to jaunt jepurpogo mudo pursuant 	to the agancy a policy.
		Carteline Characteria	<u>Spacesenese o</u>	C DEGREGATION COMPLEX	erse al l'are de la		And the second
	3. Name of Individua		Numberiof Affei(olis)/ Papelesi!			Idonilly on the follow	ng
	ALL CONTRACT RECEIPTING	adatan di Angela da	COLUMBER STOR	a de Salesin, à collig		A CONTRACTOR STATEMENT OF DESTRICT OF DE	no
				1			
					eromenial Role		
					-	d Role" of "Other" describe bolew:	
		•					
	and a second			1	tering Build at some of	CALLY ALL HISTORY ALL IN MARKED AND AND A	and the second
	C. Name of Outside Organ		Numborof T. ffcf(ll(0)) F Pase(os)	P	cachbo,tite dubii	ំពុំស្រុកទាំងចំណើរ ទទួលជាក្រុមទាំង ដែលមិនជាក្រុមទាំង ខេត្ត	oʻtl\8 agandy's pollov.
	Livermore Val		Hanneas a lost 20	n an the state of	andaring and a sub-		ennerge wer vie gestellen i seine
	Education Form	dation	12	То	reward a sci	haol or non-profit org	janization for
	AILA Cash Staal	4, R1		-	its contr	ibutions to the comm	nunity
	MBAUS LUMMAR	TD AVE	50			anna e v 7 - anna an anna an anna an an an an an an	an e Brannana Afrikadirenden.
<u>4</u> ,	Verification	and the second s			a and a special distance in the second	and the state of the	9. 97. 19.7. 99.7. 7. 99.7. 20.7. 20.7. 20.7. 20.7. 20.7. 20.7. 20.7. 20.7. 20.7. 20.7. 20.7. 20.7. 20.7. 20.7
	i the mand and us down and EDDA Book	-" 19944,1 and	18942. I havo ve	enfied that the	i distribution set for	rth above, is in accordance with	the requirements
		<u> </u>	ee Ann Fer			Supervisor's Assistant	8/29/17
	V Signature of Agency Hood or the signed	A .	Edni Nam	np	Λ.		[.100/10, L.23], 100/)
	Comment: LVEF K	as offer	edatu	<u>ndine</u>	2 life-	Kine for L	wennorl
	public sch	ool on	craw) .	0 V F	PPC Toll-Frae Helpline: B	FPPC Form 802 (4/12) 66/ASK-FPPC (866/276-7772)
		- F.0	0				

<

.

Ceremonial Role Ever	nts and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			n an	Date Stamp	Centitionia 2012
Alameda County					troim 01014
Division, Department, or Reg	gion (If Applicabl	e)		7	For Olficial Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Tille)			1	
Lee Ann Fergerson, Super	visor's Assista	nt			
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Infor	mation		na n		33.00
Does the agency have a ticke	et policy?	Yes 🔯 No	Face Value	of Each Ticket/Pass \$_	57.00
	ball		Date(s)	5,14,17	8,15,17
	Provida Title/Expl	analion		1 Adult	/1/0/
Ticket(s)/Pass(es) provided b	y agency?	Yes 🔼 No	if no: <u>Occ</u>	Cland Hth Otic	58/1917
Was ticket distribution made	at the heheet	N	Ala	meda County Superv	isor Scott Haggerty, D 1
of agency official?	at the Denest	No 🗌 Yes	if yes:	Official's Neme (A construction of the second
3. Recipients		a an	and a second second defined and a second		NAMES OF COMPANY OF THE OTHER PARTY OF THE OTHER PARTY OF THE OTHER PARTY.
 Use Section A to identify the agend 	• •		•		
A. NamerofrAgency, Departm	eni or Unit	Number of	Descripethe put	licpuppee madeipursuant	lo the agoncy's policy.
		Pass(es).			
				an a	₩₩.₩₩₽₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩
B. Namo of Ind Vidu		Number of			
		Number of . Tickette)/ Passiosi:		identily one of thefollow	
O and Red		1		community volunte	ne II
Brian Rich	ardon		i i i i ewaiu a	service to the publ	
		۲		·	
			Ceremonial Role	Olher 🔲	Incoma 🔲
			Il checking "Ceremon	ial Rols" or "Other" describe below:	
and work is not the addition about the state		S. S. Contractor			re lastestates et
C	ization cription), " ; a !	Numberof Tickul(e) Pass(es)	Describe the pub	lic,purpose mada pursuant	to the agency spolley
				a anto - Maifeido e pendilo 19 fotto recoletto y for	
			-		
**************************************	······································		•		-

. Verification	an a		and an order to be a state of the state of t		nna feldura mala antina kana kana kana kana kana kana kana k
	ons 16944.1 and	18942. I hava ve	enfied that the distribution set f	orth ebova, is in accordance will	n the requirements.
		ee Ann Fer	<u> </u>	Supervisor's Assistant	<u>8/29/17</u>
Signature of Agency Hose or Cosignee	,	Print Nam	20 20	1729	(Month, Qby, Yeal)
Comment:					
					FPPC Form 802 (4/12)

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

Ceremonial Role Events and Ticket/Pass Distributions

. Agency Name					Date Stamp	California 802
Alameda County						ALL CONTRACTOR AND ADDRESS OF THE OWNER OWNER OF THE OWNER OW
Division, Department, or Re	gion (If Applicab	le)				For Official Use Only
Board of Supervisors						
Designated Agency Contact	(Name, Title)	·····				
Lee Ann Fergerson, Super	visor's Assista	ant				
Area Code/Phone Number	E-mail			╺──┤□	Amendment (Mus	st provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acg	ov.org	Da	te of Original Filln	g:(Month, Day, Year)
Function or Event Infor	mation					
Does the agency have a ticke	et policy?	Yes 🚺 No	Face V	/alue of Ea	ch Ticket/Pass \$	33.00
Event Description Base	ball	$\overline{\mathbf{v}}$	Date(s	8,	13,17	
	Provide Title/Exp	lanation	Date(s	·)		
Ticket(s)/Pass(es) provided b	y agency?	Y es (No	if no: _	Oak	land Ath	Letics Source
Was ticket distribution made a	at the behest	No 🗖 Yes	i 🖵 🦯 lf yes: .	Alamed		rvisor Scott Haggerty, D
of agency official?					Official's Name	e (Last, First)
Recipients • Use Section A to Identify the agence	v's department or	unit. • Use Se	ction B to identify an	individual -	Lise Section C to ide	
A. Name of Agency, Departme		Number of				nt to the agency a policy.
		Tickous)/ Pass(es)		tto habite bri	Pose made pursua	ur ro ma seuch a bolich
B.		Mumber of TCKets//		liden	tip one of the follow	
B Mamejoring View Sherri Kraus	مريد دينه المالية (مانين مانية) مريد دينه (مالية (مانين مانية)	Aumbarlef Tickete Paperes Z	To promote a	ittendance a potential cou	t hy one of the follo t a county sponso inty revenue for c	red event in order 🛛 🗤 🗌
Charles and the state of the content of the second states	مريد دينه المالية (مانين مانية) مريد دينه (مالية (مانين مانية)	Numbariof Tekology Baggiosy Z	To promote a to maximize p parking sales. Ceremonial	ittendance a potential cou Role	t a county sponso	ned event in order no Concession and
Charles and the state of the content of the second states	ę 22000	Numberiof TCKetter Z	To promote a to maximize p parking sales. Ceremonial If checking *C	Role	t a county sponso inty revenue for c Other or "Other" describe below:	ned event in order no Concession and
Sherri Kraus	ę 22000	Numberot	To promote a to maximize p parking sales. Ceremonial If checking "C	Role	t a county sponso inty revenue for c Other or "Other" describe below:	red event in order ne oncession and Income
Sherri Kraus	ę 22000	Numberot	To promote a to maximize p parking sales. Ceremonial If checking "C	Role	t a county sponso inty revenue for c Other or "Other" describe below:	red event in order ne oncession and Income
Sherri Kraus	R ZRICOT HIDUOT)	Numberos Z Ticketter Pars(es)	To promote a to maximize p parking sales. Ceremonial If checking C	Role	t a county sponso Inty revenue for c Other or "Other" describe below:	Income
C. Name of Cutsida Organi	R ZRICOT HIDUOT)	Numberos Z Ticketter Pars(es)	To promote a to maximize p parking sales. Ceremonial If checking "C	Role	t a county sponso Inty revenue for c Other or "Other" describe below:	Income
C. Name of Cutsida Organi	R 221(07) 171710 n 15 18944.1 and	Numberos Z Ticketter Pars(es)	To promote a to maximize p parking sales. Ceremonial If checking *C	n set forth about	t a county sponso Inty revenue for c Other or "Other" describe below:	Income

١

-	eremonial Role Even	its and Ti	cket/Pass	s Disl	ributions	•	A Public Document
	Agency Name				•	Dale Stamp	California 802
	Alameda County	lee dit is in t					Form 002 For Gilldat Use Only
	Division, Department, or Reg	ion (# App#cab	le)				
	Board of Supervisors						
	Designated Agency Contact						
_	Lee Ann Fergerson, Superv		ant			Amondment (Mustr	provide explenation in Part 3.)
	Area Code/Phone Number	E-mail	•				-
	(510) 272-6691		erson@acgo	ov.org		Date of Original Filing:	(Monih, Day, Year)
	Function or Event Information Does the agency have a licke		he		Econ Volum	of Each Ticket/Pass \$ _	33,00
	D	Seball	Yes 🔲 No		C	7 1/17	
E	Event Description	Provide Title/Exp	lanalion		Date(s)		
ŕ	ficket(s)/Pass(es) provided by			-	If no: 00	ekland the	hletics
			Yes 🛄 No			Stanta of QA	urco Isor Scott Haggerty, D 1
V	Nas licket distribution made a of agency official?	it the behest	No 🟳 Yes		if yes;	Officier's Name (Lost First)
	Recipients Lise Section A to identify the egensy	i's danstmost or	- Hon Co	etian A to	Montify on Indials	funi - a tino Bastina C in Mon	
							an onesite erButtenter
5	A. Name dragoney Departine					ane and the second s	Lo Lin agoncy & pollow
1				ļ			
ų		S-MIRES AND	I AND MINISTELL				
						La identify on drot of the low	
				T	To reward :	a community volunte	er for his or hor
	~				i o i offara (service to the pub	
	Burbara L	Ma	2				
				1	Ceremonial Role	Cihar D	lincoma 🗖
		•		·	li chacióng "Ceramo	nial Role" or "Other" describe below:	
-							
	Namoriomatics		SING THE SET	1000			
99 - 24							Sum aganay spokey
						•	
	•	•				•	
						· · · · · · · · · · · · · · · · · · ·	
4. V 11	/erlfication	9 <u>4</u> 4 1 511	18942 i have v	died that	the distribution set	forth above, is in accordance with	t the requirements.
••		×***	Lee Ann Fei			Supervisor's Assistant	autor list
-	Signaluro of Agency Halt or Delator		Pant Non			720	Elfonth Day, Your
	()						-
- C	Comment:						

FPPC Form 802 (4/12) FPPC Toll-Free Helpilne: 866/ASK-PPPC (865/276-7772)

. `.

Agency Rep	bort	of:
------------	------	-----

. Agency Name			21-11-22 PFF-R-9-1-1-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Date Stamp	Commer Day
Alameda County					
Division, Department, or R	eglon (If Applicet	ble)	۵٬۰۰۰ میلی اور		For Olficial Use Only
Board of Supervisors					
Designated Agency Contac	ct (IVama, Tille)				
Lee Ann Fergerson, Supe	ervisor's Assist	ant			
Area Code/Phone Number				- 🗋 Amondmont (Hust)	provide explanation in Parl 3.}
(510) 272-6691	leeann.ferg	erson@acgov.o	rg	Data of Original Filling:	(Month, Day, Year)
Function or Event Info	ormation		<u></u>		الم من بين بين الم
Does the agency have a fic	ket policy?	Yes 🗌 No 🗖	Face Value	ol Each Ticket/Pass S _	35.00
Event Description	sall		_ Date(s)	51121 17	
	Provida Titla/Ex,	plannlion			6.00
Tickel(s)/Pass(es) provided	by agency?	Yes 🗌 No 🗌	lf no: <u>Oa</u>	Veland Atm Warns of Sc	etics
Was licket distribution made	a at the behasi	No 🗌 Yes 🗍	Ala	meda County Superv	lsor Scolt Haggerty, D 1
of agency official?			lf yes:	Cliiclai's Namo (Lost, First)
Recipients				47	
. Use Section A to identify the age	ncy's department o	r valt. 🔹 Uso Sociica	B to leantify an individ	upl. + Use Section C to iden	llfy on outside organization.
A. Namerol Agoncy (Danar	ทุงการสมุกไป	li i flumnor of Tickionali	-11 :Deacribaliha pul	ចាំទៀរប៉ែលចូល ក្រោយចំព្រួរបានបំពាំ	lo.Uiu/ujjuncy/e policy
<u>er ini kan dengen andala</u>	<u>是</u> 的"雪的"的"雪的"的"	Mail Resides)			
	······································				
B. Nama Sundly R	un	NUTBINO().		lidontijy orozof (Holio) Velionov	月9 月9
		CHARADERED II		e attendance at a co	
lan Dollard		4	event in	order to maximize p	otential county
				for concession and	
v*··	······································		and an and an and an and an		
			Caromonial Rolu Nationking Common	Other Giner L Giner forseribe beister	Income 🛄
	•				
	- <u> </u>			esterio en como an el barro defensa	Greet to react, and the state of the state
C. Naline of Outslon Dri		Wumborofi mb/ci(0)/ Passion)	iDescribe Uterput	វីគេរបល់បំផុរិតពិនិញ-១រ៉េទីញារប្រជុំនៅវិន	loillin agency c porcy
		23 12018000000130 1200		<u></u>	a and an a set of a second part of the
				chool or non-profit or	
*			ils con	tributions to the com	nunity
\cap					
Verification				AND PERCENT AND A DESCRIPTION OF THE PERCENT AND A DESCRIPTION OF THE PERCENT AND A DESCRIPTION OF THE PERCENT	an react the Contract of Contr
	1944, 1 UN	nd 19942, Hinea valifoo	i that the distribution set (leith above, is in accordance wil	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Lee Ann Ferger	son	Supervisor's Assistant	Nicath, Goy, Yeau
		Enal Name			······································
Signature of Agenty Habit of De 19					

Agency	Report	of:	

1. Agency Name			<u></u>	Date Stamp	Contraction (D)
Alemeda County					5000 (9.9/3
Division, Department, o	r Region (If Appliceb	ie)		-	For Olficial Uso Only
Board of Supervisors					
Designated Agency Cor	itact (Nama, Tille)				
Lee Ann Fergerson, Si	upervisor's Assista	ant			
Area Code/Phone Numb		~~~~~		Amontimont (Huste	rovido oxplanaŭon in Parl 3.}
(510) 272-6691	leeann.ferg	erson@acgov.c	prg	Date of Original Filing:	(Month, Day, Year)
. Function or Event 1	nformation	- 1147	<u></u>		
Does the agency have a	lickel policy?	Yes 🗹 No 🗆	Face Value o	i Each Ticket/Pass \$ _	80.30
Event Description	Sheeball		_ Dale(s) _	5, F	1 1
	Provida Tilla/Exp	otaonlicn			101
Tickel(s)/Pass(es) provid	ied by agency?	Yes 🔯 No 🗖		reland At	uletics
Was licket distribution m	ado at lhe behesl	No 🔲 Yes 🚺	Alaı If yes:		lsor Scolt Haggerty, D 1
of agency official?				Olficial's Namo (.osl, Firsl)
. Recipients			<u>البندة المتركبين في المتحد المركبين المتحد المركبين الم</u>		
• Use Socilon A to identify the	14. " To Tangent Restricted	unit. • Uso Sacilo	n B to identify an individu	ol. • Use Section C to journ	lfy an oxisido organization.
A. Nome of Agency (Dor	ចំកាត់ចំពាំ ទឹត បំភាម 🔠 🔢	il Nimborol Tckolg)/	Ocacribaline pub	licipulpogo miloo purcuiri	lo Dia agancy's policy.
<u>re da con arrester ana</u> s	<u>ander istrikkeiset</u> -	HRASE(05).			
	3	- 11			
	Aure that its principal state				
B. S. S. Namula(Ind	lviauel	Numbariol		lidentily one of the follow	
B. Sar Kamaladiga	(viaira) Martina	Numbanol Tickola) Sabeleel			
B S S S Annascu a	lyland 1991 - States 1991 - States	NUMERIONILIA NUMERIONINA NUMERIONI NUMERIONI NUMERIONI NUMERIONI NUMERIONI NUMERIONI NUMERIONI NUMERIONI NUMERIONI NUMERIONI NUMERIONI NUMERIONI NU NUMERIONI NUMERIONI NU	To promote	e attendance at a co	ounty sponsored
B. A. Star Windowig G. S. Star Windowig	dyanan yang dari dari dari dari dari dari dari dari	新ごNUmbtinot[]。 「新聞でにのUの) 注意の 新聞の 「 この に の して の し の の の の して の して の の の の の の の の の の の の の	To promote event in c		ounty sponsored
B. A said Hamesona		ነገር: Numbano(1, 12- ትፕሮስሳው) - <u>አዲቲ የአውድር</u> የስርስ ነው 	To promote event in o revenue	e attendance at a co order to maximize p for concession and	ounty sponsored D otential county parking sales
B. A. Sast Wandorling		計二: Numbathol (-): いたいないの(): (): :: (): (): (): (): :: (): (): (): (): (): (): (): (): (): (To promote event in c revenue Coromonial Retu	e attendance at a co order to maximize p for concession and	ounty sponsored
B. And Star Manufacility		計二: Numbuthof [] や 「 1: <u>Numbut fo</u> :: <u>Numbut fo</u> : <u>Nu</u>	To promote event in c revenue Coromonial Retu	e attendance at a co order to maximize p for concession and	ounty sponsored D otential county parking sales
		11:1710(小1017)(1)。 11:15(石石(石)の)(1) 12:1717(石石(石)の)(1) 13:1717(石石(石)の)(1) 13:1717(石石(石)の)(1) 13:1717(石)(1) 13:1717(石)(1) 13:1717(石)(1) 13:1717(石)(1) 13:1717(石)(1) 13:1717(1) 14:1717(1)(To promote event in c revenue Coromonial Retu	e attendance at a co order to maximize p for concession and	ounty sponsored D otential county parking sales
Namiolouusia	Drinzlickies au		To promote event in o revenue Coromonial Retu Vehacking "Coromond	e attendance at a co order to maximize p for concession and concession and dependencession and dependencession describe below	punty sponsored otential county parking sales
C. INSTRUCTOLIESED	OmingZilonii drocentiloni		To promote event in o revenue Coromonial Retu Vehacking "Coromond	e attendance at a co order to maximize p for concession and	punty sponsored otential county parking sales
C. INSTRUCTOLIESED	Dring2(6)///	A NUTHIONOF	To promote event in o revenue Coromonial Reiu (Prenerking "Coromond	e attendance at a co order to maximize p for concession and other other <i>Billion of their describe betwee</i> leiptypaus medapurguant	bunty sponsored otential county parking sales
China the Taylor Fa Foundation	Dramislich Branzensbon Imi ly		To promote event in o revenue Coromonial Reiu (Webschieg Coromond	e attendance at a co order to maximize p for concession and concession and dependencession and dependencession describe below	punty sponsored otential county parking sales
China the Taylor Fa Foundation	OmingZilonii drocentiloni		To promote event in o revenue Coromonial Reiu (Webschieg Coromond	e attendance at a co order to maximize p for concession and other <i>Belot or Other describe between</i> beptypedo moderputation	punty sponsored otential county parking sales
The Taylor Fa Foundation 5555 Arroyo Rd., 945	Unily Lucomore, CA		To promote event in o revenue Coromonial Reiu (Webschieg Coromond	e attendance at a co order to maximize p for concession and other <i>Belot or Other describe between</i> beptypedo moderputation	punty sponsored otential county parking sales
The Taylor Fa Foundation 5555 Arroyo Rd., 945	unily Lucomore, CA	Mumperson Herricon Provident Francon ISS/4	To promote event in o revenue Coromonial Reiu (Prehocking "Coromond Dissortion Units Dissortion Units Dissortion Units To reward a so its cont	e attendance at a co order to maximize p for concession and other <i>Belot or Other describe between</i> beptypedo moderputation	bunty sponsored otential county parking sales
The Taylor Fa Foundation 5555 Arroyo Rd., 945	DrivingSuish Branserration imily Lucemore, CA 50 1000ns 18944,1 pni	Mumperson Herricon Provident Francon ISS/4	To promote event in o revenue Coromonial Reiu (Prenetikes Coromond Describer Linits Unit Describer Linits Unit Describer Linits Unit Describer Linits Unit Describer Linits Unit Describer Linits Unit Describer Linits Units Describer Linits Describer Lin	e attendance at a co rder to maximize p for concession and other of enter and reprint the second sector between the print of management of the second ributions to the comment ributions to the c	bunty sponsored otential county parking sales
The Taylor Fa Foundation 5555 Arroyo Rd., 945	Dry un Stist Enoscration im ly Lweemore, CA 50 1000005 18944,1 pm	156/4 19942, Tabers Voriko	To promote event in o revenue Coromonial Reiu (Prenetikes Coromond Describer Linits Unit Describer Linits Unit Describer Linits Unit Describer Linits Unit Describer Linits Unit Describer Linits Unit Describer Linits Units Describer Linits Describer Lin	e attendance at a co order to maximize p for concession and other Relation describe below to provide made purple provide made purple to below to be compared by the comp ributions to the comp of the above, is in secondance with	bunty sponsored otential county parking sales
C. Manadio Legar The Taylor Fa Foundation 5555 Arroyo Rd., 945 Verification	Dryimzelist is reservation y um ly Lwcmore, CA 1000ns 18944, 1 pnt segnes	Providence of the second secon	To promote event in o revenue Coromonial Reiu (Prenetikes Coromond Describer Linits Unit Describer Linits Unit Describer Linits Unit Describer Linits Unit Describer Linits Unit Describer Linits Unit Describer Linits Units Describer Linits Describer Lin	e attendance at a co order to maximize p for concession and other other other other describe besix: be proposed of the comp ributions to the comp	bunty sponsored otential county parking sales

.

ί.	Agency Name					Date Stamp	100	aller (Or
	Alameda County						110	
	Division, Department, or Reg	ilon (II Appliceb	ile)				For	Olficial Use Only
	Board of Supervisors							
	Designated Agency Contact	(Ivania, Tilla)						
	Lee Ann Fergerson, Super-		ont					
	Area Code/Phone Number	IE-mail				🔲 Amondmont (Houst	providu axples	neton kı Parl 3.)
	(510) 272-6691		erson@acgo	v.org		Date of Original Filing	:	Day, Year)
•	Function or Event Infor	mation			**************************************	<u> بالمحمد بالمحمد المحمد ال</u>	***************************************	,
	Does the agency have a ticke	st policy?	Yes 🗌 No		Face Value of	Each Ticket/Pass S .	20.00)
	Event Description <u>Base</u>	ball Provido Tille/Exp	40.001/000	[Dale(s) 😽	,12,17		/
•	Tickel(s)/Pass(es) provided b		-	r -1	ſno:(Jakland At	hletis	
			Yes 🔲 No			Marga of S	00/00	
1	Was licket distribution made a of agency official?	at the behest	No 🗌 Yes	D 1	/ Yes:	oliida's Namo		t Haggerty,
	Recipients		<u></u>			Line or provide the formation of the second s		
	 Use Section A to identify the agenc 	y's dopartment or	rusit. • Uso Ses	tion B to Idu	ully an Individui	of. ⊳Use Section C to Iden	ntify an outsid	lu organiza') on.
•	이 가지 안 두 안정을 가지 안동물물을 입니다. 신문 사람들은 사		C.L. W.C. William	10.247.14	المحاوسة المرسوع بالشاح الجري	been and was been as the state of the second		
	А, Name:of/Agency/Daparing	nrasUnit	li I. Húmhor of sickola) Hassíos	00	ecribolitic public	nausug sourd and an	ໄປວ່ານີ້ງບໍ່ ແຫຼ່ນັ້ກ	cy/e policy
	AHameorasiney/Dopartm	ni of Unit	li i Fjör hör of s Standig (ös) Hennig (ös)		achpoithe brai	nan ang ang ang ang ang ang ang ang ang	ີ ເມື່ອ ນີ້າບໍ່ ແກ່ບົກ	cy/e policy:
	A. HameloTASCREV/Doparting	nranUnit H			er bollhe publi	ទៀបប្រទទួលក្រុងថ្មីទទួលក្រុងទទួល ទៀបប្រទទួលក្រុងថ្មៃទទួលក្រុងទទួល ក្រុងទៀបប្រទេស	ເເວັ ນີ້າທີ່ ໃນກູ່ນັກ	cyle policy:
-	A. Nameon soncy Dopartm	ntorUnit (199	4) (1) 6 并 16 并 16 (16 (17 (17 (17 (17 (17 (17 (17 (17 (17 (17		aerboilte puel	spinor	ີ ເມື່ອ ນີ້ໃຫ້ ມີກູ່ນັ້ກ	cy (4 policy 2)
	1 17 Augusta Augusta Augusta Augusta Augusta	ntarUalt 	i i ijsh berot n i ijsh berot i inckoloj (. i inckoloj (. i inckoloj (. i inckoloj (. i inckoloj (. i inckoloj (. i inckoloj (.)					
	A. Nameon geney/Dopartm A. Sameon geney/Dopartm B. Zar Nameon gelven	ntar Unit (1997) fr				spulpon midapursta		
	3	miarUnit 	i i ijsh berot n i ijsh berot i inckoloj (. i inckoloj (. i inckoloj (. i inckoloj (. i inckoloj (. i inckoloj (. i inckoloj (.)		o promote	ilionity and of the follow attendance at a c	ounty spo	onsored
	1 17 Augusta Augusta Augusta Augusta Augusta		i i ijsh borot. R i inckoloj (. 19 inckoloj (. 19 inckoloj (. 19 inckoloj (. 19 inckoloj (. 10 inckoloj (.)		o promote event in o	identity encodulation attendance at a c rder to maximize p	ounty spo	onsored county
	3	ntar Unit (1997)	i i ijsh borot. R i inckoloj (. 19 inckoloj (. 19 inckoloj (. 19 inckoloj (. 19 inckoloj (. 10 inckoloj (.)		o promote event in o	ilionity and of the follow attendance at a c	ounty spo	onsored county
	3		i i ijsh borot. R i inckoloj (. 19 inckoloj (. 19 inckoloj (. 19 inckoloj (. 19 inckoloj (. 10 inckoloj (.)	T	o promote event in o	attendance at a c rder to maximize p or concession and	ounty spo	onsored county sales
	3		i i ijsh borot. R i inckoloj (. 19 inckoloj (. 19 inckoloj (. 19 inckoloj (. 19 inckoloj (. 10 inckoloj (.)	Со Со	o promote event in ol revenue f	attendance at a c rder to maximize p or concession and	ounty spo ootential o d parking	onsored county sales
	3		i i ijsh borot. R i inckoloj (. 19 inckoloj (. 19 inckoloj (. 19 inckoloj (. 19 inckoloj (. 10 inckoloj (.)	Со Со	o promote event in ol revenue f	attendance at a c rder to maximize p or concession and	ounty spo ootential o d parking	onsored county sales
	3 Churck Rogers	nracUnt (1997)		Со Со	o promote event in ol revenue f	Identitis encontribution attendance at a c rder to maximize p or concession and other Protet or 'Other describe below	ounty spo ootential o d parking	onsored county sales Jacome
	3	nracUnt (1997)	i i ijsh borot. R i inckoloj (. 19 inckoloj (. 19 inckoloj (. 19 inckoloj (. 19 inckoloj (. 10 inckoloj (.)	Со Со	o promote event in ol revenue f	attendance at a c rder to maximize p or concession and	ounty spo ootential o d parking	onsored county sales Income
	3 Churck Rogers	nracUnt (1997)			o promote event in of revenue f her Mag "Coromonia control Refo	attendance at a c rder to maximize p or concession and other notes ar other describe below splfmaustmedapplurouron	ounty spo ootential o d parking	onsored county sales Income
	3 Churck Rogers	nracUnt (1997)			o promote event in of revenue f nerving 'Common's criss Common's	attendance at a c rder to maximize p or concession and other notes ar other describe between spurnaustmedappurpure	ounty spo ootential o d parking	onsored county sales Income
	3 Churck Rogers	nracUnt (1997)			o promote event in of revenue f nerving 'Common's criss Common's	attendance at a c rder to maximize p or concession and other notes ar other describe below splfmaustmedapplurouron	ounty spo ootential o d parking	onsored county sales Income
	3 Churck Rogers	nracUnt (1997)			o promote event in of revenue f nerving 'Common's criss Common's	attendance at a c rder to maximize p or concession and other notes ar other describe between spurnaustmedappurpure	ounty spo ootential o d parking	onsored county sales Income
	3 Curck Rogers			To r	o promote event in ou revenue f nerving 'Common's criss Common's criss contr its contr	attendance at a c rder to maximize p or concession and or concession and other nool or non-profit or butions to the com	ounty spo potential o l parking tauta gan ganization munity	onsored county sales Income
	3 Curck Rogers	Allons 18944, 1 pro		To r	o promote event in ou revenue f revenue f reve	attendance at a c rder to maximize p or concession and or concession and other nool or non-profit or butions to the com	ganization munity	onsored county sales Income

FPPC Toll-Fras Holplins: 866/ASI(-FPPC (866/275-7772)

1. Agency Name				Dale Stamp	Callana
Alameda County					50m 7 10
Division, Department, or	Region (If Applice	eble)		_	For Olficial Use Oni
Board of Supervisors					
Designated Agency Con	tact (Nama Tilla)			-	
		A			
Lee Ann Fergerson, Su Area Code/Phone Numb		tani		- Amondment (Must)	arovide explaneton in Parl 3.)
(510) 272-6691				Date of Original Filing:	
. Function or Event In		gerson@acgov	.uñ		(Monili, Day, Yesr)
Does the againcy have a Event Description		Yes No	Face Value (bi Each Ticket/Pass \$ -	150.00
Tickel(s)/Pass(es) provid	ed by anapoy?	Yes 🕅 No 🕻	۳ (f no:	SIL	
			J	Name of Se	10/CO
Was ticket distribution ma	ado al lhe behesl	No 🗋 Yes 🕻	۲۱۱۵ ال 🛛	meda County Super	
of agency official?	and the second	L		Olficla's Name (LOSI, Firsi)
. Recipients					
• Use Section A to identify the a					
A. Name of Agoney (Dan	aninoni or Unit	Tickol(9)	Describoline put	ມ ແມ່ນອັນດີອີ່ນີ້ນີ້ ເພື່ອເຊິ່ງ ເຊິ່ງ ເ	to the ununcy o policy.
a fee to be an officially in a bailing of	a and a second second	<u> </u>	landrik kanalasi karat ing kar Karat ing karat ing ka	The Theorem Content Index State Content on the Content of the C	
B. Namolauka	Viaural	Til Numbinoll.		- Nuclein (1) - Start (1) - St	end Ind
Alfonso Aq	uno	4		e attendance at a co order to maximize p	
AUDILSC . A				for concession and	
					parking sales
••••••••••••••••••••••••••••••••••••••	.				Parking sales
₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩			Coromonioi Reiu	Other	
			Coromonioi Reiu		
Lan			Coromonioi Reiu	Other	
			Coromoniai Relu Nehoskieg (Coromon	Ciher Ciker describe beisw:	lacom
C. Majimanohumaan	iminizationali il	Stumperon.	Coromoniai Relu Nehoskieg (Coromon	Other	lacom
C	imimizilisti Haccaration		Coromoniai Rola Heneskog (Coromon Datscrida) (Julijuli Datscrida) (Julijulijuli	C Other C Construction below:	lacom Gallia organizione dalla da
	injunžiloni Brozeniloni		Coromoniai Rola Webeskig Coromon Michaekig Coromon Michaekig Coromon Michaekig Coromon Michaekig Coromon Michaekig Coromon Michaekig Coromon	Other Construction between the Role" of Other describe between the Role of Other describe between the Role of the	lacom Contraction for
Wajmagi Outer BB Hill Relugion of Control BB	iminizationia Processioni States and a second		Coromoniai Rola Webeskig Coromon Michaekig Coromon Michaekig Coromon Michaekig Coromon Michaekig Coromon Michaekig Coromon Michaekig Coromon	C Other C Construction below:	lacond Couling of the second second Couling of the second
	immizileki eaozaratoon	Numuoroff S-Mumuoroff S-Menalow S-Restance S-	Coromoniai Rola Webeskig Coromon Michaekig Coromon Michaekig Coromon Michaekig Coromon Michaekig Coromon Michaekig Coromon Michaekig Coromon	Other Construction between the Role" of Other describe between the Role of Other describe between the Role of the	lacom Contraction for
Verification			Coromoniai Rola Irenetkieg 'Coromon Dascribe/UtoryUt Dascribe/UtoryUt To reward a si ils cont	Ciher Citer describe belaw No Rolo" er "Other" describe belaw Neipermane medenpurgene Neipermane medenpurgene Neipermedenpurgene Neipermane medenpurgene Neipermane medenpurge	lacom lotting openetic policy ganization for munity
			Coromoniai Rola Irenetkieg 'Coromon Dascribe/UtoryUt Dascribe/UtoryUt To reward a si ils cont	Other Construction between the Role" of Other describe between the Role of Other describe between the Role of the	lacom lotting openetic policy ganization for munity
		nd 19942. I base verific	Coromoniai Reto If checkeg "Coromon Describer duality un To reward a su its cont its cont	Other o	Income to the requirements. 8 - 2 - 1
		nd 19942, I boso verifi	Coromoniai Reto If checkeg "Coromon Describer duality un To reward a su its cont its cont	Other	Income Income Inclusion for munity

.

.

_	eremonial Role Events and Tic	ket/Pass	Distribution	ns ,	A Public Documer
1.	Agency Name		<u> </u>	Dale Slamp	CARCE HILDING
	Alameda County				Four OV
	Division, Department, or Region (II Applicebi	e)			For Olficial Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Tille)				
	Lee Ann Fergerson, Supervisor's Assista	nt			
	Area Code/Phone Number E-mail			Amondmont (Hus	l provida axplenation in Parl 3.)
	(510) 272-6691 leeann.ferge	erson@acgc	V.org	Date of Original Filling	(Month, Day, Yecr)
2	Function or Event Information			<u></u>	AN A SECRET CARLES CARLING THE CONTRACT OF A C
	Does the agency have a ticket policy?	Yes 🖸 No	🗂 🛛 🗖 Face Va	lue of Each Ticket/Pass \$	25000
	Event Description Kendwick	La Ma	Dale(s)	8,4,17	
	Provido Tilla/Expl	สอยได้ต		Gen	
	Tickel(s)/Pass(es) provided by agency?	Yes 😰 No	🔲 🛛 🛯 📋 📋	Warns of S	Salaro
	Was licket distribution made at the behest		<u>1</u> 0	Alameda County Super	visor Scolt Haggerty, D
	of agency official?	No 🗋 Yes	Lý lf yes; 🛶	Oliicla's Namp	
,	Recipients			A Manufacture and a second	
	· Use Section A to identify the agency's department or	and the second			
	A. Nanecowgency, Dapartirem on Unit	ii flumhor of Tickotta) titkasios)	i Ocacribalin	o public pui pego maco purula	ແໄວປັນອາກິບັກດູ່ໃຫຼ່ອງໄດ້ຈະ
	Dielenskil	16			
	DISTRICT /	<u> </u>	(T	o reward a county en	
				exemplary servic	e to the public
	an a	1 Viensanall.	2	LA FRISK D. CREEKVEDWERD	and a second state of the
į		1 Numbariol Tic(oub)/ 2 Paneloc):		literally one of the follo	
			To pror	note attendance at a c	county sponsored
			event	in order to maximize	potential county
			revei	nue for concession an	d parking sales
	·····		Caromoniai i	Relu D Olher D	Incomo 🗌
				romanial Rala" at "Ollier" describe balsiv	
	-				
				The second s	a Breach for successful and the state of the
ļ	C. Namadiousian orgunization ()	Number of TERI (0) Pann (00)	Describe Ut	ាមមើលពីអ្នកអ្នកចំណើត អ្នកទាំងអ្នកអ្នកទាំងអ្នកទាំងអ្នកទាំងអ្នកទាំងអ្នកទាំងអ្នកទាំងអ្នកទាំងអ្នកទាំងអ្នកទាំងអ្នកទា	it to ill in an an external contraction is a second s
:		fre Raan(on).			an a
			To reward	a school or non-profit o	rganization for
				contributions to the com	
		1			
	4 · · ·				
	Verilian fian				۲۰۱۸ د د د ۲۰۱۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰
•	Verification #934,1 and	19942, I hava va	ified that the distribution	a set farlin abova, is in accordance w	ille the requirements.
	8 944, 1 แก ป			set forth above, is in accordance w Supervisor's Assister	7.2.1
	8 944, 1 แก ป	19942, I bava ve Lee Ann Fer FraiNom	gerson		7.2.1

FPPC Toll-Fran Holplina: 866/ASIC-FPPC (866/275-7772)

	eremonial Role Even			buttons		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)				For Onicial Use Only
	Board of Supervisors Designated Agency Contact	(10-00				
	Designated Agency Contact ((Name, Hile)				
	Area Code/Phone Number	E-mail			Amendment (Mu	st Provide Explanation in Part 3.)
	510-272-6691	leeann.fergerson@	Dacgov.org		Date of Original Filir	g:(month, day, year)
2.	Function or Event Infor	mation	····			·····
	Does the agency have a ticl	ket policy? Yes		ace Value of	Each Ticket/Pass \$	60.00
	Event Description: Shreya				<u>, 26 , 17</u>	
		Provide Title/ Expl	anation	$Jate(s) _$		/
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🗆 🗎	f no: <u>GSW</u>		
		4.41 1 1 4	I:	Alamed	Name of Source a County Superviso	or Scott Haggerty, D-1
	Was ticket distribution made of agency official?	e at the benest Yes	No 🗌 '	i yes	Official's Name (Last, Fi	rst)
	or agency official:					
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.	• Use Section B to	identify an individ	lual. • Use Section C to i	lentify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of ⊺icket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of t	he following:
	Natarajan, Anu		4	If chec	king "Ceremonial Role" or "Othe	r Income r' describe below: er for his or her service to
					nonial Role Dothe king "Ceremonial Role" or "Othe	
	C. Name of Outside C (include address and	Organization d description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made	pursuant to the agency's policy
	<u> </u>					
	Verification					

<u></u>	LEE ANN FERGERSON	Supervisor's Assistant	
	Priņt Name	Title	(month, day, year)
Comment:			

Ceremonial Role Ever	its and 11	CKEUPas	SUISTRIDUTIONS	•	A Public Documen
. Agency Name				Dale Stamp	California 802
Alameda County	_				T Califi
Division, Department, or Reg	gion (if Applicat	ole)		7	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Tille)				
Lee Ann Fergerson, Super	visor's Assisti	ant			
Area Code/Phone Number	E-mail	··		Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing:	(Month, Day, Yesr)
. Function or Event Infor	mation				1
Does the agency have a ticke	et policy?	Yes 🔲 No	Face Value	of Each Ticket/Pass \$	20.00
Event Description	eball		Date(s)	8,1,17	1 1
	Provide Tille/Ex	olanaļion			······································
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗐 No	📋 If по: <u>Оа</u>		tics
	addina tradina at		Ala	Mame of Sc meda County Superv	visor Scott Haggerty, D
Was ticket distribution made a of agency official?	ai ine denesi	No 🗖 Yes	lf yes:	Official's Name (Last, First)
Recipients					
- Lise Section A to Identify the second	y's department o	: rumit. ● Use Se	ction B to identify an Individ	ual. • Use Section C to Iden	tify an outside organization.
A. Name cramency (Daparth				Uspuppee made puisuun	
		-10 Rass(69)			
	110				
an ann an ann ann ann ann ann ann ann a	a an	15 5116035036610		The setupe for the first state of the setup of the	ndra a douber en 185 de Salestatera esta est
B. Nam on idvidu		TCNEUS		- udentily one of therfollow	N9:
the second s	L'ALARCE ANNOLISE :			ance at a county sponsor	the second se
Enc Hassett		17	to maximize poten	tial county revenue for co	
•			parking sales.		÷
			Caremonial Role	L Other L dat Role" or "Other" describe below;	Income 🗋
			h our hand Added in		
		1			
C Name of Cutsille Organ	zaton	Nimuerbi Tickollel/			
1. ([nc]ude address and des	enenen an			liç plipose mada puravant	
48	····				
- S					,
Verification					
1 have med and understand EPDI: Roam	infinns 18944.1 ani	d 18942. I have ve			
	ومرادينية ويوبو	Lee Ann Fei	The second secon	Supervisor's Assistant	
		Pdnt Nam	¢	Tizo	(Month, Day, Yosr)
Comment:					

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

Le	remonial Role Events and Tic				A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OUZ
İ	Division, Department, or Region (If Applicable)	<u>.</u>	1	For Official Use Only
	Board of Supervisors				
Ċ	Designated Agency Contact (Name, Title)			1	
	Briana Brown				
	Area Code/Phone Number E-mail			Amendment (Mus	st provide explanation in Part 3.)
	(510)272-6695 briana.browr	n2@acgov.o	org	Date of Original Filing	g:(Month, Day, Year)
2.	Function or Event Information		·	4	
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	305.55
	Event Description Raiders Football game			<u>8 , 19 , 17</u>	09, 31, 17
	Provide Title/Expla	anation	Date(s)	//	
	Ficket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd Raiders	
			_	Name of	
	Nas ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes:	on, Keith - Superviso	
	Recipients • Use Section A to Identify the agency's department or (unit i le Han Str	tion R to klantifican individ	usel a Use Section C to id	entify an outside organization.
•		Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pu	blic purpose made pursua	ant to the agency's policy
		Pass(es)			
•	· · · · · · · · · · · · · · · · · · ·				
	B. (Name of Individual) (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:
	(Last, First)	Number of Ticket(s)/	Ceremonial Role	Other 🔀	Income
		Number of Ticket(s)/	If checking "Ceremo	D Other X	Income
	(Last, First)	Number of Ticket(s)/	If checking "Ceremo To reward a stude	Dether X nial Role" or "Other" describe below nt for outstanding scl	Income Income holastic achievement;
	(Last, Fret) Phillip Hall RODEAL COLEINAN	Number of Ticket(s)/	If checking "Ceremo To reward a stude	Dether nial Role" or "Other" describe below nt for outstanding scl fandance at on	Income Income holastic achievement;
	(Last, Fret)	Number of Ticket(s)/	If checking "Ceremo To reward a stude To Promie of Ceremonial Role If checking "Ceremo	Dether nial Role" or "Other" describe below nt for outstanding scl fandance at ca Other nial Role" or "Other" describe below	Income Income holastic achievement;
	(Last, Fret) Phillip Hall RODEAL COLEINAN	Number of Ticket(s)/	If checking "Ceremo To reward a stude To Pronoie of Ceremonial Role If checking "Ceremo To promote attendar	Definition of the second secon	Income Income holastic achievement; My Som City Income Income I
	(Last, Fret) Phillip Hall RODEAL COLEINAN	Number of Ticket(s)/ Pass(es) 2 2 2 4 4 Number of Ticket(s)/	If checking "Ceremo To reward a stude To Promote of Ceremonial Role If checking "Ceremo To promote attendar County facility in orce	Definition of the second secon	Income holastic achievement; holastic achievement; Income Income w: w: pred event or event held at a al County revenue from parkin
	(Last, Fret) Phillip Hall RODEH COLEMAN LA James C. Name of Outside Organization	Number of Ticket(s)/ Pass(es) 2 2 2 4 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	If checking "Ceremo To reward a stude To Promote of Ceremonial Role If checking "Ceremo To promote attendar County facility in orce	Other Other Other Other' describe below nt for outstanding scl Other	Income holastic achievement; holastic achievement; Income Income w: w: pred event or event held at a al County revenue from parkin
	(Last, Fret) Phillip Hall RODEH COLEMAN LA James C. Name of Outside Organization	Number of Ticket(s)/ Pass(es) 2 2 2 4 4 Number of Ticket(s)/	If checking "Ceremo To reward a stude To Promote of Ceremonial Role If checking "Ceremo To promote attendar County facility in orce	Other Other Other Other' describe below nt for outstanding scl Other	Income holastic achievement; holastic achievement; holastic achievement; Income necessary w: w: pred event or event held at a al County revenue from parkin
	(Last, Fret) Phillip Hall RODERL COLEMAN LA James C. Name of Outside Organization (Include address and description) Verification	Number of Ticket(s)/ Pass(es) 2 2 2 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a stude To Promote At Ceremonial Role If checking "Ceremo To promote attendar County facility in orce Describe the pu	Other Inial Role" or "Other" describe below nt for outstanding sch Conter Other Ot	Income holastic achievement; Income Income
	(Last, Fret) Phillip Hall RODERL COLEMAN LA James C. Name of Outside Organization (Include address and description) Verification	Number of Ticket(s)/ Pass(es) 2 2 2 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To reward a stude To France of Ceremonial Role If checking "Ceremo To promote attendan County facility in orce Describe the pu	Other Other Other Other' describe below nt for outstanding scl Other	Income
Agency Report of: С and Ticket/Pase Distributions aromonial Dala

Cere	emonial Role Even	ts and Ho	Ket/Pass	Distributions		A Public D	
1. Ag	gency Name				Date Stamp	California Form	802
A	ameda County					and the second s	
Div	vision, Department, or Reg	ion (If Applicabl	e)		-	For Official	Use Only
Bo	pard of Supervisors						
	signated Agency Contact (Name, Title)		·	-		
Br	iana Brown						
	ea Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in	Part 3.)
	02726695		n2@acgov.or	a	Date of Original Filing:	(h ()) (h)	
	unction or Event Infor			3		(Month, Day, Yea	ar)
	es the agency have a ticke		Yes 🔀 🛛 No [T Face Value o	of Each Ticket/Pass \$ _		400
Ev	ent Description Ed Sheera	Provide Title/Exp	anation	Date(s)	2 17	//	_/
Tie	kat(a)/Daga(aa) provided b			Golde	n State Warriors		
ΠC	ket(s)/Pass(es) provided b	y agency r	Yes 🔲 No 🕻	X 1110.	Name of Sc	purce	
	as ticket distribution made a	at the behest	No 🗌 Yes [If yes:			
0	f agency official?			2	Official's Name ('Last, First)	_
3. R	ecipients						
•(U	lse Section A to Identify the agenc	y's department o		tion is to identify an individe	uai) • Use Section C to iden	tify an outside orga	nization.
A	. (Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's p	olicy
S	SA		4		y employee for his or l ourage staff developn		service to
В	Name of Individu	3	Number of Ticket(s)/		Identify one of the fellow	·	
	(Løst, First)		Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role If checking "Ceremor	Other D		Income
_				Ceremonial Role If checking "Ceremor	Dother describe below:		Income
C.	Name of Outside Organ (Include address and dea		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's p	olicy
	erification						
l he		lations 18944.1 an	id 18942. I have ver	rified that the distribution set t	forth above, is in accordance w	ith the requirements.	
			Briana Bro	own	Supervisor's Assistan	t 8/0	117
\mathcal{T}	Signature of Agency Head or Designee		Print Name		Title		h, Day, Year)

Comment: __

		S DISTINUTIONS		A Public Documen	
1. 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 (Na	me, Title)		4		
Briana Brown					
	mail		Amendment (Must p	provide explanation in Part 3.)	
5102726695 b	riana.brown2@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information	ation			(MORRI, Day, Year)	
Does the agency have a ticket p		o 🗖 🛛 Face Value 🕯	of Each Ticket/Pass \$ _	250	
Event Description Kendrick Lan				//	
Event Description	ovide Title/Explanation	Date(s)		//	
Ticket(s)/Pass(es) provided by a	gency? Yes 🗌 N	o 🔽 If no. Golde	en State Warriors		
			Name of Sc	urce	
Was ticket distribution made at the	ne behest 🛛 No 🗌 Ye	s 🛛 🛛 If yes:	Official's Name (
of agency official?		· · · · · · · · · · · · · · · · · · ·	Official's Name (Last, First)	
3. Recipients	2 Contract Section				
Use Section A to identify the agency's	Number		luci. • Use Section C to Iden	tify an outside organization.	
A. Name of Agency, Department	or Unit Ticket(s)/ Pass(es)		blic purpose made pursuant	to the agency's policy	
BOS D5 4		To reward a Count	To reward a County employee for his or her exemplary service to		
	4	the public or to end	courage staff developm	nent	
B. (anne of individual) (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
		Ceremonial Role	Other		
			nial Role" or "Other" describe below:	income _	
		Ceremonial Role	nial Role" or "Other" describe below:	Income	
		in checking Gerenion	inal Role of Other describe below.		
C. Name of Outside Organizat	Number of				
(Include address and descrip	ption) Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
4. Verification					
	ons 18944.1 and 18942. I have	verified that the distribution set i	forth above, is in accordance wi	th the requirements.	
/ -	Briana B	Brown	Supervisor's Assistant	Blaliz	
Signature of Agency Head or Designee	Print Na		Title	(Month, Day, Year)	

Agency Report of: C . . . -.

eremonial Role Even	its and He	CKet/Pass	Distributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County					I Onthe South
Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name,Title)			4	
Briana Brown					
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
5102726695	briana.brow	/n2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation				
Does the agency have a ticke	et policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	150
Event Description Banda MS	6		Date(s) 8	, 5 , 17	//
	Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
	-1.41	_		Name of Sc	urce
Was ticket distribution made of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (Last, First)
Recipients					
Use Section A to Identify the agence	y's department o		tion B to identify an individ	• Use Section C to iden	tify an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	to the agency's policy
					· · · · · · · · · · · · · · · · · · ·
B. (Name of Individue (Lest, First)	a)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Kavely Ordaz-Salto			Ceremonial Role		Income
Ravely Oluaz-Sallo		4		nial Role" or "Other" describe below: ance at a County spor	voorad avant ar avant
					nize potential County rev
		4	Ceremonial Role If checking "Ceremon	Other Diniel Role" or "Other" describe below:	Income
C. Name of Outside Orga					

4.	Verification
	I hav

....

Signature of Agency Head or Designee

2

egulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Briana Brown Supervisor's Assistant

(Month, Day, Year)

Print Name

Title

Ceremonial Role Events and Tic	cket/Pass	Distributions		A Public Document
1. Agency Name		[Date Stamp	California 802
Alameda County				Form
Division, Department, or Region (If Applicable	le)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Briana Brown				
Area Code/Phone Number E-mail		Am	endment (Must pro	vide explanation in Part 3.)
5102726695 briana.brow	/n2@acgov.o	rg Date o	f Original Filing:	(Month, Day, Year)
2. Function or Event Information		-		(Monut, Day, Tear)
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of Each	icket/Pass \$	60
Event Description Marvel Universe	planation	Date(s) <u>8 11</u>	<u></u>	13 2011
		If no: Golden State	Warriors	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of Sour	ce
Was ticket distribution made at the behest	No 🗌 Yes	If yes:		
of agency official?			Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department of	r unit. Of Use Sec	ction B to identify an individual, • Us	e Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpo	se made pursuant t	o the agency's policy
BOS. D5	8			
B. (Name of Individual) (Last, First)	Number of Ticket(s)/ Pass(es)	Identify	one of the followin	ıg:
Michie Oprie Zeine			Other	Income
Vickie Osrio Zeino	4	If checking "Ceremonial Role" or "		u hau aan jaa ta tha
		To reward a community vo public	iunteer for his o	or her service to the
			Other	Income
		If checking "Ceremonial Role" or "		
	4			
C Name of Outside Organization	Number of	Describe the public purpo		
(include address and description)	Ticket(s)/ Pass(es)	Describe the public purpo	se made pursuant t	o the agency's policy
4. Verification		1		
	nd 18942. I have v	erified that the distribution set forth above	, is in accordance with	the requirements.

Signature of Agency Head or Designie Print Name Title

(Month, Day, Year)

Comment: _

			TRANSPORT TO THE OWNER AND THE PARTY OF
	,	Date Stamp	California 802
			For Official Use Only
	<u> </u>	-	
		Amendment (Must pr	ovide explanation in Part 3.)
2@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)
Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	60
	Date(s) 8	, 5 , 17	1 1
nation	Date(3)		//
Yes 🗌 No	If no: Golder		
		Name of Sou	rce
No 🗌 Yes	If yes:	05-i-#- N (I	
Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Number of Ticket(s)/		Identify one of the following	ng:
		Identify one of the followin Other I Other I I Other I I I Other I I I I Other I I I I I I I I I I I I I I I I I I I	ng: Income
Ticket(s)/	If checking "Ceremon Ceremonial Role	Other Other describe below:	
Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Conter describe below: Other Other	
	Yes ⊠ No nation Yes □ No No □ Yes ntt. Use Sec Number of Ticket(s)/	nation Date(s) Yes □ No ⊠ If no: Golden No □ Yes ⊠ If yes: nit, Jes Section B to identify an individu Number of Ticket(s)/ Describe the pub	2@acgov.org Date of Original Filing: Yes ⊠ No □ Face Value of Each Ticket/Pass \$

	Briana Brown	Supervisor's Assistant	8/9/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___

_			Keurass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					A SCHOOLS
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	5102726695		n2@acgov.o	ora	Date of Original Filing:	
2	Function or Event Infor					(Month, Day, Year)
	Does the agency have a ticke		Yes 🛛 No	Eace Value o	of Each Ticket/Pass \$ _	150
		• •				
	Event Description Summer J	Provide Title/Exp	lanation	Date(s) <u>8</u>		//
				Golde	n State Warriors	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 🛛 No		Name of S	ource
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes:		
	of agency official?			in yes	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	unit. Allise Sec	ction B to identify an individ	• Use Section C to idea	ntify an outside organization.
	A. Mame of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
			Pass(es)			
		6)	Number of			
	B. aine of thornus. (Last, First)	a)	Ticket(s)/ Pass(es)	1	Identify one of the follow	ving:
				Ceremonial Role	Other	
	Reako Lewis				ial Role" or "Other" describe below:	
			2	To promote attenda	ance at a County spo	nsored event or event
				held at a County fa	cility in order to maxir	nize potential County rev
				Ceremonial Role		Income
	Devynn taylor		2		ial Role" or "Other" describe below:	ed event or event held at a
	150.0			County facility in orde	er to maximize potential	County revenue from parkin
	C. Name of Outside Organ		Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
						······································
_						- · · · · · · · · · · · · · · · · · · ·
4.	Varification	lations 18944.1 an	d 18942. I have ve	prified that the distribution set f	orth above is in accordance w	ith the requirements
	.94			amou and any anotheritation of th	arar above, is in accordance w	in ne requirements.

. Agency Name				Date Stamp	California 802
Alameda County	_				
Division, Department, or Regi	on (If Applicabl	le)		-	For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name,Title)			-	
Briana Brown					
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510)272-6695	briana.brow	/n2@acgov.c	org	Date of Original Filing	:(Month, Day, Year)
. Function or Event Inform	nation				(,, ,,
Does the agency have a ticket	policy?	Yes 🔀 🛛 No	Face Value	of Each Ticket/Pass \$ _	80
Event Description A's Baseba	all		Date(s) 0	8 16 17	08 , 25 , 17
	Provide Title/Exp	planation	Date(3)		///
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oakla	nd Athletics	
Map tickot distribution mode	t the helpert			Name of S	
Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes	If yes: Cars	on, Keith - Supervisor Official's Name	UISTRICT 5
. Recipients					
Use Section A to identify the agency	's department or	unit. In Lise See	ction B to identify an individ	• Use Section C to ide	ntify an outside organization.
A. Mame of Agency, Department		Number of Ticket(s)/		blic purpose made pursuan	
		Pass(es)			
B. (same of individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
B, (same of Individu		Number of Ticket(s)/		Dther X	
B. (same of individus (Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend	Other I other and the second below: ance at a County spor	Income
B. (same of individus (Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend held at a County fa Ceremonial Role	Other I other and the second below: ance at a County spor	
B. (same of individus (Last, First)	zation	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
B. (tame of Inclividu (Last, First) Eddie Russell C. Name of Outside Organia (Include address and desc	zation ription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend held at a County fa Ceremonial Role If checking "Ceremon Describe the put	Other Other Anial Role" or "Other describe below: ance at a County spor acility in order to maxin Other Other Anial Role" or "Other" describe below:	Income

Agency I						A Public Documen
					Date Stamp	California 802
Alameda (•					Form OOZ
Division, D	epartment, or Reg	jion (If Applicab	le)			For Official Use Only
	Supervisors					
Designated	d Agency Contact	(Name, Title)			1	
Briana Bro	own					
Area Code/	/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must pr	ovide explanation in Part 3.)
(510)272-0	6695	briana.brow	/n2@acgov.c	org	Date of Original Filing: .	(Month, Day, Year)
Function	or Event Infor	mation				(Month, Day, Year)
Does the ag	gency have a ticke	et policy?	Yes 🗵 No	□ Face Value o	of Each Ticket/Pass \$	90
E	cription <u>A's Baseb</u>	all				
Event Desc	cription	Provide Title/Exp	lanation	Date(s)	3 _ 11 _ 17	//
Ticket(s)/P:	ass(es) provided b	v agenov2	. .	IX If no: Oakla	nd Athletics	
		y agency :	Yes 🗌 No		Name of Sou	irce
	distribution made a	at the behest	No 🗌 Yes	If yes. Carso	on, Keith - Supervisor [
of agency	official?			in yes	Official's Name (L	
	a of Agency, Departme		Number of Ticket(s)/ Pass(es)		• Use Section C to identi lic purpose made pursuant	
В.	Name of milwatu (Lust, First)		Number of			
			Ticket(s)/		Identify one of the followir	ng:
					Other	ig:
			Ticket(s)/	If checking "Ceremon	Other X	
			Ticket(s)/	If checking "Ceremoni Ceremonial Role	Other X	
C. Na (incl	ame of Outside Organ lude address and des	ization cription)	Ticket(s)/	If checking "Ceremoni Ceremonial Role [If checking "Ceremoni	Other Control of the tellow:	Income

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

Signature of Agency Head or Designee	Briana Brown Print Name	Supervisor's Assistant	July 25 (Month, Day, Year)
Comment:			EPBC Form 803 (4/42)

	Agency Name					A Public Documer
					Date Stamp	California 802
	Alameda County Division, Department, or Region ((16 A 1' 1 1	<u> </u>			Form OU2 For Official Use Only
					i or oniolar disc only	
	Board of Supervisors					
	Designated Agency Contact (Nam	ne, Title)				
	Briana Brown					
	Area Code/Phone Number E-m	nail		<u>.</u>	Amendment (Must p	rovide explanation in Part 3.)
	(510)272-6695 bria	ana.brown	2@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Informat	tion				
	Does the agency have a ticket pol	licy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	80
	Event Description A's Baseball				3 9 13 3	
	Event Description	vide Title/Expla	anation	Date(s)		
	Ticket(s)/Pass(es) provided by age	encv?	Yes 🗌 No	Ist If no: Oakla	nd Athletics	
		onoy.			Name of So	urce
	Was ticket distribution made at the	e behest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor Official's Name (I	District 5
	of agency official?				Official's Name (I	.ast, First)
•	Recipients					
	Use Section A to identify the agency's de	partment or u		ction B to identify an individ	• Use Section C to Ident	ify an outside organization.
	A. Name of Agency, Department or	Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
			Number of			
	B. (Name of Individual) (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Bole		
			Ticket(s)/		Identify one of the followi	ng: Income
			Ticket(s)/		Other 🔀	
			Ticket(s)/		Other 🔀	
			Ticket(s)/		Other 🛛	
			Ticket(s)/	If checking "Ceremon Ceremonial Role	Other I	Income
			Ticket(s)/	If checking "Ceremon Ceremonial Role	Other Control of the tell of tel	Income
	(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role	Other Control of the tell of tel	Income
		ni oni)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Control of the tell of tel	Income
	(Leat, First) C. Name of Outside Organizatio (inclusic address and descriptio	on)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other Conter Income	
	(Leat, First) C. Name of Outside Organizatio (inclusic address and description Andrew Flugleman Foundation p	on) provide	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other Conter Income	
	(Leat, First) C. Name of Outside Organizatio (inclusic address and descriptio	on) provide	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other Conter Income	
	(Leat, First) C. Name of Outside Organizatio (inclusic address and description Andrew Flugleman Foundation p	on) provide	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other Conter Income	

nce with the

Briana Bown Supervisor's Assistant L signature of Agency Head or Designee Print Name Title (Month, Day,

Comment: 2 Field Tickets

A Public Document

_						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
		-, -,				
	Gabriela Christy Area Code/Phone Number	P			Amendment (Must pro	ovide explanation in Part 3.)
		E-mail	int. On the second		Date of Original Filing: _	
_	(510) 272-6692	Gabriela.Ch	nsty@acgov	7.org	Dute of original trining. 2	(Month, Day, Year)
2.	Function or Event Inform					25
	Does the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	20
	Event DescriptionOakland A	's vs. SF Giar	nts	Date(s)8	3 <u>01 17</u>	//
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oak	Name of Sou	rce
	Was ticket distribution made a	t the behest	No 🗌 Yes	Valle	, Richard- Supervisor D	District 2
	of agency official?			n yes.	Official's Name (L	ast, First)
	Use Section A to identify the agency A. Name of Agency, Departme		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to identi	
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ıg:
	Cedillo, Arnulfo		2		Other X ial Role" or "Other" describe below: munity volunteer for his	Income
			AN	Ceremonial Role If checking "Ceremon	Other in Oth	Income
	C. Name of Outside Organi (include address and des	zation cription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy

4. Verification // H

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

111 Comment

abriela Christy Print Name

Supervisor's Assistant Title

 o (Mc

Comment: _____

1						
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	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 p	provide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			· · · · · ·	
	Does the agency have a ticke		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	25
	Event Description Oakland A	s vs. Seattle	Mariners	Date(s)	3 , 08 , 17	1 1
		Provide Title/Expl	anation			<u> </u>
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	🛛 If no:	Kland Athles	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If ves: Valle	, Richard- Supervisor	District 2
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pu	olic purpose made pursuant	t to the agency's policy
			Pass(es)			
	R Name of Individu					
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	fing:
	D. (Last, First)	al		Ceremonial Role		
	Han, Edward	al	Ticket(s)/ Pass(es)		Other X	income
	(Last, First)	al	Ticket(s)/	If checking "Ceremo	Other X	
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo — To reward a com	Other I	income
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo — To reward a corr Ceremonial Role	Other I	income
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo — To reward a corr Ceremonial Role	Other Other Inter Other O	income
	(Last, First)	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremo — To reward a corr Ceremonial Role If checking "Ceremo	Other Other Inter Other O	income
	(Last, First) Han, Edward	nization	Ticket(s)/ Pass(es) 2 W/ Number of	If checking "Ceremo — To reward a corr Ceremonial Role If checking "Ceremo	Other Other International Content of the second below: Internative volunteer for h Other Other International Role" or "Other" describe below:	income
	(Last, First) Han, Edward	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremo — To reward a corr Ceremonial Role If checking "Ceremo	Other Other International Content of the second below: Internative volunteer for h Other Other International Role" or "Other" describe below:	income
	(Last, First) Han, Edward	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremo — To reward a corr Ceremonial Role If checking "Ceremo	Other Other International Content of the second below: Internative volunteer for h Other Other International Role" or "Other" describe below:	income
4.	(Last, First) Han, Edward	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremo — To reward a corr Ceremonial Role If checking "Ceremo	Other Other International Content of the second below: Internative volunteer for h Other Other International Role" or "Other" describe below:	income
4.	(Last, First) Han, Edward C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) 2 Image: Constraint of the second seco	If checking "Ceremo — To reward a com Ceremonial Role If checking "Ceremo Describe the pu	Other Other International Content of the second below: Internative volunteer for h Other Other International Role" or "Other" describe below:	income
4.	(Lest, First) Han, Edward C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) 2 Image: Constraint of the second seco	If checking "Ceremo — To reward a corr Ceremonial Role If checking "Ceremo Describe the pu erified that the distribution set	Other Other Inial Role" or "Other" describe below: Innunity volunteer for h Other Other Inial Role" or "Other" describe below: Dolic purpose made pursuan	income

_				Biotingatione		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Million (Balandar
	Division, Department, or Reg	ion (If Applicable)		4	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov	.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				(monon, bay, rear)
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	25
	Event Description Oakland A	's vs. Seattle			3,09,17	
		Provide Title/Expl	anation	Date(s)		//
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	⊠ If no:	Kland Athlet	
	Was ticket distribution made a	t the behest	No 🗌 Yes	M If yos. Valle	Richard- Supervisor D	
	of agency official?			n yes	Official's Name (La	ast, First)
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	B. Name of Individua (Last, Firei)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role	Other 🛛	
	Banks, Karen		2		ial Role" or "Other" describe below: munity volunteer for her	service to the public
		<u>.</u>	124	Ceremonial Role If checking "Ceremon	Other Other describe below:	Income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
4	Verification					

4

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

	Gabriela Christy	Supervisor's Assistant	09/07/17
Signature of Agency Head or Designer	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Dooum

					A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form 002	
	Division, Department, or Region (If A	pplicable)		-	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, The Contact (Name,	tle)		4		
	Gabriela Christy					
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
		ela.Christy@acgov	v.org	Date of Original Filing: _		
2.	Function or Event Information					
	Does the agency have a ticket policy	? Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	80/20	
	Event Description Oakland A's vs. S		_			
	Event Description	Title/Explanation	Date(s)		//	
	Ticket(s)/Pass(es) provided by agence	xy? Yes□ No	If no: Oal	Kland Athles Name of Sou	7CS	
	Was ticket distribution made at the be	ehest No 🗌 Yes	Valle, Valle	, Richard- Supervisor E	District 2	
	of agency official?			Official's Name (L		
	A. Name of Agency, Department or Uni	t Number of Ticket(s)/ Pass(es)	Describe the pub	olic 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	ng:	
			Ceremonial Role If checking "Ceremon	C Other X ial Role" or "Other" describe below:	Income	
			Ceremonial Role If checking "Ceremon	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 t	to the agency's policy	
	Knights of Columbus 22824 2nd street, Hayward, Ca	18/3	 To reward a nonp community 	profit organization for its	s contributions to the	
	A Catholic fraternal service organiz dedicated to the principles of charit					

4. Verification

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

Gabriela Christy Supervisor's Assistant 6 Signature of Agency Head or Designee Print Name Title

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 Athletics vs. Baltimore Orioles Date(s) 08 10 17 _____/ Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official?

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Yukumoto, Clayton	2	Ceremonial Role Cother Conternation Income Conternation Income Conternation If checking "Ceremonial Role" or "Other" describe below: — To reward a community volunteer for his service to the public
	ULU	Ceremonial Role Other Income Income 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

4. Verification

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

	Nancy Sa	Supervisor's Assistant	09/07/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Print Name Title (Month, Day, Year)

Comment: _

1	Agency Name				Data Stamp	Colifornio 000
••	Alameda County				Date Stamp	California Form 802
	Division, Department, or Region	(If Applicable))		-	For Official Use Only
		(),,				
	Board of Supervisors Designated Agency Contact (Nar	Title)			4	
		ne, nue)				
	Gabriela Christy					provide explanation in Part 3.)
		mail				
_		abriela.Chr	isty@acgov	/.org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Informa					25
	Does the agency have a ticket po	•	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	23
	Event Description Oakland A's	vs. Baltimor	e Orioles	Date(s)	8 / 11 / 17	//
	Pro	ovide Hile/Expla	ination			ior
	Ticket(s)/Pass(es) provided by ag	gency?	Yes 🗌 No	If no: Dal	Name of Sci	C
	Was ticket distribution made at th	ne behest	No 🗌 Yes	Valle	, Richard- Supervisor	District 2
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency's d	lepartment or u	init. • Use See	ction B to identify an individ	iual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department of	or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy
			Pass(es)			
	B. Name of Individual (Lest, First)		Number of Ticket(s)/	14 - De	Identify one of the follow	ing:
			Pass(es)	0		
				Ceremonial Role	D Other X nial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
				If checking "Ceremor	nial Role" or "Other" describe below:	
ſ			Number of			
4	C. Name of Outside Organizati (include address and descrip		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
-	One haffer		F 435(65)			
	One Justice 433 California St #815, San Fra	ancisco. C	2	 – To reward a nonp community 	profit organization for i	ts contributions to the
	OneJustice works to bring life-o	changing				
_	legal help to those in need					
		144 4 1	10010 16-	alternation and the second		
1	116	144.1 and			forth above, is in accordance wi	almin
			Gabriela C		Supervisor's Assistant	<u> </u>
			Print Nam	e	Title	(Month, Day, Year)
I	Comment:					
						FPPC Form 802 (4/12)

			A Public Documen
		Date Stamp	California 802
			Form
(If Applicable)		-	For Official Use Only
ne, Title)		-	
mail		Amendment (Must pi	rovide explanation in Part 3.)
abriela.Christy@acgov	v.org	Date of Original Filing: .	(Month, Day, Year)
tion		· · · · · · · · · · · · · · · · · · ·	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
licy? Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	25
s. Baltimore Orioles	Date(s)		//
	🛛 If no:		tics
e behest No 🗌 Yes	If yes: Valle		District 2
epartment or unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
r Unit Number of Ticket(s)/ Pass(es)			
Number of Ticket(s)		Identify one of the followi	
Pass(es)			9
2		nial Role" or "Other" describe below:	Income
L	 To reward a com 	munity volunteer for his	s service to the public
16y	Ceremonial Role		Income
on Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
18944.1 and 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
Gabriela Cl		Supervisor's Assistant	(Month, Day, Vear)
	mail abriela.Christy@acgov tion llicy? Yes 🖾 No s. Baltimore Orioles wide Title/Explanation gency? Yes 🗌 No e behest No 🗌 Yes epartment or unit. • Use Sec r Unit Number of Ticket(s)/ Pass(es) 2 2 2 2 18944.1 and 18942. / have ven Gabriela Ci	ne, Title) mail abriela.Christy@acgov.org tion licy? Yes 🖾 No 🗌 Face Value of s. Baltimore Orioles s. Baltimore Orioles Date(s)O wide Title/Explanation Date(s)O pency? Yes 🗋 No 🖾 If no:O e behest No 🗌 Yes 🖾 If yes: Valle epartment or unit • Use Section B to identify an individ r Unit Number of Ticke(s)/ Pass(es) Describe the put Pass(es) Ceremonial Role If checking "Ceremonial Role 2	(If Applicable) ne, Tille) mail abriela.Christy@acgov.org biton biton

С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 000
	Alameda County				Form OUZ
	Division, Department, or Region (If Applicable	e)		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Gabriela Christy				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
		risty@acgov	.ora	Date of Original Filing:	
2.	Function or Event Information				(Month, Day, Year)
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	25
	Event Description Oakland A's vs. Baltimo				
	Event Description Provide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oa	Kand Athleh Name of Sci	
	Was ticket distribution made at the behest	No 🗌 Yes	🗙 Ifves Valle,	, Richard- Supervisor	District 2
	of agency official?		E 11 yes	Official's Name ((Last, First)
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)		lic purpose made pursuan	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other 🔀	
	Han, Edward	2		ial Role" or "Other" describe below:	is service to the public
		iller	Ceremonial Role If checking "Ceremon	Other in the selow:	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				

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

 Gabriela Christy
 Supervisor's Assistant

 V Signature of Agency Head or Designee
 Print Name
 Title

(Month,

Comment: _

C	eremonial Role Events and Lic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OUZ
	Division, Department, or Region (If Applicable)		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Gabriela Christy				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692 Gabriela.Chi	risty@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 \$ _	25
	Event Description Oakland A's vs. Kansas Provide Title/Expl		Date(s)		08 15 17
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	⊠ If no:	Atland Athl	ettes
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle	e, Richard- Supervisor Official's Name	District 2 (Last, First)
3.	• Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	at to the agency's policy
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	vina
	(Last, First)	Pass(es)	Ceremonial Role If checking "Ceremo	Other Other Annual Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremo	Dther nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	it to the agency's policy
	Glad Tidings Church 27689 Tyrrell Ave, Hayward, CA 94544	4	– To reward a non community	profit organization for	its contributions to the
	Glad Tidings Church has adopted S. Hayward Neighborhood in order				

4. Verification

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

Signature of Agency Head or Designee

Gabriela Christy Print Name Supervisor's Assistant

Comment: _

					A Public Documer
Agency Name				Date Stamp	California 802
Alameda County					Form
Division, Department, or Reg	ion (If Applicabl	e)		1	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		iristy@acgov	/ ora	Date of Original Filing: _	
Function or Event Infor					(Month, Day, Year)
Does the agency have a ticke				of Each Ticket/Pass \$	25
		Yes 🛛 No			
Event Description <u>Oakland A</u>	Provide Title/Exc		Date(s)	3 <u>16 17</u>	//
Ticket(s)/Pass(es) provided b		Yes 🗌 No	If no: Da	Kland Athlatt	
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle	Richard- Supervisor D	
Recipients					
Use Section A to identify the agence	y's department or	unit. • Use See	ction B to identify an individ	ual. • Use Section C to identi	fy an outside organization
A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant f	
B. Name of Individua (Last, First)	al	Number of Ticket(s)/		Identify one of the followir	
<u> </u>		Pass(es)	Ceremonial Role		
		Pass(es)	Ceremonial Role		ng:
		Pass(es)	If checking "Ceremon Ceremonial Role	Other X	
Name of Outside Organ (include address and des		Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Conternation Other Other Other Other Other Other	Income [
C. Name of Outside Organ (include address and des Glad Tidings Church 27689 Tyrrell Ave, Hayward	cription)	Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other Conternation of the formula	Income [Income [
(include address and des	, CA 94544 opted S.	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub – To reward a nonp	Other Control of the formula to th	Income
(include address and des Glad Tidings Church 27689 Tyrrell Ave, Hayward Glad Tidings Church has ad Hayward Neighborhood in o	cription) , CA 94544 opted S. rder	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub – To reward a nonp community	Other Other Other Other Other Other Other Inc purpose made pursuant to rofit organization for its	Income [Income] o the agency's policy
(include address and des Glad Tidings Church 27689 Tyrrell Ave, Hayward Glad Tidings Church has ad Hayward Neighborhood in o	cription) , CA 94544 opted S. rder	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub – To reward a nonp community	Other Control of the formatter of the	Income Income Income Income
(include address and des Glad Tidings Church 27689 Tyrrell Ave, Hayward Glad Tidings Church has ad Hayward Neighborhood in o	cription) , CA 94544 opted S. rder	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub – To reward a nonp community	Other Other Other Other Other Other Other Inc purpose made pursuant to rofit organization for its	Income Income Income Income

. ...

-						A Public Documen
1.	Agency Name				Date Stamp	California 802
	Alameda County				8	Form 002
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)			4	
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	ristv@acoov	v.ora	Date of Original Filing:	
2.	Function or Event Infor		,0			(Month, Day, Year)
	Does the agency have a ticke		Yes 🗵 No	Eace Value of	of Each Ticket/Pass \$	80/20
	Event Description Oakland A	•		_	2 25 47	
	Event Description	Provide Title/Expl	anation	Date(s)0		//
	Ticket(s)/Pass(es) provided by			If no:	Idand Attaly	108
	Tickel(3)/Pass(es) provided b	y agency?	Yes 🗌 No		Name of Sou	irce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor E	District 2
	of agency official?				Official's Name (L	ast, First)
J.	Recipients Use Section A to identify the agency A. Name of Agency, Department		unit. • Use Se Number of Ticket(s)/		ual. • Use Section C to ident	
			Pass(es)			
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
			1 435(65)	Ceremonial Role	Other 🛛	
					ial Role" or "Other" describe below:	
				Ceremonial Role If checking "Ceremon	Other is Other all other is the selow:	Income
	C. Name of Outside Organi (include address and desi		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	LOV 8440 Central Ave, Newark, (CA 94560	18/3	 To reward a nonp community 	profit organization for its	s contributions to the
	LOV is to promote volunteer enhance the quality of life in					
4.	Verification		I			

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

Gabriela Christy Supervisor's Assistant a Print Name Title (Month, D

Comment: _

Signature of Agency Head or Designee

		A Public Docum
		Date Stamp California 80
able)		For Official Use Only
·		
		Amendment (Must provide explanation in Part 3.)
Christy@acoov	ora	Date of Original Filing:
		(Month, Day, Year)
		f Each Ticket/Base \$
is Rangers	Date(s) <u>08</u>	
=xpianation	Oal	dand Applanic P
Yes 🗋 🛛 No 🛛	🛛 If no: 🗾	Name of Source
	Valle.	Richard- Supervisor District 2
	⊠ II yes:	Official's Name (Last, First)
or unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identify an outside organization.
Number of		lic purpose made pursuant to the agency's policy
Pass(es)	Describe the pub	the purpose made pursuant to the agency's policy
Number of Ticket(s)/ Pass(es)		Identify one of the following:
	Ceremonial Role	Other Income
2		al Role" or "Other" describe below:
	- To reward a comr	nunity volunteer for her service to the publi
	Ceremonial Role	Other Dincome
2		al Role" or "Other" describe below:
2		
_		
Ticket(s)/	Describe the publ	ic purpose made pursuant to the agency's policy
Pass(es)		
	ified that the distribution set fo	rth above, is in accordance with the requirements.
		rth above, is in accordance with the requirements.
and 18942. I have ver	nristy S	- 1 - 1
	Yes No is Rangers Explanation Yes No it No Yes tor unit. • Use Sec Number of Ticket(s)/ Pass(es) 2 2 2	Christy@acgov.org Yes X No X Face Value on Seangers Date(s) 08 Explanation Date(s) 08 Yes X No X If no: Output St No X If no: Output St No X If yes: Valle, St No X If yes: Valle, St Number of Ticket(s)/ Pass(es) Describe the pub Number of Ticket(s)/ Pass(es) Ceremonial Role [If checking "Ceremonial Role [2 Ceremonial Role [If checking "Ceremonial Role [If checking "Ceremonial Role [2 Ceremonial Role [If checking "Ceremonial Role [If checking "Ceremonial Role [2 Number of Number of Ceremonial Role [If checking "Ceremonial Role [2 Number of If checking "Ceremonial Role [If checking "Ceremonial Role [2 Number of If checking "Ceremonial Role [If checking "Ceremonial Role [

	Distributions		A Public Document
		Date Stamp	California 802
			A PERMIN
ole)		1	For Official Use Only
		1	
		Amendment (Must	provide explanation in Part 3.)
hristy@acgov	v.org	Date of Original Filing	:(Month, Day, Year)
		<u></u>	
Yes 🛛 No	Face Value o	of Each Ticket/Pass \$.	25
Rangers	Data(s) 08	5 , 26 , 17	1 1
planation			
Yes 🗌 No	🛛 If no: 🗖	cland Attile	
	Valle.		
NOL Tes	If yes:	Official's Name	(Last, First)
r unit. • Use Sea	ction B to identify an individu	al. • Use Section C to ide	ntify an outside organization.
Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy
Number of Ticket(s)/		Identify one of the follow	vina:
Pass(es)			
		_	Income
2			
		_	Income
2	" Checking Ceremoni	a noie di Other describe below.	
Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuar	nt to the agency's policy
nd 18942. I have ve	rified that the distribution set fo	orth above, is in accordance w	ith the requirements.
		Title	(Month, Day, Year)
	hristy@acgov Yes X No Rangers planation Yes No No Yes r unit. • Use Sec Number of Ticket(s)/ Pass(es) 2 2 2 2 2 2 2 2 2 2 2	hristy@acgov.org Yes I No Face Value of Rangers Date(s) planation Yes No I for: Yes No I for: Yes No I for: Yes I for: Yes I for: No I Yes I for: Yes I for: Number of Ticket(s)/ Pass(es) Describe the pub I checking "Ceremonial Role II	ile) Amendment (Must Date of Original Filling Yes INO Face Value of Each Ticket/Pass \$. Rangers planation Date(s) 08 26 17 Yes INO If no: DatkCland Mumber of Norme of S No Yes If yes: Valle, Richard-Supervisor Official's Name r unit. • Use Section B to identify an individual. • Use Section C to ide Number of Ticket(s) Describe the public purpose made pursual Pass(es) Identify one of the follow 2 Ceremonial Role Other I 1< checking "Ceremonial Role" or "Other" describe below

. Agency Name					the second state of the se
				Date Stamp	California 802
Alameda County				2	Form OOZ For Official Use Only
Division, Department, or Regio	on (If Applicable))			i or onicial ose only
Board of Supervisors					
Designated Agency Contact (N	lame, Title)		<u></u>		
Gabriela Christy					
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692	Gabriela.Chr	isty@acgov	.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform	nation			1	
Does the agency have a ticket	policy?	Yes 🔀 No	Face Value c	f Each Ticket/Pass \$ _	25
Event Description Oakland A's				27 17	
Event Description	Provide Title/Expla	anation	Date(s)08		
Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 🛛 No		Hand Athles Name of So	
Was ticket distribution made at	the behest	No 🗌 Yes	🛛 📊 If ves. Valle,	Richard- Supervisor	District 2
of agency official?			E II yes	Official's Name (Last, First)
Recipients Use Section A to identify the agency's	s department or u	init. • Use Sec	tion B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department	t 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 follow	ing:
(Last, First)		Pass(es)	Ceremonial Role	Other X	_
			Ocientonia i tole		
Mitzman, Marshal			If checking "Ceremon	al Role" or "Other" describe below:	Income
Mitzman, Marshal		2	-		is service to the public
Mitzman, Marshal		2 Au	- To reward a com	munity volunteer for hi	
Mitzman, Marshal C. Name of Outside Organiz: (Include address and descr	ation ription)	2 Number of Ticket(s)/ Pass(es)	- To reward a com	munity volunteer for hi	is service to the public

Comment: ____

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable	<i>)</i>		1	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		risty@acgov.	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			<u>L</u>	
	Does the agency have a ticke	et policy?	Yes 🛛 No [Face Value of	of Each Ticket/Pass \$ _	55/20
	Event Description Oakland A	A's vs. Baltimo		Date(s)0	3 , 12 , 17	
	Event Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [🛛 If no:	aKland Affild Name of So	urce
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes [If yes: Valle	, Richard- Supervisor	District 2
3.	Recipients					
	Use Section A to identify the agend	y's department or	1	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ng:
	• (Lest, First)		Pass(es)			
	Cervantez, Guadalupe		2		nial Role" or "Other" describe below:	Income
				Ceremonial Role	Other	Income
			2	in checking Ceremor	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
4 .	Verification					
	l hi	s 18944.1 and	18942. I have ver	rified that the distribution set f	orth above, is in accordance wit	h the requirements.
	<u>_</u>		Gabriela Ch	nristy	Supervisor's Assistant	09/07/17
	Sugnature of Agency Head or Desig net	j	Print Name)	Title	(Month, Day, Year)

						AT ubite Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				1	Form OUZ
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)			1	
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
_	(510) 272-6692	Gabriela.Cl	nristy@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	400
	Event Description Ed Sheera	in Concert		Date(s) 08	3 , 02 , 17	/
		Provide Title/Exp	planation	<u> </u>		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sc	
	Was ticket distribution made a	t the behast		S Valle		
	of agency official?	it the benest	No 🗌 Yes	If yes: <u>Valle</u> ,	Richard- Supervisor	
3	Recipients				· · · · · · · · · · · · · · · · · · ·	
Ϋ.	Use Section A to identify the agency	/'s department o	r unit. • Use Sec	tion B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ing:
			Pass(es)			
	Hernandez, Denisse		4		al Role" or "Other" describe below:	Income
			ley	Ceremonial Role	Other al Role" or "Other" describe below:	Income
	C. Name of Outside Organi (include address and dest	zation cription)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
4.	Verification	1944.1 and	1 18942. I have ver	ified that the distribution set fo	rth above, is in accordance with	h the requirements.
	- Signature of Agency Head or Designee	·	Gabriela Ch Print Name		Supervisor's Assistant	
	Comment:					(Monin, Day, Year)

Agency Name				Dette Oferen	A Public Documen
				Date Stamp	California 802
	on (If Applicabl			4	For Official Use Only
		0)			
Designated Agency Contact (Name,Title)				
Gabriela Christy					
Area Code/Phone Number	E-mail		<u> </u>	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6692	Gabriela.Ch	nristy@acgov	.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation				
Does the agency have a ticket	: policy?	Yes 🕅 No	Face Value of	of Each Ticket/Pass \$	250
Kendrick L	amar Conce				
Event Description	Provide Title/Exp	lanation	Date(s)	, , , , , , , , , , , , , , , , , , , ,	/
Ticket(s)/Pass(es) provided by	agency2	V	Golde	n State Warriors	
	agency:	Yes 🗋 No		Name of Sou	
	t the behest	No∏ Yes	🛛 If ves. Valle	, Richard- Supervisor E	District 2
of agency official?				Official's Name (L	ast, First)
Recipients					
Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department	nt 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 (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
Gutierrez Freddie					Income
Odderrez, i redule		4			
			- To reward a com	munity volunteer for his	s service to the public
			Ceremonial Role		Income
		M			
		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	o the agency's policy
	Board of Supervisors Designated Agency Contact (J Gabriela Christy Area Code/Phone Number (510) 272-6692 Function or Event Inform Does the agency have a ticket Event Description Kendrick L Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Department (Last First) Gutierrez, Freddie C.	Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Function or Event Information Does the agency have a ticket policy? Event Description Kendrick Lamar Concer Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last First) Gutierrez, Freddie	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Christy@acgov Function or Event Information Does the agency have a ticket policy? Yes ⊠ No Event Description Kendrick Lamar Concert Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No Was ticket distribution made at the behest of agency official? •Use Section A to identify the agency's department or unit. •Use Section A to identify the agency's department or unit. •Use Section A to identify the agency's department or unit. •Use Section A to identify the agency's department or unit. •Use Section A to identify the agency's department or unit. •Use Section A to identify the agency is department or Unit B. Name of Individual (Last Trad) Number of Ticket(s)/ Pass(es) Gutierrez, Freddie 4 Image: Comparization	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Christy@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description Kendrick Lamar Concert Provide Title/Explanation Date(s) OR Ticket(s)/Pass(es) provided by agency? Yes No Vas ticket distribution made at the behest of agency official? No Recipients •Use Section B to identify an individe A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Lat Fred) Number of Ticket(s)/ Pass(es) Gutierrez, Freddie 4 Ceremonial Role If checking Ceremon Ceremonial Role If Ceremonial Role If checking Ceremon If Ceremonial Role If checking Ceremon	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must pr Gabriela Christy@acgov.org Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Christy@acgov.org Date of Original Filing:

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

Signature of Agency Head or Designee

Print Name

Gabriela Christy

Supervisor's Assistant Title

Comment: _

Comment: __

		Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Application	ble)	····		For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Gabriela Christy				
Area Code/Phone Number E-mail		<u> </u>	Amendment (Must	provide explanation in Part 3.)
(510) 272-6692 Gabriela.C	hristy@acgo	/.org	Date of Original Filing	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy?	Yes 🗹 No	Face Value of	of Each Ticket/Pass \$ _	150
Event Description Green Day Concert Provide Title/E	planation	Date(s)	3 05 17	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd Athletics Name of Se	purce
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name	District 2 (Last, First)
Recipients Use Section A to identify the agency's department of th	or unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuan	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
Wimset, James	Pass(es)		Other	
	4		ial Role" or "Other" describe below: munity volunteer for h	is service to the public
Sanders, Daniel		Ceremonial Role	Other Dial Role" or "Other" describe below:	income
	3	To reward a comm	unity volunteer for his	service to the public
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
Verification	nd 18042 / house us	witted that the distribution of the		
. yuauons 10944.1 a			orth above, is in accordance wi	
	Gabriela C	nristy	Supervisor's Assistan	t (MINTIF

A Public Document

_						AT ubile Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Region	(If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	me,Title)			-	
	Gabriela Christy					
		-mail			Amendment (Must pr	ovide explanation in Part 3.)
			risty@acgov	.org	Date of Original Filing: -	(Month, Day, Year)
2.	Function or Event Information	ation				
	Does the agency have a ticket p	•	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	150
	Event Description	ımmer Jam		Date(s) 08	3 _ 06 _ 17	1 1
	Pi	rovide Title/Expl	anation	Date(3)		
	Ticket(s)/Pass(es) provided by a	gency?	Yes 🗌 No	If no: Golde	n State Warriors	
					Name of Sou	
	Was ticket distribution made at the of agency official?	ne behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor E Official's Name (L	
_						
3.	• Use Section A to identify the agency's	department or u	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income
	Farjaro, Carlos		4		ial Role" or "Other" describe below:	
				 Io reward a com 	munity volunteer for his	s service to the public
				Ceremonial Role If checking "Ceremon	Other Die Noter Other Die State Stat	Income
	C. Name of Outside Organiza (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy
4.	Verification					

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

Gabriela Christy

Supervisor's Assistant

С

Comment: ____

nee

A Public Document

Agency Name			Date Stamp	California 000
Alameda County			Date Stamp	Form 802
Division, Department, or Region (If Applicab	ole)			For Official Use Only
	,			
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	
	hristy@acgov.	.org	Date of Original Filing	(Month, Day, Year)
Function or Event Information				60
Does the agency have a ticket policy?	Yes 🛛 No [f Each Ticket/Pass \$	
Event Description Marvel Universe Live Provide Title/Ex	planation	Date(s)8	<u>, 11 , 17</u>	081217
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Golder	State Warriors	
			Name of S	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes [If yes: <u>valle</u> ,	Richard- Supervisor	
				(Lasi, Filsi)
• Use Section A to identify the agency's department of	or unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
(Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role	Other	Income
B. Name of Individual (Last, First) JONZA 187, Michelle	Ticket(s)/ Pass(es)	If checking "Ceremon. TO PENOM	Other Other Other describe below	Income
(Last, First)	Ticket(s)/ Pass(es)	If checking "Ceremon TO PENON WH RC Ceremonial Role	Other A Other A Other Other Other al Role" or "Other" describe below	Income Af youteer; e public Income Income
gonzalez, michelle	Ticket(s)/ Pass(es)	If checking "Ceremon TO PENYON WEP FC Ceremonial Role If checking "Ceremon U	Other A Other A Other Other Other al Role" or "Other" describe below	Income Hy youtcep) e public Income tis
gonzalez, michelle Schmidt, IDRENZO C. Name of Outside Organization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon TO PENYON WEP FC Ceremonial Role If checking "Ceremon U	Dether Details of the contract	Income Hy youtcep) e public Income tis
gonzalez, michelle Schmidt, IDRENZO C. Name of Outside Organization	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon TO PENYON WEP FC Ceremonial Role If checking "Ceremon U	Dether Details of the contract	Income AJ VOMTCEP PUBLE Income tis

Signature of Agency Head or Designee

Print Name

Title

(Mohth, Day, Year) 7

Comment: _

A Public Document

						A Fublic De	
1.	Agency Name				Date Stamp	California Form	802
	Alameda County					Form	002
	Division, Department, or Regi	ion (If Applicable	ə)		-	For Official U	Jse Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			4		
	Gabriela Christy				Amendment (Must pro	ovide explanation in	Part 3.)
	Area Code/Phone Number	E-mail					,
_	(510) 272-6692	Gabriela.Ch	risty@acgov	/.org	Date of Original Filing: _	(Month, Day, Year	7
2.	Function or Event Inform	mation				· · · · ·	
	Does the agency have a ticke		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$		60
	Event Description Marvel Un	iverse Live		Data(c) 08	3 <u>, 13 , 17</u>	(,
		Provide Title/Expl	anation	Date(s)	/	/	/
	Ticket(s)/Pass(es) provided by	v agencv?	Yes 🗌 No	If no: Golde	n State Warriors		
		, . 5 , .			Name of Sour		
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor D	istrict 2	
	of agency official?			-	Official's Name (La	ast, First)	
	Recipients • Use Section A to identify the agency A. Name of Agency, Departme		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to identif		
	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the followin	g:	
			Pass(es)	0			
N	un la la			Ceremonial Role			
Ŧ	Wald, MIKE		4	to reward a	ial Role" or "Other" describe below:	lunteer 2	for hus
					Other '' ' ial Role" or "Other" describe below:		Income
	C. Name of Outside Organi (include address and dest		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's po	licy
	Verification						

Verification

1944.1 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

7 04 (Month, Day, Year

Comment: __

A Public Document

Agency Name				Date Stamp	California	802
Alameda County					Form	
Division, Department, or Regi	ion (If Applicable)				For Official	Use Only
Board of Supervisors						
Designated Agency Contact (Name,Title)					
Gabriela Christy				·		
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in	Part 3.)
(510) 272-6692	Gabriela.Christy@ac	aov ora		Date of Original Filing:		
Function or Event Infor					(Month, Day, Yea	ar)
Does the agency have a ticke		No 🗌	Face Value o	f Each Ticket/Pass \$		150
			0.0			
Event Description Banda Ms	Provide Title/Explanation		Date(s)	0517	/	_/
Ticket(s)/Pass(es) provided by	<u> </u>		Golder	State Warriors		
ricket(s)/rass(es) provided by	y agency? Yes 🗌	No 🛛	If no:	Name of So	urce	
Was ticket distribution made a	t the behest No	Yes 🔀	lf ves. Valle,	Richard- Supervisor I	District 2	
of agency official?			ii yoo	Official's Name (I	Last, First)	
	nt or Unit Ticket(s Pass(e		Describe the pub	lic purpose made pursuant	to the agency's p	olicy
	Tionede	s)/	Describe the pub	lic purpose made pursuant	to the agency's p	olicy
B. Name of Individua	Pass(e	s)/ s)	Describe the pub			olicy
	Pass(e	s)/ s) of s)/	Describe the pub	lic purpose made pursuant		olicy
B. Name of Individua	I Number Ticket(s	s)/ s) of s)/	Ceremonial Role			olicy
B. Name of Individua	I Number Ticket(s	s)/ s) of s)/	Ceremonial Role [If checking "Ceremoni Ceremonial Role [Identify one of the followi		
B. Name of Individua	Number Ticket(s Pass(ex Number Ticket(s Pass(ex Pass(e	s)/ s) of s)/ s)	Ceremonial Role If checking "Ceremoni Ceremonial Role If checking "Ceremoni	Identify one of the followi Other al Role" or "Other" describe below: Other	ing:	Income

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

Gabriela Christy Print Name Supervisor's Assistant

(Month

Comment: __

- orginature of Agency Lieau of Designee

ilicable) a.Christy@acgov Yes⊠ No ^{tle/Explanation} ? Yes □ No est No □ Yes	Face Value Date(s)	Date of Original Filing: of Each Ticket/Pass \$ 82617	<u> </u>
a.Christy@acgov Yes 🛛 No ^{le/Explanation} ? Yes 🗌 No	Face Value Date(s)	Date of Original Filing: of Each Ticket/Pass \$ 82617	For Official Use Only rovide explanation in Part 3.) (Month, Day, Year) 60
a.Christy@acgov Yes 🛛 No ^{le/Explanation} ? Yes 🗌 No	Face Value Date(s)	Date of Original Filing: of Each Ticket/Pass \$ 82617	rovide explanation in Part 3.) (Month, Day, Year) 60
a.Christy@acgov Yes 🛛 No ^{Ie/Explanation} ? Yes 🗌 No	Face Value Date(s)	Date of Original Filing: of Each Ticket/Pass \$ 82617	(Month, Day, Year)
a.Christy@acgov Yes 🛛 No ^{Ie/Explanation} ? Yes 🗌 No	Face Value Date(s)	Date of Original Filing: of Each Ticket/Pass \$ 82617	(Month, Day, Year)
Yes ⊠ No le/Explanation ? Yes □ No	Face Value Date(s)	Date of Original Filing: of Each Ticket/Pass \$ 82617	(Month, Day, Year)
Yes ⊠ No le/Explanation ? Yes □ No	Face Value Date(s)	Date of Original Filing: of Each Ticket/Pass \$ 82617	(Month, Day, Year)
Yes ⊠ No le/Explanation ? Yes □ No	Face Value Date(s)	of Each Ticket/Pass \$ _ 8 _/ 26 / 17	60
lle/Explanation ? Yes ☐ No	Date(s)0	of Each Ticket/Pass \$ _ 8 _/ 26 / 17	60
lle/Explanation ? Yes ☐ No	Date(s)0	8 <u>, 26 , 17</u>	
? Yes 🗌 No	Golde		//
? Yes 🗌 No	Golde		//
	If no: Golde		
est No 🗌 Yes		n State Warriors Name of Sou	urce
	If yes: Valle	, Richard- Supervisor I Official's Name (I	District 2 Last, First)
ent or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
Number of Ticket(s)/			
Number of Ticket(s)/ Pass(se)		Identify one of the followi	ing:
r ass(es)	Ceremonial Role	Other 🗍	
4	-	nial Role" or "Other" describe below:	
41			Income
Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
4.1 and 180/2 Libraria	rified that the distribution		
	ent or unit. • Use Sec Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	ent or unit. • Use Section B to identify an individ Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Ceremonial Role <i>If checking "Ceremonial Role If checking "Ceremonial Role <i>If checking "Ceremonial Role</i> <i>If checking the checking "Ceremonial Role</i> <i>If checking the checking</i></i>	Official's Name (interview of the public of the public purpose made pursuant pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Identify one of the following the public of the following the pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below:

 Gabriela Christy	Supervisor's Assistant	09/07/17
 Print Name	Title	(Month, Day, Year)

Comment: _____

_						A Fublic Documen		
1.	Agency Name				Date Stamp	California 802		
	Alameda County					1 dim 0 0 0		
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)			•			
	Gabriela Christy							
	Area Code/Phone Number	É-mail			Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 272-6692	Gabriela.Cl	nristy@acgov.org	3	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Infor	mation				(Monin, Day, Year)		
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$	305.55/35		
	- Oakland F	aiders vs. LA						
	Event Description Oakland Raiders vs. LA Rams Date(s) 08				//			
	Ticket(s)/Pass(es) provided by agency? Yes D No X If no: Oaklar			nd Athletics				
	Ticket(s)/Pass(es) provided by agency? Yes No X If no:				Name of Sou			
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor E	District 2		
	of agency official?				Official's Name (L			
3.	Recipients	Recipients						
	Use Section A to identify the agency	y's department o		B to identify an individu	al. • Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	B. Name of Individua	1	Number of					
	Last, First)		Ticket(s)/ Pass(es)		Identify one of the followir	ıg:		
	Nevas, Lucinda		3/1	ro raward a	Defined and the second and the secon	income [Vol:Nteep for blic,		
				Ceremonial Role	Other describe below:	Income		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy		
	D0							
4.	V		<u></u>					
	1	ations 18944.1 an	d 18942. I have verified	that the distribution set fo	rth above, is in accordance with	the requirements.		
			Gabriela Christ	ty S	Supervisor's Assistant	09/07/17		
	- Signature of Agency Head or Designee		Print Name	<u> </u>	Title	(Month, Day, Year)		
	Comment							
	Comment:		·					

1	Agency Name				Dete Otenne	
	Alameda County				Date Stamp	California Form 802
	Division, Department, or Reg	ion (If Applicab	le)		-	For Official Use Only
	Board of Supervisors Designated Agency Contact (Name, Title)					
	Gabriela Christy				Amendment (Mustu	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
_	(510) 272-6692		nristy@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor					a arrelar
	Does the agency have a ticke	• •	Yes 🛛 No 🗌		f Each Ticket/Pass \$ _	\$7.303.33[3]
	Event Description Oakland Raiders vs. Seattle Seahawks Date(s) 08			31 , 17	/	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oak			If no: Oaklar	Name of Sc	ource
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	l Ifvor Valle,	, Richard- Supervisor District 2	
	of agency official?			i ii yes	Official's Name (
3.	Recipients					
	Use Section A to identify the agence	y's department o	al. • Use Section C to iden	ntify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Hawkins, Colleen		31		al Role" or "Other" describe below:	Income
				Ceremonial Role		income
				i choning coronom		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
4.	Verificațion					
		8944.1 an	d 18942. I have verifie	ed that the distribution set fo	rth above, is in accordance wit	th the requirements.
	_		Gabriela Chri	isty s	Supervisor's Assistant	1090717
	 Signature of Agency Head or Designee 		Print Name		Title	(Month, Day, Year)
	Comment:					

	Agency Name					
,					Date Stamp	California Form 802
	Alameda County					Form OUZ
Ī	Division, Department, or Reg	ion (if applicable)				For Official Use Only
I	Board of Supervisors					
ī	Designated Agency Contact	(Name, Title)			1	
l	Lee Ann Fergerson, Ticket	Administrator			Amondmont (14)	
7	Area Code/Phone Number	E-mail				rovide Explanation in Part 3.)
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation		· · · ·		
	Does the agency have a ticl	ket policy? Yes 🛛	No 🗖 🛛 F	ace Value of	Each Ticket/Pass \$)5.55
1	Event Description: Raiders	Football	C		<u>, 15 , 17</u>	
		Provide Title/ Explan	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🛙 No 🗌 🗏	f no: RAIDER	Name of Source	
١	Was ticket distribution made	e at the behest ves p		f yes: HAGGE	ERTY, SCOTT	
	of agency official?			·	Official's Name (Last, First)	
	A. Name of Agency, Dep		of Ticket(s)/ Passes		e public purpose made pur	suant to the agency's policy
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role D Other C king "Ceremonial Role" or "Other" de.	
				Cerer If chec	nonial Role D Other king "Ceremonial Role" or "Other" de:	
	C. Name of Outside C (include address and	rganization description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	LIVERMORE VALLEY PE CENTER	RFORMING ARTS	4/1		school or non-profit o s to the community.	rganization for its
	2400 First St., Livermore (CA 94550			· · · · · · · · · · · · · · · · · · ·	

4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	8/31/17
Signature of Agency Head on Designee	Print Name	Title	(month, day, year)
Comment: https://LVPAC.ORG		· · · · · · · · · · · · · · · · · · ·	