(19)<sup>(1)</sup>

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1. Agency Name				Dale Slamp	Gallonia (SU)
Alameda County					storm
Division, Department, or	Region (If Applica	ible)		-	For Olficial Use Only
Board of Supervisors					
Designated Agency Con	tact (Name, Tille)				
Lee Ann Fergerson, Su	pervisor's Assis	tant			
Area Code/Phone Numb	-			Amondmont (Musi	provida explanation in Part 3.)
(510) 272-6691	leeann.fer	gerson@acgov.c	ng	Date of Original Filing	(Month, Day, Year)
2. Function or Event In	formation				
Does the agency have a	licket policy?	Yes 🗌 No 🖂	Face Value	of Each Ticket/Pass \$ .	205.55
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<ul> <li>Recipients</li> <li>Use Section A to Identify the c</li> </ul>	igency's department o	or unit. • Uso Section	n B to identify an individ	ual > Uso Section C to Idu	ntify on outside organization.
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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)

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	Alameda County	and blongs	Fin O				
	Division, Department, or Region (if Applica	-	For Official Uso O				
	Board of Supervisors	·					
	Designated Agency Contact (Namo, Tille)			-			
	Lee Ann Fergerson, Supervisor's Assis	****					
	Area Code/Phone Number [E-mail			- D Amondmont (Musi	provido explanation in Parl 3.		
		gerson@acgc	V.oro	Date of Original Filing			
)	Function or Event information		<u>ل المراجع المحمد ال</u>	The survey of the state of the survey of the	(Month, Doy, Year)		
	Does the agency have a ticket policy?	Yes 🗔 No	Face Value	of Each Ticket/Pass S.	505,55		
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	Tickel(s)/Pass(es) provided by agency?	Yes 🔟 No		adders			
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	of agency official?	No 🗌 Yes	D If yes:	Officiel's Namo	The second se		
	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.						
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FPPC Form 802 (4/12) FPPC Toll-Fras Holplins: 866/ASK-FPPC (666/276-7772)

#### Adoney Ron r

Agency Report of: Ceremonial Role Events and Tickel	t/Pass Distrib	utions	А	Public Document		
1. Agency Name	ency Name					
Alameda County	sion, Department, or Region (if applicable) rd of Supervisors ignated Agency Contact (Name, Tille)					
Division, Department, or Region (if applicable)						
Board of Supervisors						
Designated Agency Contact (Name, Tille)						
Lee Ann Fergerson, Supervisor's Assistent		•	Amendmont (Must Provide Explanation in Part 3.)			
Area Code/Phone Number E-mail	Code/Phone Number E-mail					
510-272-6691 leeann.fergerso	n@acgov.org		Date of Original Filing:	(month, day, yoar)		
2. Function or Event Information		<b>5</b> .		22 57		
Does the agency have a ticket policy? Y	es 🖾 No 🗋 🛛 Fa	ice Value of	Each Ticket/Pass \$ _	77.00		
Event Description:		ate(s)	, 24, 17 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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	If.	6.0	Name of Source			
Was ticket distribution made at the behest Y	′es⊠ No□ "	yes: <u>740</u>	Olficial's None (Lost, First)	)		
of agency official?						
Use Section A to identify the agency's department or un A. Name of Agency, Department or Unit	IL • Use Section B to in Number of Ticket(s)/ Posses			ntify an outside organization. Arsuant to the agency's policy		
			Identify one of the following: vard a community volunteer for his or her service t			
B, Name of Individual (Lost, First)	Number of Tickel(s)! Passes					
Barbara Luna	2	To reward public				
		Coro il che	nionizi Role 🔲 Olhar eking "Casemanial Role" er "Olhar	ם אווססחן שלאנגי איז איז איז איז איז איז איז איז איז אי		
C. Name of Outside Organization (include address and description)	Number of Tickel[s]/ Passes	Describo I	the public purpose made p	ursuant to the agency's policy		

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance a.14-17

			Lee Ann Fergerson Print Name	Supervisor's Assistant	(month, day, your)
\ Comment:	U	V			

1	. Agency Name		ويتحرجوا المقتدية وتستجار ويروان والمراد المؤاف الم	)istributions	Dale Stamp	A Public Docur
	Alameda County					
	Division, Department, or R	legion (Il Applice	ble)	<u></u>	-	For Official Uso Onl
	Board of Supervisors					
	Designated Agency Conta	ct (Nama, Tilla)	·			
	Lee Ann Fergerson, Supe		ant		-	
	Area Code/Phone Number	E-mail	······		- Antontimont (Alust)	novida axplenetion in Port 5.)
	(510) 272-5691	leaann.ferg	person@acgov.u	010	Date of Original Filing:	(Month Day, Year)
2.	Function or Event Im			<u>، من من محمد معن محمد من المحمد من المحم</u>		م جود مردود و عمالتها برد و بروان ۳ کالکاه و است.
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	of agency official?	e di nic benear	No 🗆 Yes 🔾	) If yes;	Ollical's Nama (	
3,	Recipients					
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	eremonial Role Events	and Tic	ket/Pass	B Distributions		A Public Documen
1.	Agency Name			· · · · · · · · · · · · · · · · · · ·	Dale Slamp	California 802
	Alameda County					Form OUZ For Childred User Only
	Division, Department, or Region	(If Applicabl	6)			For Galace one only
	Board of Supervisors			· · · · · · · · · · · · · · · · · · ·	4	
	Designated Agency Contact (Na					
	Lee Ann Fergerson, Superviso		nt			nmulria avalancian in Ond 21
		mali	J 🛄 Amondmont (Must provide explenation in Part 3.)			
			erson@acgd	iv.org	Date of Original Filing:	(Manih, Day, Yeer)
2.	Function or Event Informa					305.55
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	Event Description Karde	vida Tilla/Expi	ims	Date(s) 🔀	19,1 <del>1</del>	
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	Ticket(s)/Pass(es) provided by ag	jency?	Yes 📮 No		Name of Sc	10/108
	Was licket distribution made at th	e behest	No 🗀 Yes	Alar		lsor Scott Haggerty, D 1
	of agency official?				Official's Neme (	Last, First)
}.	Recipients					
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			ee Ann Fer	gerson 5	Supervisor's Assistant	9 Millit
			Pdni Nami		Tido	(Month, Day, Your)
	Comment:					
1						FPPC Form 802 (4/12)

FPPC Toll-Fras Helplins; 866/ASK-FPPC (666/276-7772)

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1. Agency Name					A Public Docum
				Date Stamp	California 80 Form
Alameda County					Form <b>OU</b>
Division, Department, or	r Region (If Appl	licable)		-	For Official Use Only
Board of Supervisors			×.		
<b>Designated Agency Con</b>	tact (Name, Title)	1		-	
Lee Ann Fergerson, Su					
Area Code/Phone Numb	er E-mail	istant			novide explanation in Part 3.)
(510) 272-6691				1	-
	leeann.h	ergerson@acg	jov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event In					(month, way, 188))
Does the agency have a l	licket policy?	Yes 🖸 N	io 🗌 🛛 Face Value o	f Each Ticket/Pass \$	
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Was ticket distribution man	de at the behes	st No 🗋 Ye	s 🕅 if yes;	neda County Supervi	sor Scott Haggerty, D
of agency official?			ilyes,	Official's Name (L	est First)
. Recipients					
Use Section A to Identify the ag	lency's depertment	tor unit. + Use Se	ction B to identify an Individua	i a line Seattan O.C	
A. Name of Agency Depar	Inent on Line			• Use Section C to identif	y an outside organization.
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Ceremonial Role Events a 1. Agency Name			Date Stamp	A Public Docum
Alameda County	Coura Stamp			
Division, Department, or Region (	(If Appliceble)			For Olficial Use Only
Board of Supervisors				
Designated Agency Contact (Nam				
Lee Ann Fergerson, Supervisor				
Area Code/Phone Number E-m			Amondmont (élus	l provido explanation in Parl 3.)
	ann.fergerson@acg	ov.org	Date of Original Filing	I Angelia Days Marri
2. Function or Event Informati	lon		CALLER THE REAL PROPERTY OF THE PARTY OF THE	(minin, DBy, real)
Does the agency have a ticket pol	ley? Yes 🔽 No	o 🖂 🛛 🖂 Face Val	ue of Each Ticket/Pass \$.	
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			Name da County Super	Visor Scott Haggarty
Was licket distribution made at the of agency official?	benest No 🗋 Yes	s 🔽 If yes:	Oliiclel's Namo	
. Recipients				
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	Alameda County	Cate Stamp	i cremoniei rol			
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	Board of Supervisors Designated Agency Contact (Name, Title)	-				
	Lee Ann Fergerson, Supervisor's Assista Area Code/Phone Number / E-mail	ant		Amondmont (Must	provide explanation in Parl 3.)	
		~		Date of Original Filing		
unc=		erson@acgo	V.010		(Monih, Doy, Year)	
2.	Function or Event information Does the agency have a ticket policy?		- Free Melue	of Each Ticket/Pass S -	5000	
	R (.	Yes 🔂 No				
	Event Description	1,2+1,1+				
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	Was licket distribution made at the behest	No 🗌 Yes		meda County Superv	visor Scott Haggerty,	
	of agency official?			Olficial's Name (	Losi, Firsi)	
,	Recipients					
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	eremonial Role Events an Agency Name		Dale Slamp	A Public Document
	Alameda County			一一一回り2
	Division, Department, or Region (If A		For Olfidal Use Only	
	Board of Supervisors			
	Designated Agency Contact (Namo, 7	ille)		
	Lee Ann Fergerson, Supervisor's A	Assistant		providu orplanetien in Part 5.)
	Area Code/Phone Number E-mai	•	Date of Original Filing	
an= )	(510) 272-6691 leean Function or Event Information	n.fergerson@acgov.org		(Month, Day, Year)
••	Does the agency have a ticket policy	-	Face Value of Each Ticket/Pass S.	90.00
	Event Description Basel	? Yes∑ No□	Dale(5) 9,24,17	·······
	Provida	Tilla/Explanation	Dale(s)	
	Tickel(s)/Pass(es) provided by agence	y? Yes 🖾 No 🗔	If no: Dakland At	<u>Halotros</u>
	Was ticket distribution made at the be	ehest No 🗌 Yes 🗔	Alameda County Super	visor Scott Haggerty, D 1
	of agency official?		Olficle's Namo	(Losi, Firal)
	Recipients			
	<ul> <li>Use Section A to identify the agency's depart</li> </ul>	mont or unit. • Use Section B to States and Humphered (1994)	o identify an individual • Use Section C to ide	ntily on outside organization.
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	Alameda County	wore change	STORIO C				
	Division, Department, or Region (if Appliceb	_	For Olficial Use C				
	Board of Supervisors	•					
	Designated Agency Contact (Namo, Tille)						
	Lee Ann Fergerson, Supervisor's Assista						
	Area Code/Phone Number [E-mail	🗍 Amonomont (Musi	provido explanation in Pari :				
	(510) 272-5691 leeann.fergerson@acgov.org		Date of Original Filing:				
	Function or Event information	and and the case of the second s	(Month, Dey, Year)				
	Does the agency have a licket policy?	e of Each Tickel/Pass S .	90.00				
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	Event Description Provide Title/Explanation Date(s)						
	Tickel(s)/Pass(es) provided by agency?			akland A	thetics		
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			🕅 If yes:	ameda County Supervisor Scott Hagge			
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 execution of						
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FPPC Toll-Frag Halpline: 866/ASK-FPPC (866/276-7772)

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1.	Agency Name					Date Stamp	California 802	
	Alameda County							
	Division, Department, or Reg	at, or Region (If Applicable)				1	For Official Use Only	
	Board of Supervisors					<u>}</u>		
	Designated Agency Contact (Name, Tille) Lee Ann Fergerson, Supervisor's Assistant							
	Area Code/Phone Number	TE-mail				Amendment (Must provide explanation in Part		
	(510) 272-6691		n.fergerson@acgov.org			Date of Original Filing:		
			erson@acg	ov.org		Date of Original FulnS:	(Month, Day, Year)	
	Function or Event Infor						33.00	
	Does the agency have a licke	· · · ·	Yes 🛃 No		Face Value o	f Each Ticket/Pass \$	57.00	
	Event Description Base				Date(s)	, 22, (7		
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	Ticket(s)/Pass(es) provided by	Yes No I If no: Oa			Name of Source			
	Was ticket distribution made a	tiba kakasi		_	Alan	neda County Superv	isor Scott Haggerty, D	
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	1117		exemplary service			e to the public or to encourage		
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•	Alameda County				Date Stamp	California 80
	Division, Department, or Reg	Ion III Acestica				For Official Use Only
		ion ( <i>ii Appice</i> i	N <b>B)</b>			
	Board of Supervisors					
	Designated Agency Contact					
	Lee Ann Fergerson, Superv		ant		Amendment (Must p	nuirie avaienation in Pod 2 (
	Area Code/Phone Number E-mail (510) 272-6691 E-eann.fergerson@acgov.org				· · ·	
				Date of Original Filing: .	(Month, Day, Year)	
•	Function or Event Infor		0			250 20
	Does the agency have a licke		Yes 🚺 No	Face Value	of Each Ticket/Pass \$	220.00
	Event Description	Provide Tille/Ex	pianslion		2, 21, 16	///
	Ticket(s)/Pass(es) provided by	/ аделсу?	Yes 🖨 No		SW Name of Sou	1769
	Was licket distribution made a of agency official?	t the behes!	No 🗈 Yes	Ala If yes:	olfidial's Name (L	
•	Recipients					
	Lise Section A to Identify the opency	o coparonent o	runni • Uso Se	cuon B to taonuty an Individ	ival. • Use Section C to Identi	ty an outside organization.
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	Migan La	NIS	4/	To promote attend to maximize poten parking sales.	lance at a county sponsore tial county revenue for con	d event in order no cession and
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	C National County County			Discussion of the	lleistien miterratenti Lleistien miterratenti	
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	Maistantan	14 m	118949   hous u	rifed that the distribution set (	orth abovo, is in accordance with	the maulaments
					Supervisor's Assistant	ana tadauannan (1 🖬 👔 🕹
	Signaturo și Ageney Hosel ar Dasfando	v	Lee Ann Fei Pdni Nam		Titto	(Manth, Day, Yatr)
•	Comment:					
						FPPC Form 802 (4/1

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**A Public Document** 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 510-272-6691 Date of Original Filing: leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information 1DC Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 1.6 Λ Event Description: Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗹 No 🗖 If no: Name of Source Was ticket distribution made at the behest Yes 🖾 No 🗖 if yes Official's Namo (Last, First) of agency official?

3. Recipients

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

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Be	havioral Health Care Sucs	4/1	To reward a county employee for his or her exemplary service to the public
8.	Name of Individual (Lest, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremanial Role D Other I Income Income I Income
			Ceremonial Role Other Income I
<u>с.</u>	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
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#### 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

		Lee Ann Fergerson	Supervisor's Assistant	9/2/17
		Print Name	Title	(rhonth, day, year)
	$\vee$ ()			
Comment:	$\bigcirc$			

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	ts and Tic	ket/Pa	ss Dis	tributions	Α	Public Document
Agency Name		Date Stamp	California			
Alameda County						Form 802
Division, Department, or Reg	ion (if applicable	)			1	For Official Use Only
Board of Supervisors						
Designated Agency Contact (	Name, Title)	-				
		Amendment (Must Provide Explanation in Part 3.)				
(510) 272-6694	bosdist4@ao	:gov.org			Date of Original Filing: .	(month, day, year)
Function or Event Inform	mation					
Does the agency have a tick	et policy?	Yes 🛛	No 🗌	Face Value of	Each Ticket/Pass \$ 40	0
Event Description: Ed Sheeran				Date(s) <u>8</u>	<u>, 2 , 17</u>	//
Ticket(s)/Pass(es) provided		_		If no: Oracle A		
Was ticket distribution made of agency official?	at the behest	Yes	No 🗌	If yes: Mil	Name of Source <u>ey</u> , <u>Noi-Ha</u> Official's Name (Last, First)	<u> </u>
	Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact ( Nathan Miley, Alameda Cou Area Code/Phone Number (510) 272-6694 Function or Event Inform Does the agency have a tick Event Description: Ed Sheer Ticket(s)/Pass(es) provided Was ticket distribution made	eremonial Role Events and Tic         Agency Name         Alameda County         Division, Department, or Region (if applicable,         Board of Supervisors         Designated Agency Contact (Name, Title)         Nathan Miley, Alameda County Superviso         Area Code/Phone Number         (510) 272-6694         Does the agency have a ticket policy?         Event Description:         Ed Sheeran         Provide The         Ticket(s)/Pass(es) provided by agency?         Was ticket distribution made at the behest	eremonial Role Events and Ticket/Par         Agency Name         Alameda County         Division, Department, or Region (if applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Nathan Miley, Alameda County Supervisor         Area Code/Phone Number         (510) 272-6694         Does the agency have a ticket policy?         Yes I         Event Description:         Ed Sheeran         Provide Title/ Explanati         Ticket(s)/Pass(es) provided by agency?         Yes I         Was ticket distribution made at the behest	eremonial Role Events and Ticket/Pass Dis         Agency Name         Alameda County         Division, Department, or Region (if applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Nathan Miley, Alameda County Supervisor         Area Code/Phone Number         (510) 272-6694         Does the agency have a ticket policy?         Yes I         No I         Event Description:         Ed Sheeran         Provide Title/ Explanation         Ticket(s)/Pass(es) provided by agency?         Yes I       No I         Was ticket distribution made at the behest       Yes I         No I	eremonial Role Events and Ticket/Pass Distributions         Agency Name         Alameda County         Division, Department, or Region (if applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Nathan Miley, Alameda County Supervisor         Area Code/Phone Number         [510] 272-6694         Does the agency have a ticket policy?         Yes 🛛 No □         Face Value of         Event Description:         Ed Sheeran         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes □       No □         If no: Oracle A         Was ticket distribution made at the behest	Agency Name       Date Stamp         Alameda County       Date Stamp         Division, Department, or Region (if applicable)       Date Stamp         Board of Supervisors       Designated Agency Contact (Name, Title)         Nathan Miley, Alameda County Supervisor       Image: Amendment (Must P)         Area Code/Phone Number       E-mail         (510) 272-6694       bosdist4@acgov.org         Function or Event Information       Date of Original Filing:         Does the agency have a ticket policy?       Yes [X] No []       Face Value of Each Ticket/Pass \$ 40         Event Description:       Ed Sheeran       Date(s) 8 / 2 / 17         Provide Title/ Explanation       Ticket(s)/Pass(es) provided by agency?       Yes [] No []       If no: Oracle Arena         Was ticket distribution made at the behest       Yes [] No []       If yes: Mame of Source       Name of Source

#### 3. Recipients

<ul> <li>Use Section A to identify the agency's department or unit.</li> </ul>	• Use Section B to identify an individual.	• Use Section C to identify an outside organization.
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Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Anna	a Gee	4	To reward a county employee for his or her exemplary service to the public or to encourage staff development
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income
			Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

_	Nathan Miley	Supervisor	10/03/2017
orginature of Agency mead of Designee	Print Name	Title	(month, day, year)
Comment:	·····	· · · · · · · · · · · · · · · · · · ·	

# Agency Report of: Agency Report of: Ceremonial 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

	r tainoaa oouniy						
	Division, Department, or Region (if applicable)						For Official Use Only
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Nathan Miley, Alameda Cou	Nathan Miley, Alameda County Supervisor					
	Area Code/Phone Number E-mail					Amendment (Must Pro	vide Explanation in Part 3.)
	(510) 272-6694	bosdist4@ac	gov.org			Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy?	Yes 🛛	No 🗖	Face Value of	Each Ticket/Pass \$ 250	
	Event Description: Kendrick Lamar				Date(s) <u>8</u>	/417	
	Talat(a)/Dana(a)		e/ Explanati		Oracle Ar	2000	
	Ticket(s)/Pass(es) provided by agency?		Yes 🗌		If no: Oracle Ar		
	Was ticket distribution made of agency official?	at the behest	Yes 🖸	No 🗌	If yes: _MU	Official's Name (Last, First)	<u>M</u>

#### 3. Recipients

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Eilee	n Ng	2	To reward a county employee for his or her exemplary service to the public or to encourage staff development
Kami	ka Dunlap	2	To reward a county employee for his or her exemplary service to the public or to encourage staff development
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Mincome Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification

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

_	Nathan Miley	Supervisor	10/03/2017
	Print Name	Title	(month, day, year)
Comment:/		······································	

A Public Document

0	eremonial Role Even	is and never	a33 Dist	inducions	<b>F</b>	Fublic Document
1.	Agency Name				Date Stamp	California Form 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Designated Agency Contact	Name, Title)				
	Nathan Miley, Alameda Cou		Amondment (Hard	Brouido Explanation in Part 2 \		
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	(510) 272-6694	bosdist4@acgov.or	g		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				50
	Does the agency have a ticl	ket policy? Yes	Face Value of	Each Ticket/Pass \$ $\frac{1}{2}$	JU	
	Event Description: Banda M	S Provide Title/ Explar		Date(s)	<u> </u>	///
	Ticket(s)/Pass(es) provided	No 🖾	If no: Oracle A	rena		
	Was ticket distribution made of agency official?		Name of Source	m		
3.	Recipients • Use Section A to identify the agen	cy's department or unit.		o identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	s)/ Describe the public purpose made pursuant to the agency's policy			
	Rosa Rodriguez		4			his or her exemplary age staff development
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes	,	Identify one of the	following:
					nonial Role D Other ( king "Ceremonial Role" or "Other" d	
					nonial Role D Other [ king "Ceremonial Role" or "Other" d	
		C. Name of Outside Organization (include address and description)		Describe th	ribe the public purpose made pursuant to the agency's policy	
		<u></u>			·····	

#### 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

	Nathan Miley	Supervisor	10/03/2017
Signature of Agency near of Designee	Print Name	Title	(month, day, year)
Comment:			

С	eremonial Role Even	its and Ticket/F	Pass Distri	ibutions	Α	<b>Public Document</b>
1.	Agency Name				Date Stamp	California Form 802
	Division, Department, or Reg	<b>ion</b> (if applicable)		<u>_</u>	-	For Official Use Only
	Designated Agency Contact	(Name, Title)			-	
	Nathan Miley, Alameda Cou	unty Supervisor			Amendment (Must Pi	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ence explanation in Full exp
	(510) 272-6694	bosdist4@acgov.o	rg		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	No DF	ace Value of	Each Ticket/Pass \$ 60	 
	Event Description: Marvel L	Iniverse Live Provide Title/ Expla	[		<u>, 11 , 17</u>	//
	Ticket(s)/Pass(es) provided			f no: Oracle A	rena	
	Was ticket distribution made of agency official?	e at the behest Yes	Ø №□ <sup>II</sup>	fyes: <u>Mi</u>	Name of Source	20
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	identify an individ	dual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	Matt Turner		4		county employee for h e public or to encourag	
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fo	bliowing:
					nonial Role Other Horking "Ceremonial Role" or "Other" des	
					nonial Role D Other D king "Ceremonial Role" or "Other" des	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
_						

#### 4. Verification

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

	Nathan Miley	Supervisor	10/03/2017
Signature of Agency Flead of Leaguee	Print Name	Title	(month, day, year)
Comment:			

C	Ceremonial Role Events and Ticket/Pass Distributions			A Public Document		
1.	. Agency Name				Date Stamp	California Form <b>802</b>
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	<b>Designated Agency Contact</b>	(Name, Title)			-	
	Nathan Miley, Alameda Cou	inty Supervisor				
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
	(510) 272-6694	bosdist4@acgov.or	g		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes [	No 🗆 F	Face Value of	Each Ticket/Pass \$	· · · · · · · · · · · · · · · · · · ·
	Event Description: Marvel L	Iniverse Live Provide Title/ Explai	[	Date(s) <u>8</u>	<u>, 13 , 17</u> .	//
	Ticket(s)/Pass(es) provided	,		f no: Oracle A	Alexan of Courses	
	Was ticket distribution made of agency official?	e at the behest Yes	Ø No□ I	fyes: <u>Mi</u>	Official's Name (Last, First)	<u> </u>
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 identi	fy an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Patricia Brooks		4		county employee for h e public or to encourag	
	B. Name of Ind (Last, Fil		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					nonial Role Other Other king "Ceremonial Role" or "Other" desc	
			1	1		

			Ceremonial Role Other I Income
<b>C</b> .	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification

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

	Nathan Miley	Supervisor	10/03/2017
Signature of Agency Head or Designed	Print Name	Title	(month, day, year)
Comment:			

**A Public Document** 

_						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Nathan Miley, Supervisor				· ·	
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6694	bosdist4@a	icgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				(monut, Duy, Tour)
	Does the agency have a ticket		Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$ _	125.00
	• •					////
	Event Description Baseball G	Provide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklar	nd Athletics	
		agonoy.			Name of So	urce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Miley,	Nathan Official's Name (I	
	of agency official?				Official's Name (l	.ast, First)
3.	Recipients					
	Use Section A to identify the agency	's department or	Number of	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	Eileen Ng		2	To reward a County the public	employee for his or h	er exemplary service to
	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the followi	ng:
	n na		Pass(es)	Ceremonial Role If checking "Ceremon	Other     Definition     Other     describe below:	Income
	<u></u>			Ceremonial Role	Other D	Income
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
						<u></u>
	Verification		1			
Δ	<b>VULUGUUUI</b>					
	l hav	tions 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
		itions 18944.1 and	d 18942. I have ve Nathan N		orth above, is in accordance wit Supervisor	h the requirements. 10/03/2017

Comment: \_\_\_\_

4.

Comment: \_

1. Agency Name Date Stamp California 80 Alameda County Form For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nathan Miley, Supervisor Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6694 bosdist4@acgov.org (Month, Day, Year) 2. Function or Event Information 80.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_\_\_\_ Yes 🛛 No 🗌 Event Description Baseball Game 80 10 , 17 Date(s) \_ 1 1 . Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source lf yes: <u>Miley</u>, Nathan Was ticket distribution made at the behest No 🗌 Yes 🔀 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Patricia Brooks To encourage staff development 2 Kamika Dunlap To encourage staff development 4 Number of Β. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ĉ. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include add ress and description) Pass(es) Verification I ha 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Nathan Miley Supervisor 10/03/2017 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)



#### Agency Name

#### Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Austin Bruckner	3	To encourge staff development
Darryl Stewart	1	To encourage staff development
Michael Spencer	1	To encourage staff development
Erin Armstrong	2	To encourage staff development
B. Name of individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other I Income Income I Income I Income II Income III Income III Income II Income II Income II Income II Incom
		Ceremonial Role Dother Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income I Income I Income I Income II Income III Income II Income II Income II Inco
		Ceremonial Role Other I Income Income I Income
C. Name of Outside Organization (include add ress and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
•••••		

Comment: \_\_\_\_

						All abile bootament
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)				
	Nathan Miley, Supervisor Area Code/Phone Number			<u> </u>	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6694	E-mail bosdist4@a			Date of Original Filing: .	
_			icyuv.org			(Month, Day, Year)
Ζ.	Function or Event Infor		_	-		80.00
	Does the agency have a ticke		Yes 🔀 No		of Each Ticket/Pass \$ _	
	Event Description Baseball C	Same		Date(s)	<u>, 10 , 17</u>	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Oaklar	Name of Sou	1700
	Was ticket distribution made a	t the behast		Milev		1106
	of agency official?		No 🗖 Yes	If yes: Miley	Official's Name (L	.ast, First)
_						
ა.	• Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	135. Sember of the second
	and a second	anna ana ana ana ana ata	Pass(es)			
	<u></u>					
			Number of			
	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	and a second the second s		(-doa(co)	Ceremonial Role	Other	Income
	Chan, Kai				al Role" or "Other" describe below:	
			1	To reward a commu	unity volunteer for his	or her service to the
				public		
				Ceremonial Role		Income
	Suarez, Lindsay		1		al Role" or "Other" describe below:	
					unity volunteer for his o	or her service to the
				public		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant	to the agency's policy
	in address of the state of the spectra	andra in a state of the second se	1 435(05)	and the second	ente con con contra contra con consecutiva de consecutiva de consecutiva de consecutiva de consecutiva de conse	and a many state of the second
4.	Verification					
		ons 18944.1 ani			orth above, is in accordance with	
			Nathan M		Supervisor	10/03/2017
	J		Print Nam	ne	Title	(Month, Day, Year)
	V					

	and Ticket/Pa	133 DISU	butions	<u> </u>	Public Document
. Agency Name				Date Stamp	California 802
Alameda County					Form OOZ For Official Use Only
Division, Department, or Region	n (if applicable)				For Onicial Use Only
Board of Supervisors					
Designated Agency Contact (Na					
Nathan Miley, Alameda Count				Amendment (Must Pro	vide Explanation in Part 3.)
Area Code/Phone Number E	-mail				
(510) 272-6694 b	osdist4@acgov.org			Date of Original Filing:	(month, day, year)
2. Function or Event Inform	ation			80	
Does the agency have a ticket	t policy? Yes 🛛	No 🗆 🖡	ace Value of	Each Ticket/Pass \$ <del>80</del>	
Event Description: Baseball G	ame		Date(s) <u>8</u>	<u>, 11 , 17</u> _	//
Ticket(s)/Pass(es) provided by	Provide Title/ Explana		f no: Oakland	Athletics	
ficker(s)/Fass(es) provided by				Name of Source	
Was ticket distribution made a	t the behest Yes 🗷	) No 🗆	f yes: Miley, N	Official's Name (Last, First)	
of agency official?				Unicial's Name (Last, / Ital)	
A. Name of Agency, Departr		of Ticket(s)/ Passes		e public purpose made purs	
B. Name of Individ (Last, First)	Jual	Number of Ticket(s)/ Passes		Identify one of the fo	lowing:
				nonial Role D Other desc	Income 🚺
				nonial Role Dither Dither king "Ceremonial Role" or "Other" desc	Income
C. Name of Outside Org (include address and d		Number of Ticket(s)/ Passes	If chec Describe th		nibe below: uant to the agency's policy

#### 4. Verification

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

	Nathan Miley	Supervisor	10/03/2017
Signature of Agency nead or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role Even	ts and Ticket/F	Pass Distr	butions A Public Documen
I. Agency Name			Date Stamp California 802
Alameda County		Form OO2	
Division, Department, or Reg	ion (if applicable)		For Official Use Only
Board of Supervisors	(A.)		
Designated Agency Contact	•		
Nathan Miley, Alameda Cou Area Code/Phone Number	E-mail		Amendment (Must Provide Explanation in Part 3.)
			Date of Original Filing:
(510) 272-6694	bosdist4@acgov.o	rg	(month, day, year)
2. Function or Event Inform	mation		
Does the agency have a tick	ket policy? Yes	🛛 No 🗌 🖡	ace Value of Each Ticket/Pass \$
Event Description: Baseball	Game	[	Date(s) <u>8 / 26 / 17</u>
	Provide Title/ Expla	nation	
Ticket(s)/Pass(es) provided	by agency? Yes		no: Oakland Athletics Name of Source
Was ticket distribution made	at the behest Yes		yes: Miley, Nathan
of agency official?			Official's Name (Last, First)
A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of India (Last, First		Number of Ticket(s)/ Passes	Identify one of the following:
	<u></u>		Ceremonial Role D Other Hncome Income If checking "Ceremonial Role" or "Other" describe below:
ġ			Ceremonial Role Conter
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Henry Levy Group			To promote attendance at a County sponsored event or

#### 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 frequirements of a

	Nathan Miley	Supervisor	10/03/2017
Signature of Agency mead or Designee	Print Name	Title	(month, day, year)
Comment:			

+

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Alameda County Form For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nathan Miley, Alameda County Supervisor Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: . (510) 272-6694 bosdist4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Baseball Game 26 / 17 Provide Title/ Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes X No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below:

C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
HARD Foundation 1999 E Street, Hayward, CA		20	To promote attendance at a County sponsored event or event held at a county facility in order to maximize attendan

#### 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.

	Nathan Miley	Supervisor	10/03/2017
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
			· ····

Stamp       California Form       802         For Official Use Only       For Official Use Only         Idment (Must provide explanation in Part 3.)       Idment (Must provide explanation in Part 3.)         Idment filling:
For Official Use Only         Idment (Must provide explanation in Part 3.)         riginal Filing:         (Month, Day, Year)         Ret/Pass \$         305.55 ticket/35 park         17         17         Name of Source         Official's Name (Last, First)         ection C to identify an outside organization.
dment (Must provide explanation in Part 3.)   iginal Filing:
iginal Filing:(Month, Day, Year) xet/Pass \$305.55 ticket/35 park y
iginal Filing:(Month, Day, Year) xet/Pass \$305.55 ticket/35 park y
iginal Filing:(Month, Day, Year) xet/Pass \$305.55 ticket/35 park y
iginal Filing:(Month, Day, Year) xet/Pass \$305.55 ticket/35 park y
(Month, Day, Year) (Month, Day, Year) (Month, Day, Year) (Additional constraints) (Month, Day, Year) (Month, Day, Month, Day, Mon
Name of Source         Official's Name (Last, First)         Section C to identify an outside organization.
Name of Source         Official's Name (Last, First)         Section C to identify an outside organization.
Name of Source Official's Name (Last, First) ection C to identify an outside organization.
Name of Source Official's Name (Last, First) ection C to identify an outside organization.
Name of Source Official's Name (Last, First) ection C to identify an outside organization.
Official's Name (Last, First) ection C to identify an outside organization.
ection C to identify an outside organization.
ection C to identify an outside organization.
e of the following:
r Income Income
n) event held at a County facility in County revenue
r 🗌 Income 🗌
r" describe below:
made pursuant to the agency's policy
иану ку ку <u>у</u> у е у
in accordance with the requirements.
in accordance with the requirentents.
r's Assistant 10.02.2017 Title (Month, Day, Year)

				4 1 1 1 1 1 1		
1.	. Agency Name				Date Stamp	California 802
	Alameda County					Form <b>UUZ</b>
	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	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation		a 9		
	Does the agency have a ticke	t policy?	Face Value	of Each Ticket/Pass \$ _	\$304.80 ticket/\$30 park	
	Event Description Basketbal	Game		Date(s)	9 , 30 , 17.	1 1
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
	Was ticket distribution made a	t the behavi		- Char		ource
	of agency official?	at the benest	No 🗌 Yes	If yes: Char	Official's Name	(Last, First)
3	Recipients	4 <sup>-</sup> 35026 -	· # #			
0.	Use Section A to identify the agence	y's department o	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the pu	blic purpose made pursuar	nt to the agency's policy
	B. Name of Individual		Number of		Identify and of the faller	-
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Bazely, Michael			Ceremonial Role	Dther nial Role" or "Other" describe below.	
	<i></i>		4+1p	To promote attend		held at a County facility in
				Ceremonial Role	Other	Income
			4+1p	If checking "Ceremo	nial Role" or "Other" describe below.	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
		Sec. 2				
4.	Verification	ations 18944.1 at	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 10.02.2017
	J		Print Nam	ne	Title	(Month, Day, Year)
	Comment:					

10 1				the second se			
•	Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Regi	ion (If Applicab	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)			-		
	Sarah Oddie			Amondmont (Iduation	uide overlandien in Port 2.)		
	Area Code/Phone Number	E-mail			_ C Amendment (Must pro	vide explanation in Part 3.)	
	(510) 272-6693	e@acgov.org		Date of Original Filing:	(Month, Day, Year)		
	Function or Event Inform	mation				¢22	
	Does the agency have a ticke	t policy?	Yes 🛛 No [	Face Value	of Each Ticket/Pass \$	\$33	
	Event Description Baseball g	ame		Date(s)	9 , 04 , 17 _	//	
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [	If no: Oakla	and A's Name of Sour	70P	
	Was ticket distribution made a	at the behest		If yes: Cha			
	of agency official?	at the benest	No 🗌 Yes [	X If yes:	Official's Name (La	ast, First)	
-	Recipients						
	Use Section A to identify the agence	y's department o	dual. • Use Section C to identif	fy an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant t	oursuant to the agency's policy	
	B. Name of Individu		Number of		Identify one of the followin		
	(Last, First) Waage, Randy	ai	Ticket(s)/ Pass(es)			ng:	
	(Last First)	ai		_		Income	
	(Last First)	ai	Pass(es)	If checking "Cerem To reward a comr public Ceremonial Role	Other describe below: nunity volunteer for his c	Income	
	(Last First)	nization	Pass(es) 2	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem	Other for his of Other Other Other Other	Income	
4.	(Last. First) Waage, Randy	nization	Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem	Other	Income	
1.	C. Name of Outside Organ (include address and deal	nization scription)	Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem Describe the pu	Other	Income	
Ι.	C. Name of Outside Organ (include address and deal	nization scription)	Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem Describe the pu	Other onial Role" or "Other" describe below: nunity volunteer for his c Other Other Other onial Role" or "Other" describe below: ublic purpose made pursuant t	Income	

eremonial Role Events and Tic				
Agency Name			Date Stamp	California 802
Alameda County				Form
Division, Department, or Region (If Applicabl	e)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Sarah Oddie				
Area Code/Phone Number E-mail				provide explanation in Part 3.)
(510) 272-6693 sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information			·: ; • d >	
Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$33
Event Description		Date(s) (	09 / 05 / 17	1 1
Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakl	and A's	
			Name of So	burce
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Cha	Official's Name	(Last First)
	s area			
• Use Section A to identify the agency's department o	runit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/		ublic purpose made pursuan	
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
B. Name of Individual (Last. First) Svedensen, Sabrina	Ticket(s)/	To promote atten	e  Other Oth	Income
(Last. First)	Ticket(s)/ Pass(es)	If checking "Ceren To promote atten facilitymaximize	e  Other	Income County nueconcession sales
(Last. First)	Ticket(s)/ Pass(es)	If checking "Ceren To promote atten facilitymaximize Ceremonial Role	e  Other	Income County nueconcession sales Income
(Last. First)	Ticket(s)/ Pass(es) 2	If checking "Ceren To promote atten facilitymaximize Ceremoniai Role If checking "Ceren	e  Other Oth	Income County nueconcession sales Income
C. Name of Outside Organization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceren To promote atten facilitymaximize Ceremoniai Role If checking "Ceren	e Dother Dother describe below: danceevent held at a potential County rever Dother Dother describe below:	Income County nueconcession sales Income
C. Name of Outside Organization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceren To promote atten facilitymaximize Ceremoniai Role If checking "Ceren	e Dother Dother describe below: danceevent held at a potential County rever Dother Dother describe below:	Income County nueconcession sales Income
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceren To promote atten facilitymaximize Ceremoniai Role If checking "Ceren Describe the p	e Dother Dother describe below: danceevent held at a potential County rever Dother Dother describe below:	Income County nueconcession sales Income
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceren To promote atten facilitymaximize Ceremonial Role If checking "Ceren Describe the p	other	Income County nueconcession sales Income

_		and the second second second		Production and the second product and the		
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ
	Division, Department, or Region	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors Designated Agency Contact (Name, Title)					
	Sarah Oddie					
	Area Code/Phone Number E-mail				Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693 sa	arah.oddie@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	tion				400 // J //400
	Does the agency have a ticket po	olicy?	of Each Ticket/Pass \$ _	\$80 ticket/\$20 parking		
	Event Description Baseball gam	e		Date(s)09	) 08 17	//
	Pro	ovide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by ag	gency?	Yes 🗌 No 🕻	If no: Oakla	nd A's Name of So	
	Mosticket distribution made at th	a habaat		- Chan		Sur CE
	Was ticket distribution made at th of agency official?	ie benest	No 🗌 Yes 🕻	If yes: <u>Chan</u>	Official's Name	(Last, First)
2						
э.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individ				ual. • Use Section C to ider	ntify an outside organization.
	A Number of Describe the put			olic purpose made pursuan		
			Ticket(s)/ Pass(es)			
	Number of					
	B. Name of Individual (Last First)		Ticket(s)/	Identify one of the following:		ving;
			Pass(es)	Ceremonial Role	Other	Income
	Fletcher, Lisa		10.0		nial Role" or "Other" describe below:	·
			10+2p		anceevent held at a	•
				facilitymaximize	potential County rever	nueconcession sales
				Ceremonial Role	Other	Income
			10+2p	in checking Ceremo.	nial Role" or "Other" describe below:	
	C. Name of Outside Organizat	tion	Number of	Describe the pul	blic purpose made pursuan	t to the agency's policy
	(include address and descrip	ption)	Ticket(s)/ Pass(es)	Describe the put		it to the agency a policy
	Boy Scouts of America - Alam	eda	Guta	To reward a schoo	l or nonprofit organiza	ation for its contributions
	Council, 1714 Everett St, Alam	neda, CA	6+1p	to the community		
	Education & civic engagement					
	organization for young boys					
4.	Verification	124. PH 5 5 5 2 1				
	l he	18944.1 and	18942. I have ve	rified that the distribution set	forth above, is in accordance w	vith the requirements.
	11 × × ×		Sarah Oc	die	Supervisor's Assistar	nt 10.01.2017
	Signature of Agency Head or Designee	_	Print Nam	e	Title	(Month, Day, Year)
	Comment:					FPPC Form 802 (4/12

1.	Agency Name			Date Stamp	California 802
	Alameda County				Form UUZ
	Division, Department, or Region (If App.	licable)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title	)			
	Sarah Oddie			Amendment (Must prov	ide explanation in Part 3.)
	Area Code/Phone Number E-mail				
		ddie@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				\$33
	Does the agency have a ticket policy?	Yes 🛛 No 🛛		of Each Ticket/Pass \$	
	Event Description Baseball game	tle/Explanation	Date(s)	9 , 09 , 17	////
	Ticket(s)/Pass(es) provided by agency		If no: Oakla	and A's Name of Sourc	
	Was ticket distribution made at the beh		If yes: Chai		e
	of agency official?	nest No 🗌 Yes	X If yes:	Official's Name (Las	t, First)
3.	Recipients	2012 (ngao)		and and an operating of a dynamical front of a low of the	2. 2019 and a feature framework and the annual to
	Use Section A to identify the agency's departm	ient or unit. • Use Sec Number of	tion B to identify an individ	dual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	the agency's policy
				and a standard and a stand of the standard standard standard standard standard standard standard standard stand	
		_			
		Number of			
	B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	1:
		1 200(00)	Ceremonial Role	Other	Income
			If checking "Ceremo	onial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
				onial Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant to	the agency's policy
	San Leandro Chamber of Commerc	e,	To promote attend	anceevent held at a Co	ounty
	120 Estudillo Ave, San Leandro, CA	2	facility maximize	potential County revenue	econcession sales
	Chamber of commerce for the City of	of			
	San Leandro				
4.	Verification				1. (b): 0. 0. 0. 1.
	ions 1894			t forth above, is in accordance with	
		Sarah Oo		Supervisor's Assistant	10.01.2017
-	Signature of Agency Head or Designee	Print Nam	le la	Title	(Month, Day, Year)
	Comment:				
				FPPC Toll-Free Helpline: 86	FPPC Form 802 (4/12 6/ASK-FPPC (866/275-7772

Comment: \_

Ceremonial Role Events		CUI 400 I	Sistingatione		A Public Document
1. Agency Name			19 (1915) (************************************	Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Department, or Region	(If Applicable)	-9 <u>-</u>			For Official Use Only
Board of Supervisors	Board of Supervisors				
Designated Agency Contact (Nan	ne, Title)			1	
Sarah Oddie					Letter in Dort 2.)
	mail				ovide explanation in Part 3.)
(510) 272-6693 sa	arah.oddie@	)acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Informa	tion	antere a constant			
Does the agency have a ticket po	blicy?	Yes 🛛 No [	Face Value	of Each Ticket/Pass \$	\$33
Event Description Baseball gam	e		Date(s) 0	9 , 10 , 17	
Event Description	ovide Title/Explai	nation			
Ticket(s)/Pass(es) provided by ag	gency?	Yes 🗌 🛛 No 🕻	If no: Oakla	And A's Name of Sou	rco
Was ticket distribution made at th	ne behest	No 🗌 Yes 🛛	If yes: Cha	Official's Name (La	ast, First)
of agency official?					
3. Recipients • Use Section A to identify the agency's of	department or u	dual. • Use Section C to identi	ify an outside organization.		
A. Name of Agency, Department		Number of		ublic purpose made pursuant	
F. Name of Agency, Department of	of Office	Ticket(s)/ Pass(es)			
B. Name of Individual (Lasi. First)		Number of Ticket(s)/ Pass(es)	Cuerrarial Bala	Identify one of the followin	ng: Income [
			Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below:	
			Ceremonial Role	e Other D ponial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	to the agency's policy
San Lorenzo Unified School D 1550 Usher Street, San Loren	-	2	To promote atten facilitymaximize	danceevent held at a potential County reven	County ueconcession sales
School district for the commur Lorenzo	nity of San				
4. Verification	ي ه با ال <del>من ريا</del> يرايان. 				
$he^{A}$ and and understand EDDC Regulation	ons 18944.1 and	i 18942. I have ve	erified that the distribution s	et forth above, is in accordance wi	th the requirements.
X		Sarah O	ddie	Supervisor's Assistant	t 10.01.2017
Signature of Agency Head or Designee		Print Nan	ne	Title	(Month, Day, Year)

Ceremonial Role Events	s and Ticket/P	ass C	Distributions	- 31-	A Public Documen
I. Agency Name	ಕ್ರಿಯಾಭ ರಾಜ್ಯಾಕ್ರ್ಯಾಕ್ ಬೇಟ್ಟು	134 54 55 3	n (an bhainn) an d'fhannaich, ad an	Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Department, or Regio	n (If Applicable)				For Official Use Only
Board of Supervisors					
	Designated Agency Contact (Name, Title)				
Sarah Oddie	Sarah Oddie				
	E-mail			Amendment (Must pr	
	sarah.oddie@acgo	v.org		Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Inform	nation	iii	·		
Does the agency have a ticket		No	] Face Value o	f Each Ticket/Pass \$ _	\$33
Baseball ga	ame		Data(s) = 09	, 22 , 17	//
Provide Title/Explanation					
Ticket(s)/Pass(es) provided by	agency? Yes	] No 🗵	If no: Oaklar	nd A's	
				Name of So	urce
Was ticket distribution made at of agency official?	the behest No	] Yes 🛛	If yes: Chan	Official's Name (I	Last, First)
3. Recipients	's department or unit	Use Secti	ion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
Use Section A to identify the agency's department or unit.     Use Section B to identify an indi     Number of     Describe the			olic purpose made pursuant		
A. Name of Agency, Department or Unit Ticket(s)/ Describe the pu Pass(es)		no purposo maso paretan			
B. Name of Individua				Identify one of the follow	wing:
(Last First)	Pas	ss(es)		Other	Income
Brunner, Lisa			Ceremonial Role	hial Role" or, "Other" describe below:	in:come
		2	To promote attend	anceevent held at a	County
			facility maximize	potential County rever	nueconcession sales
		0	Ceremonial Role	Dother Dother nial Role" or "Other" describe below:	Income
		2			
C. Name of Outside Organ (include address and des	Tic	nber of ket(s)/ ss(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
4. Verification				্ৰালকে যেশে বিভাগ	
4. Verification I have read and understand FPPC/Regu	ulations 18944.1 and 18942	l have ve	rified that the distribution set	forth above, is in accordance w	vith the requirements.
		arah Oo		Supervisor's Assistar	

		Sarah Oddie	Supervisor's Assistant	10.01.2017
Ī	aignature of Agency Freed of Coorginat	Print Name	Title	(Month, Day, Year)

Comment:

#### Agency Report of: . a second a 41.54 С

and the subscription of the local division o					the second state of the second state of the	
. Ag	gency Name		fannen het en sol (200 mennen het B		Date Stamp	California 802
Al	ameda County					Form
Div	vision, Department, or Regi	on (If Applicabl	<del>9)</del>			For Official Use Only
Bo	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-		
Sa	arah Oddie					
	ea Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(5	10) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2. Fi	unction or Event Inform	mation	a and a second			
Do	bes the agency have a ticke	t policy?	Yes 🗵 No [	_ Face Value	of Each Ticket/Pass \$ _	\$33
<b>E</b> .,	ent DescriptionBaseball g	ame		Date(s)	9 , 23 , 17	//
ΕV		Provide Title/Exp	lanation			
Tic	cket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [	if no: Oakla	nd A's Name of So	
						Irce
	as ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Char	Official's Name (I	.ast, First)
			WEIN DO IN			
3. R	ecipients Jse Section A to identify the agenc	v's department o	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	ify an outside organization.
A		1	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
		<u></u>		· · · · · · · · · · · · · · · · · · ·		
В	Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	
			Pass(es)			ing:
G	Gardner, Linda		Pass(es)	Ceremonial Role	Other	ing:
	aroner, Linda			If checking "Ceremo	nial Role" or "Other" describe below:	
	aroner, Linda		Pass(es)	If checking "Ceremo To reward a Coun	nial Role" or "Other" describe below: ty employee for his or l	Income
_	aroner, Linda		2	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role	nial Role" or "Other" describe below: ty employee for his or courage staff developn	Income
_	aroner, Linda		2	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role	nial Role" or "Other" describe below: ty employee for his or courage staff developn	Income C ner exemplary service to nent
C	Name of Outside Orga (include address and de		2	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: ty employee for his or courage staff developn	Income
C	Name of Outside Orga		2 2 Number of Ticket(s)/	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: ty employee for his or courage staff developm Other nial Role" or "Other" describe below:	Income
C	Name of Outside Orga		2 2 Number of Ticket(s)/	If checking "Ceremo To reward a Coun the public or to en Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: ty employee for his or courage staff developm Other nial Role" or "Other" describe below:	Income

Sarah Oddie	Supervisor's Assistant	10.01.2017
Print Name	Title	(Month, Day, Year)

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

1. /	Agency Name		- 200-00 - 10 - 10 - 10 - 10 - 10 - 10 -	()) / ()); X); () (A(A) ()	Date Stamp	California 002
	Alameda County				r	Form <b>OU2</b>
	Alameda County Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors Designated Agency Contact (Name, Title)					
		(Name, Tiue)				
	Sarah Oddie			Amendment (Must provide explanation in Part 3.)		
_	Area Code/Phone Number E-mail				Date of Original Filing:	
	510) 272-6693 sarah.oddie@acgov.org				(Month, Day, Year)	
	Function or Event Information				\$33	
Ľ	Does the agency have a ticke	et policy?	Yes 🛛 No [		of Each Ticket/Pass \$	
E	Event Description Baseball g			Date(s)	9 <u>, 24 , 17</u>	///
	Provide Title/Explanation					
7	Ficket(s)/Pass(es) provided b	Yes 🗌 🛛 No [	If no: Oaklai	nd A's Name of Source		
,	Nos tisket distribution mode.	at the heheat		If yes: Chan		
V	Nas ticket distribution made a of agency official?	at the penest	No 🗌 Yes	X If yes:	Official's Name (I	Last, First)
			ំ ស្រុកស្រុកស្រុកស្រុកសុទ្ធ			, ya waxaa a a a a a a
	<ul> <li>Recipients</li> <li>Use Section A to identify the agend</li> </ul>	cv's department o	r unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
-	A. Name of Agency, Department or Unit		Number of		blic purpose made pursuant to the agency's policy	
			Ticket(s)/ Pass(es)	Describe the par	a the public purpose made pursuant to the agency a policy	
-						
-	B. Name of Individual (Last. First)		Number of Ticket(s)/		Identify one of the follow	ing:
	Vaughn, Donna		Pass(es)	Ceremonial Role	Other	Income
				If checking "Ceremo	nial Role" or "Other" describe below:	
					anceevent held at a potential County reven	County iueconcession sales
			2		Other	Income
				If checking "Ceremo	nial Role" or "Other" describe below:	
	C. Name of Outside Organization					an a
			Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	t to the agency's policy
-	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
			Ticket(s)/	Describe the pu	blic purpose made pursuani	t to the agency's policy
	Verification	escription)	Ticket(s)/ Pass(es)			
	Verification	escription)	Ticket(s)/ Pass(es)		blic purpose made pursuant forth above, is in accordance w	

Alameda County       Frequencies         Division, Department, or Region (If Appliceble)       Board of Supervisors         Designated Agency Contact (Name, Title)       Amendment (Must provide expl area Code/Phone Number (510) 272-6693         Sarah Oddie	ublic Documen					
Atamedia County       Fe         Division, Department, or Region (If Applicable)       Fe         Board of Supervisors	lifornia 802					
Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Neine, Title)         Sarah Oddie         Area Code/Phone Number         E-mail         (510) 272-6693         Sarah Oddie         Does the agency have a ticket policy?         Yes X       No         Dest the agency have a ticket policy?         Yes X       No         Event Description       Baseball game         Provide TibleExplanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes X         Vas ticket distribution made at the behest of agency official?       No Yes X         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an Individual.       • Use Section C to identify an out         A.       Name of Agency, Department or Unit       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency:         B.       Name of Individual       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency:         Pasquali, Greg       9+1p       Ceremonial Role or Other describe balow:       To promote attendanceevent held at a County facilitymaximize potential County revenuecou         Q:       Name of Individual       Number of Ticket(s)/       Describe the public pu	-onin					
Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org       Date of Original Filing: (Month         2. Function or Event Information Does the agency have a ticket policy? Yes X No Event Description       Face Value of Each Ticket/Pass \$_\$90 tick         Event Description       Baseball game Provide Title/Explanation       Date(s)       09 _ 24 _ 17         Ticket(s)/Pass(es) provided by agency? Yes X No X is ticket distribution made at the behest of agency official?       If no: Oakland A's Neme of Source         Vas ticket distribution made at the behest of agency official?       No X is Section B to identify an out Ticket(s)       . Use Section A to identify the agency's department or unit.       . Use Section B to identify an individual.       . Use Section C to identify an out Ticket(s)         A. Name of Agency, Department or Unit       Number of Ticket(s)       Describe the public purpose made pursuant to the agency facilitymaximize potential Role _ Other _ traceting?         Pasquali, Greg       9+1p       Ceremonial Role _ Other _ traceting?       Other _ traceting?         9+1p       Ceremonial Role _ Other _ traceting?       Other _ traceting?         9+1p       Ceremonial Role _ Other _ traceting?       Other / traceting?	For Official Use Only					
Sarah Oddie						
Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org       Date of Original Filling: 						
Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org       Date of Original Filling: 						
2. Function or Event Information       Information         Does the agency have a ticket policy?       Yes INO       Face Value of Each Ticket/Pass \$ \$90 tick         Event Description       Baseball game       Date(s)       09       24       17         Event Description       Baseball game       Date(s)       09       24       17         Ticket(s)/Pass(es) provided by agency?       Yes INO INTERCENT       If no:       Oakland A's       Name of Source         Was ticket distribution made at the behest of agency official?       No I Yes Intercent of Yes Intercent of the section of agency official?       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 out         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency facilitymaximize potential Role* or "Other" describe below:         Pasquali, Greg       9+1p       Ceremonial Role       Other       If the charmonial Role* or "Other" describe below:         9+1p       If checking "Ceremonial Role" or "Other" describe below:       To promote attendanceevent held at a County facilitymaximize potential County revenuecount facility or Other" describe below:         9+1p       If checking "Ceremonial Role" or "Other	Amendment (Must 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 \$\$90 tick         Event Description       Baseball game       Date(s)0?1 / 7         Provide Title/Explanation       Date(s)0?1 / 7         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         •Use Section A to identify the agency's department or unit.       •Use Section B to identify an individual.       •Use Section C to identify an out         •Use Section A to identify the agency's department or unit.       •Use Section B to identify an individual.       •Use Section C to identify an out         A. Name of Agency, Department or Unit       Number of Ticket(s)/       Describe the public purpose made pursuant to the age pass(es)         B. Name of Individual (use free)       Number of Ticket(s)/       Describe the public purpose made pursuant to the age of the following:         Pasquali, Greg       9+1p       Ceremonial Role □ Other □ // the dum Control of the following:         9+1p       1/ the the of Ticket(s)/       Other □ // the dum Control of the following:         0. C. Name of Outside Organization       Number of Ticket(s)/       Describe the public purpose made pursuant to the age of the following:	th, Day, Year)					
Does the agency have a ticket policy?       Yes X No Yes No Control       Pace Value of Each independence of the public purpose made pursuant to the agency?         Event Description       Baseball game       Date(s)       09 , 24 , 17         Provide Title/Explanation       Date(s)       09 , 24 , 17         Ticket(s)/Pass(es) provided by agency?       Yes No X       If no: Oakland A's         Was ticket distribution made at the behest of agency official?       No Yes X       If yes: Chan, Wilma         Official?       Official?       Official's Name of Source         Vas Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an out         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's department or Unit         B.       Name of Individual (Law, find)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Pasquali, Greg       9+1p       Ceremonial Role Or the describe below:       To promote attendanceevent held at a County facilitymaximize potential County revenuecounty facilitymaximize potential Role" or Other describe below:         9+1p       If checking' Ceremonial Role O ther I       If checking Caremonial Role O ther I         If checking Caremonial Role O there of Checking Caremonial Role O there of thesconde below:       If checking Care	3 <b>9</b>					
Event Description       Baseball game       Date(s)       09       24       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 yes:       Chan, Wilma         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 out         A. Name of Agency, Department or Unit       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency: see (Section B to identify one of the following: Pass(es)         B. Name of Individual (use, Frad)       Number of Ticket(s)/       Identify one of the following: Pass(es)         Pasquali, Greg       9+1p       Ceremonial Role (Contended and Contended and Contend Contended and Contended and Contend Contend	cket/\$20 parking					
B.       Name of Individual (Last Fred)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the age         B.       Name of Individual (Last Fred)       Section B to identify one of the following: Pass(es)       Ceremonial Role □ Other □ If checking "Ceremonial Role □ or "Other" describe below:	1 1					
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 out         Å. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's department or Unit         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following: Pass(es)         Pasquali, Greg       9+1p       Ceremonial Role Other Other describe below: To promote attendanceevent held at a County facilitymaximize potential County revenuecou         Q+1p       Ceremonial Role Other Other describe below: To promote attendanceevent held at a County facilitymaximize potential County revenuecou         Q+1p       Ceremonial Role Other Other describe below: To promote attendanceevent held at a County facilitymaximize potential County revenuecou         Q+1p       Ceremonial Role Other Other describe below:						
Was ticket distribution made at the behest of agency official?       No □ Yes ☑       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 out         Â. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the ag         B. Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following: Pass(es)         Pasquali, Greg       9+1p       Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: To promote attendanceevent held at a County facilitymaximize potential County revenuecou         Q+1p       Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below:         C. Name of Outside Organization Ticket(s)/       Number of Ticket(s)/       Describe the public purpose made pursuant to the ag						
of agency official?       Official's Name (Last, First)         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an out         Â. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's department or Unit         B. Name of individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Pasquali, Greg       9+1p       Ceremonial Role Other describe below:       Other describe below:         To promote attendanceevent held at a County facilitymaximize potential County revenuecom       Ceremonial Role Other describe below:         9+1p       9+1p       It checking "Ceremonial Role" or "Other" describe below:         C. Name of Outside Organization (Ticket(s)/ Ticket(s)/ Ticket(s)/ Ticket(s)/ Ticket(s)/ Ticket(s)/ To promote attendance and there of the other" describe below:						
• Use Section A to identify the agency's department or unit.     • Use Section B to identify an individual.     • Use Section C to identify an out     A. Name of Agency, Department or Unit     Number of     Ticket(s)/     Pass(es)     Describe the public purpose made pursuant to the ag     B. Name of Individual     (Luxt_First)     Identify one of the following:     Pasquali, Greg     9+1p     Ceremonial Role      Other      Other      Other      Identify describe below:     To promote attendanceevent held at a County     facilitymaximize potential County revenuecou     0	<i>t</i> )					
A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency, Department or Unit         B.       Name of Individual (Lust, Frad)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Pasquali, Greg       9+1p       Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below:         To promote attendanceevent held at a County facilitymaximize potential County revenuecol       Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below:         9+1p       Ceremonial Role □ Other □       If checking "Ceremonial Role" or "Other" describe below:         C.       Name of Outside Organization       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency of the describe below:						
A.       Name of Agency, Department or Unit       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency of the pass (es)         B.       Name of Individual (Luxt. Frad)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Pasquali, Greg       9+1p       Ceremonial Role [] Other [] If checking "Ceremonial Role" or "Other" describe below:         Describe the public purpose made pursuant to the agency of the pass (es)       Ceremonial Role [] Other [] If checking "Ceremonial Role" or "Other" describe below:         Pasquali, Greg       9+1p       Ceremonial Role [] Other [] If checking "Ceremonial Role" or "Other" describe below:         Q+1p       Ceremonial Role [] Other [] If checking "Ceremonial Role" or "Other" describe below:         C.       Name of Outside Organization Ticket(s)/       Number of Ticket(s)/       Describe the public purpose made pursuant to the agency of the part of the pass (es)	itside organization.					
B.       Name of Individual (Last. Frad)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Pasquali, Greg       9+1p       Ceremonial RoleOther 'Other' describe below: If checking 'Ceremonial Role'' or 'Other' describe below: To promote attendanceevent held at a County facilitymaximize potential County revenuecou         9+1p       Ceremonial RoleOther If checking 'Ceremonial Role'' or 'Other'' describe below:         0       9+1p         Ceremonial RoleOther If checking 'Ceremonial Role'' or 'Other'' describe below:         0       0 <tr< td=""><td>igency's policy</td></tr<>	igency's policy					
Pasquali, Greg       9+1p       Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: To promote attendanceevent held at a County facilitymaximize potential County revenuecom Geremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below:         0       9+1p       Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below:         0       9+1p       Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below:         0       9+1p       Describe the public purpose made pursuant to the age						
Pasquali, Greg       9+1p       If checking "Ceremonial Role" or "Other" describe below:         9+1p       To promote attendanceevent held at a County facilitymaximize potential County revenuecom         0       0         9+1p       Ceremonial Role I Other I         9+1p       If checking "Ceremonial Role" or "Other" describe below:         9+1p       Ceremonial Role I Other I         9+1p       If checking "Ceremonial Role" or "Other" describe below:         9+1p       If checking "Ceremonial Role" or "Other" describe below:         0       9+1p         0       Describe the public purpose made pursuant to the age	Income					
C.       Name of Outside Organization         Number of Ticket(s)/       Number of Ticket(s)/	Income					
9+1p     If checking "Ceremonial Role" or "Other" describe below:       0     9+1p       C.     Name of Outside Organization (include address and description)       Number of Ticket(s)/     Describe the public purpose made pursuant to the age						
C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the ag	Income					
1 405(05)	e public purpose made pursuant to the agency's policy					
Building Futures Women + Children,1395 Bancroft Ave, San Leandro, CA 945779+2pTo reward a school or nonprofit organization for to the community	r its contributions					
Domestic violence housing nonprofit						
4. Verification	tertafished we ge a top dar da an an					
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 requ	quirements.					

,		Sarah Oddie	Supervisor's Assistant	10.01.2017
/	orginature of Agency fread of Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_
#### Agency Report of: . C

Ce	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Documen
1.	Agency Name	an an ann an	Topic and service in the service		Date Stamp	California 802
	Alameda County					Perm
	Division, Department, or Reg	ion (If Applicable	)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)	·····		1	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation	ja <sub>8</sub> ≪3 <u>6</u> ⊓1	1 <b>1 011 9 .</b>	1 26 <u>2</u> <u>3</u>	
	Does the agency have a ticke	et policy?	Yes 🛛 No 🛛	Face Value	of Each Ticket/Pass \$ _	\$33
	Event Description Baseball g	jame		Date(s) 09	9 , 25 , 17	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Oakla	nd A's Name of So	11729
						urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [	If yes: Char	Official's Name (	Last, First)
-						
3.	• Use Section A to identify the agend	v's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm		Number of		blic purpose made pursuant	
	A. Name of Agency, Departin	ent of onit	Ticket(s)/ Pass(es)	besende the pu		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Fass(es)	Ceremonial Role	Other	Income
	Evrz, Jose Lora		C	If checking "Ceremo	onial Role" or "Other" describe below:	
			2	To promote attend	anceevent held at a	County
			_			nueconcession sales
			2	Ceremonial Role If checking "Ceremo	Other describe below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
1	. Verification				2693 1 (A) 53	

÷	Sarah Oddie	Supervisor's Assistant	10.01.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$33 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description Baseball game 26 , 09 17 Date(s) \_ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: <u>Chan,</u> Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Â. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Β. Name of Individual Identify one of the following: Ticket(s)/ (Last First Pass(es) Ceremonial Role Other Income Francis, Justine If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales

	2	Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's p	policy
4. Verification I hay Regulations 18944.1 a	nd 18942. ! have verifie	d that the distribution set forth above, is in accordance with the requirements.	
	Sarah Oddi	e Supervisor's Assistant 10	01 2017

Print Name

(Month, Day, Year)

Title

Comment: \_

1.	Agency Name			<del>ν −</del> − τ σε 14 σ. (γι	Date Stamp	California 802
	Alameda County					Form OOL For Official Use Only
	Division, Department, or Region	(If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nar	ne, Title)				
	Sarah Oddie					
	Area Code/Phone Number E-	mail				provide explanation in Part 3.)
	(510) 272-6693 sa	arah.oddie@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	tion				¢20 ticket/¢20 parking
	Does the agency have a ticket po		Yes 🛛 No [	Face Value of	of Each Ticket/Pass \$ _	\$80 ticket/\$20 parking
	Event Description Baseball gam	ne		Date(s)	26 , 17	/
	Pr	ovide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by a	gency?	Yes 🗌 No [	If no: Oaklai	nd A's Name of Sc	Durce
	Was ticket distribution made at th	na hahaet		If yes:		
	of agency official?	le periest	No 🗌 Yes	It yes:	, Official's Name (	(Last, First)
3	Recipients	1.0.5 3 5				
Ŭ.	Use Section A to identify the agency's e	department or u	nit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
			Pass(es)			
						· · · · · · · · · · · · · · · · · · ·
	B. Name of Individual		Number of			· · · · ·
	D. (Last. First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role		Income
				If checking "Ceremoi	nial Role" or "Other" describe below:	
				Ceremonial Role	Other O	Income
				If checking "Ceremo	nial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organiza (include address and descri		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
			Fass(es)			
	Midway Shelter, 1395 Bancrof Leandro, CA 94577	ft Ave, San	6+1p	to the community	of or nonprofit organiza	ation for its contributions
				, , , ,		n
	Domestic violence shelter					
-	Varifiaatian	<u> </u>			у 1968 у	, 5, 646 f <sup>ee,</sup> <sup>2</sup> δα f <u>g., 5</u> ζ, δ δι γ ≥βαβαγητικ
4.	Verification	ons 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.
			Sarah O	ddie	Supervisor's Assistar	nt 10.01.2017
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
	Comment:				······	FPPC Form 802 (4/12
						000 A CK EDDC (000/075 777

Ce	eremonial Role Events and 1	licket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form CO
	Division, Department, or Region (If Applic	able)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Sarah Oddie				
	Area Code/Phone Number E-mail			Amendment (Must p	ovide explanation in Part 3.)
	(510) 272-6693 sarah.od	die@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			<u></u>	¢00 ('
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	\$80 ticket/\$20 parking
	Event Description Baseball game		Date(s) 0	9 , 26 , 17	1 1
	Event Description Baseball game Provide Title	/Explanation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	and A's	
	······(·/· ····(··/ p···················			Name of So	urce
	Was ticket distribution made at the behe	st 🛛 No 🗖 Yes	If yes: <u>Cha</u>	n, Wilma Official's Name (i	
	of agency official?			Official s Name (	_ast, ==irst)
3.	Recipients				
	Use Section A to identify the agency's department		tion B to identify an indivi	dual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Cerem	e  Other Other Other' describe below:	Income
	<u></u>		Ceremonia! Role If checking "Cerem	Other onial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy
	Jewish Fam.+Comm. Srvcs of East B 2484 Shattuck Ave #210, Berkeley C	- I /I+ID	To reward a scho to the community		tion for its contributions
	Social services provider for Jewish individuals/families in the East Bay				
4.	Verification				
	, Regulations 18944			et forth above, is in accordance w	
		Sarah O		Supervisor's Assistan	
	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)

Comment:

Agency Name				Date Stamp	California 802
Alameda County					1 on m
Division, Department, or	Region (If Applicabl	e)			For Official Use Only
Board of Supervisors					
Designated Agency Con	tact (Name, Title)				
Sarah Oddie				Amendment (M	ust provide explanation in Part 3.)
Area Code/Phone Numb	er E-mail				
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Fili	ng:(Month, Day, Year)
Function or Event li	nformation				¢90 tickot/\$20 parking
Does the agency have a	ticket policy?	Yes 🛛 No 🗌	_ Face Val	ue of Each Ticket/Pass	\$\$80 ticket/\$20 parking
Event Description	ball game		Date(s) _	09 , 26 , 17	1 1
	Provide Title/Exp	planation			
Ticket(s)/Pass(es) provid	led by agency?	Yes 🗌 No 🖸	If no: Oa	akland A's	
					of Source
Was ticket distribution m	ade at the behest	No 🗌 Yes 🛛	If yes: _C	han, Wilma	me (Last, First)
of agency official?		<u>a stas ska</u>		Unicial State	nno (Loos, rinos)
Recipients					
-	agency's department o	r unit. • Use Sect Number of			identify an outside organization.
A. Name of Agency, Dep	partment or Unit	Ticket(s)/ Pass(es)	Describe the	e public purpose made purs	uant to the agency's policy
B. Name of In (Last Fi		Number of Ticket(s)/ Pass(es)	Ceremonial If checking "Cu	Identify one of the fo	Income
		Ticket(s)/	If checking "Co Ceremonial	Role Other eremonial Role" or "Other" describe be	elow: Income
	• Organization	Ticket(s)/	If checking "Co Ceremonial If checking "Co	Role D Other c c c c c c c c c c c c c c c c c c c	Income elow: elow:
C Name of Outside	• Organization and description) Girls Club, 401	Ticket(s)/ Pass(es)	If checking "Co Ceremonial If checking "Co Describe th	Role Dther control of the control of	Income slow: elow: suant to the agency's policy
C. Name of Outside (include address a San Leandro Boys & C	e Organization and description) Girls Club, 401 ndro, CA 94577	Ticket(s)/ Pass(es)	If checking "Co Ceremonial If checking "Co Describe th To reward a so	Role Dther control of the control of	Income slow: elow:
C. Name of Outside (include address a San Leandro Boys & O Marina Blvd, San Lear Youth activities & after	e Organization and description) Girls Club, 401 ndro, CA 94577 r-school club in	Ticket(s)/ Pass(es)	If checking "Co Ceremonial If checking "Co Describe th To reward a so to the commun	Role Determonial Role" or "Other" describe be Role Determonial Role" or "Other" describe be eremonial Role" or "Other" describe be e public purpose made purs school or nonprofit organ hity	elow: elow: elow: suant to the agency's policy hization for its contribution
C. Name of Outside (include address a San Leandro Boys & C Marina Blvd, San Lear Youth activities & after San Leandro	e Organization and description) Girls Club, 401 ndro, CA 94577 r-school club in	Ticket(s)/ Pass(es)	If checking "Co Ceremonial If checking "Co Describe th To reward a so to the commun	Role Dther control of the control of	Income elow: elow: suant to the agency's policy hization for its contribution
C. Name of Outside (include address a San Leandro Boys & C Marina Blvd, San Lean Youth activities & after San Leandro Verification	e Organization and description) Girls Club, 401 ndro, CA 94577 r-school club in	Ticket(s)/ Pass(es)	If checking "Co Ceremonial If checking "Co Describe th To reward a so to the commun	Role Determonial Role" or "Other" describe be Role Determonial Role" or "Other" describe be eremonial Role" or "Other" describe be e public purpose made purs school or nonprofit organ hity	Income elow: elow: mization for its contribution

	gency Name				Date Stamp	California 000
	-				Bate otamp	Form 802
	lameda County ivision, Department, or Regi	on (If Appliach	(e)		-	For Official Use Only
U	ivision, Department, or Regi	un (II Applicabi	c/			
	Board of Supervisors				-	
D	esignated Agency Contact (	Name,Title)				
S	Sarah Oddie				Amendment (Must p	provide explanation in Part 3.)
	rea Code/Phone Number	E-mail				, , ,
(;	510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
. F	unction or Event Inform	mation				\$33
D	loes the agency have a ticke	t policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	
F	vent Description Baseball g	ame		Date(s)09	9 , 27 , 17	/
		Provide Title/Ex	planation			
Т	icket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oakla	nd A's	
					Name of So	JUICE
	Vas ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Char	Official's Name (	'Last, First)
-		and the state of the second	- a a			the formation with the Constrain of the formal formal formal formal
	Recipients Use Section A to identify the agenc	v's denartment o	runit e Use Sec	tion B to identify an individ	ual. • Use Section C to iden	ntify an outside organization.
-			Number of			
P	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy
-						
-	3. Name of Individu. (List Fist)	al	Number of Ticket(s)/ Pass(as)		Identify one of the follow	ving:
_	<b>3.</b> Name of Individu. (Lust. First) Kataoka, Nan	al	Ticket(s)/ Pass(es)	-	Other nial Role" or "Other" describe below:	Income
_	(Lost First)	al	Ticket(s)/	If checking "Ceremo To promote attend	Dother nial Role" or "Other" describe below:	Income [
_	(Lost First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize	Other     other     inial Role" or "Other" describe below: Ianceevent held at a potential County rever	Income [ County nueconcession sales
_	(Lost First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role	Other nial Role" or "Other" describe below: anceevent held at a potential County rever	Income County nueconcession sales
+	(Lost First)	nization	Ticket(s)/ Pass(es) 2	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other  nial Role" or "Other" describe below: anceevent held at a potential County rever  Other  Other	Income [ County nueconcession sales Income [
+	(Lust First) Kataoka, Nan Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other  inial Role" or "Other" describe below:  anceevent held at a potential County rever  Other  other  nial Role" or "Other" describe below:	Income [ County nueconcession sales Income [
+	(Lust First) Kataoka, Nan Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other  inial Role" or "Other" describe below:  anceevent held at a potential County rever  Other  other  nial Role" or "Other" describe below:	Income County nueconcession sales
+	(Lust First) Kataoka, Nan C. Name of Outside Organ (include address and des Verification	nization scription)	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	Income County nueconcession sales Income
+	(Lust First) Kataoka, Nan C. Name of Outside Organ (include address and des Verification	nization scription)	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  other  nial Role" or "Other" describe below:	Income [ County nueconcession sales Income [ Int to the agency's policy

1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$125 Face Value of Each Ticket/Pass \$ \_\_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Gloria Trevi vs. Alejandra Guzman Date(s) \_\_\_\_\_/ 09 \_\_\_ 17 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan,</u> Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Arroyo, Silvia	2	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue
	2	Ceremonial Role  Other  Income  If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Verification	d 18942 / have ://	erified that the distribution set forth above, is in accordance with the requirements.

	Sarah Oddie	Supervisor's Assistant	10.02.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

1.	Agency Name	<del>61 01.10 10</del> .	5	Date Stamp	California 802
	Alameda County				Form OOZ For Official Use Only
	Division, Department, or Region (If Applicable)				
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Sarah Oddie			Amendment (Musto	rovide explanation in Part 3.)
	Area Code/Phone Number E-mail	<u> </u>			
	(510) 272-6693 sarah.oddie@	Dacgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	4			60
	Does the agency have a ticket policy?	Yes 🔀 🛛 No	Face Value o	of Each Ticket/Pass \$ _	00
	Event Description Migos+21 Savage/Last I	Days Summ	er Date(s) 09	) 21 , 17	///
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of So	
			Chan		urce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Chan	Official's Name (	Last, First)
-		8 2 (CK 9			San G P
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 iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of		olic purpose made pursuan	
	A. Name of Agency, Department of Omt	Ticket(s)/ Pass(es)	Describe the put	me purpose made pursuan	to the agency s poney
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	/ing:
		Pass(es)	Ceremonial Role	Other	Income
				nial Role" or "Other" describe below.	
			Ceremoniai Role If checking "Ceremo	Definition of the second secon	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	Oakland Kids First, 610 16th St, Oakland, CA 94612	4	To reward a school to the community	ol or nonprofit organiza	ation for its contributions
	Youth-serving organization in Oakland				
4	. Verification /		arified that the distuibution and	forth above is in accordance	with the requirements
	1 f. '8944.1 and			forth above, is in accordance w	
	Lisionalium of Ankadia Hand or Designer	Sarah O		Supervisor's Assistar	nt 10.02.2017 (Month, Day, Year)
/	Signature of Agency Head or Designee	r na Nan		1105	(month, Day, rodi)
	Comment:				
					FPPC Form 802 (4/12

_						
1.	Agency Name			<u>, a a p</u> .e 4	Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Regi	on (If Applicabl	e)			For Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail		1		provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				400
	Does the agency have a ticke	t policy?	Yes 🗵 No 🛛	Face Value o	of Each Ticket/Pass \$ _	100
	Event Description WWE Sma	ackdown LIVI	Ξ	Date(s) 09	) 19 17	
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Golder	n State Warriors	
		<i>i</i> <b>i i</b>		Chan		Jurce
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Chan	Official's Name	(Last, First)
			2 2 3 CH	ten + + + + + + + + + + + + + + + + + + +		(1) EN 1
3.	• Use Section A to identify the agence	v's department o	runit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme		Number of		olic purpose made pursuan	
	A. Name of Agency, Departme	ant of onit	Ticket(s)/ Pass(es)	Describe the put		it to the agency's poincy
	B. Name of Individu (Last, Frot)	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow	
				Ceremonial Role If checking "Ceremor	Other	income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
	DSAL, 16378 E.14th Street Leandro, CA 94578	, San	4	To reward a schoo to the community	l or nonprofit organiza	ation for its contributions
	Activities league for youth i unincorporated Alameda C					
4.	Verification	ulations 18044 1 a	nd 18942   have v	arified that the distribution set	forth above, is in accordance v	vith the requirements.
	nav. (tegi		Sarah O		Supervisor's Assista	
	agnatorear Agency mean or Designe	e	Print Narr		Title	(Month, Day, Year)
	/					
	Comment					

### A Public Document

						A DESCRIPTION OF THE OWNER
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	ion (If Applica	ble)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Gabriela Christy				Amondmont (Musta	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.C	Christy@acgov	.org	Date of Original Filing:	(Month, Day, Year)
<u>,</u>	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	305.55
	Event Description Oakland R	Raiders vs. N Provide Title/E	Y Jets	Date(s)	9 <u>, 17 , 17</u>	//
				If no: Oakla	nd Athletics	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Outline	Name of So	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes	X If yes. Valle	, Richard- Supervisor I	District 2
	of agency official?			Eq 11 yes	Official's Name (I	_ast, First)
}.	• 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	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/		Identify one of the follow	ing:
	B. Name of Individua (Last, First)	al		Ceremonial Role		ing:
	B. Name of Individua (Last, First) Alvarado, Carina	al	Ticket(s)/	If checking "Ceremor	Other  Anial Role" or "Other" describe below:	
	(Last, First)	al	Ticket(s)/	If checking "Ceremon — To reward a com Ceremonial Role	Other  Anial Role" or "Other" describe below:	
	(Last, First)	ization	Ticket(s)/	If checking "Ceremon — To reward a com Ceremonial Role If checking "Ceremon	Other  O	Income
4.	(Last, First) Alvarado, Carina C. Name of Outside Organ	lization scription)	Ticket(s)/ Pass(es) 4/1 Number of Ticket(s)/ Pass(es)	If checking "Ceremon — To reward a com Ceremonial Role If checking "Ceremon Describe the put	Cther  Cher  Cher	Income
<del></del>	(Last, First) Alvarado, Carina C. Name of Outside Organ (include address and des	lization scription)	Ticket(s)/ Pass(es) 4/1 Number of Ticket(s)/ Pass(es)	If checking "Ceremon — To reward a com Ceremonial Role If checking "Ceremon Describe the put perified that the distribution set to	Other  O	Income

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

e, <i>Title</i> )  ail briela.Christy@acgov.org briela.Christ@acgov.org briela.Christ@acgov.christ@acgov.christ@acgov.christ@acgov.christ@acgov.christ@acgov.christ@acgov.christ@acgov.chris	Agency Name Alameda County Division, Department, or Reg					
If Applicable)       For Official Use Only         e, Title)					Date Stamp	California 802
a, Title)         hail         briela.Christy@acgov.org	Division, Department, or Re					Form OUZ
nail          Amendment (Must provide explanation in Part 3.)          briela.Christy@acgov.org          Date of Original Filing:		gion (If Applicable	e)	<del></del>		For Official Use Only
nail       Amendment (Must provide explanation in Part 3.)         briela.Christy@acgov.org       Date of Original Filing:	Board of Supervisors					
Date of Original Filing:      (Month, Day, Year)         ion	<b>Designated Agency Contact</b>	(Name, Title)			· ·	
Date of Original Filing:      (Month, Day, Year)         ion	Gabriela Christy					
icy?       Yes INO       Face Value of Each Ticket/Pass \$25         s. LA Angels       Date(s)       09       04       17       /	Area Code/Phone Number	E-mail				
icy?       Yes INO       Face Value of Each Ticket/Pass \$25         s. LA Angels       Date(s)       09       04       17       /	(510) 272-6692	Gabriela.Ch	risty@acgov.o	org	Date of Original Filing:	(Month Day Year)
Image: Start Angels       Date(s) 09 17	Function or Event Info	rmation				
s. LA Angels       Date(s)090417	Does the agency have a tick	et policy?	Yes 🛛 No 🗌	] Face Value o	f Each Ticket/Pass \$ _	25
ency?       Yes       No       If no:       Oakland Athletics Name of Source         e behest       No       Yes       If yes:       Valle, Richard- Supervisor District 2 Official's Name (Last, First)         partment or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Number of Ticket(s)/ Pass(es)       Identify one of the following:         Quart       Ceremonial Role       Other       Income         Urichecking "Ceremonial Role" or "Other" describe below:       - To reward a community volunteer for his service to the public	Event Description Oakland	A's vs. LA Ang	els	Date(s)09	, 04 , 17	//
Name of Source         Package       If yes:       Valle, Richard- Supervisor District 2 Official's Name (Last, First)         Partment or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Number of Ticket(s)/ Pass(es)       Identify one of the following:         Quart       Ceremonial Role       Other       Income         Quart       Ceremonial Role* or "Other" describe below:       Income         Other Martine       Other Martine       Income	Ticket(c)/Pass(cc) provided (			- Oaklar	nd Athletics	
behest       No        Yes        If yes:       Valle, Richard- Supervisor District 2 Official's Name (Last, First)         partment or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.         Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Image: Number of Ticket(s)/ Pass(es)       Identify one of the following:         Image: Number of Ticket(s)/ Pass(es)       Ceremonial Role        Other        Income          Image: Other image: Ceremonial Role        Other image: Ceremonial Role        Income        Income          Image: Ceremonial Role        Other image: Ceremonial Role        Income        Income <td>Ticket(s)/Pass(es) provided I</td> <td>by agency?</td> <td>Yes∐ No [&gt;</td> <td></td> <td>Name of Sc</td> <td>ource</td>	Ticket(s)/Pass(es) provided I	by agency?	Yes∐ No [>		Name of Sc	ource
Official's Name (Last, First)         partment or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.         Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Number of Ticket(s)/ Pass(es)       Identify one of the following:         Image: Ceremonial Role       Other Image: Income         Image: Ceremonial Role       Other Image: Imag	Was ticket distribution made	at the behest	No 🗋 Yes 🛛	If ves: Valle,		
Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Image: Describe the public purpose made pursuant to the agency's policy       Image: Describe the public purpose made pursuant to the agency's policy         Image: Describe the public purpose made pursuant to the agency's policy       Image: Describe the public purpose made pursuant to the agency's policy         Image: Describe the public purpose made pursuant to the agency's policy       Image: Describe the public purpose made pursuant to the agency's policy         Image: Describe the public purpose made pursuant to the agency is policy       Image: Describe the public purpose made pursuant to the agency is policy         Image: Describe the public purpose made pursuant to the agency is policy       Image: Describe the public purpose made pursuant to the agency is policy         Image: Describe the public purpose made purpose made pursuant to the public purpose made purpose m	of agency official?				Official's Name (	Last, First)
Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Describe the public purpose made pursuant to the agency's policy       Describe the public purpose made pursuant to the agency's policy         Number of Ticket(s)/ Pass(es)       Identify one of the following:         Other X       Income         It checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his service to the public	Recipients					
Unit     Ticket(s)/ Pass(es)     Describe the public purpose made pursuant to the agency's policy       Pass(es)     Describe the public purpose made pursuant to the agency's policy       Number of Ticket(s)/ Pass(es)     Identify one of the following:       Ceremonial Role     Other       Other     Income       Income     Income	Use Section A to identify the agen	cy's department or	unit. • Use Secti	on B to identify an individu	al. • Use Section C to iden	tify an outside organization.
Number of Ticket(s)/ Pass(es)       Identify one of the following:         Q       Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: – To reward a community volunteer for his service to the public	A. Name of Agency, Departm	ent or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
Pass(es)       Ceremonial Role       Other       Income         Q       If checking "Ceremonial Role" or "Other" describe below:       Income       Income         - To reward a community volunteer for his service to the public	B. Name of Individu	Jal	Ticket(s)/	4 4. STAR	Identify one of the follow	ing:
If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his service to the public	[Lass, 1 #67		Pass(es)	Coromonial Polo		
	Cedillo,Arnulfo					income
			$ \sim $	- To reward a com	munity volunteer for h	is service to the public
If checking "Ceremonial Role" or "Other" describe below:						Income
		nization scription)	Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
	(Last, First)	lal	Ticket(s)/ Pass(es)	If checking "Ceremoni - To reward a come Ceremonial Role	Other  O	

#### Agency Report of: Ceremonial Role E 110 **D** : 1.1.21

Ceremonial Role Events a	and ficket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				SELV CORDECTED
Division, Department, or Region (	If Applicable)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Nam	e,Title)			
Gabriela Christy				
Area Code/Phone Number E-n	nail		Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6692 Ga	briela.Christy@acgov	v.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Informat	ion			
Does the agency have a ticket po	licy? Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	25
	s. Houston Astros	Date(s)	9 08 17	//
Ticket(s)/Pass(es) provided by ag	ency? Yes 🗌 No	If no: Oakla	nd Athletics Name of Sour	rce
Was ticket distribution made at the of agency official?	e behest 🛛 No 🗖 Yes	s⊠ If yes: <u>Valle</u>	, Richard- Supervisor D Official's Name (Li	District 2 ast, First)
3. Recipients • Use Section A to identify the agency's de	epartment or unit. • Use Se	ection B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department of	r Unit Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant t	to the agency's policy
B. Name of Individual	Number of		Identify one of the followi	
D. (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
Cedillo,Arnulfo	2	-	Dether X nial Role" or "Other" describe below: munity volunteer for his	Income
		Ceremonial Role if checking "Ceremo	Dther nial Role" or "Other" describe below:	Income
C. Name of Outside Organizati (include address and description)			blic purpose made pursuant (	to the agency's policy
4. Verification				

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

> Gabriela Christy Print Name

Supervisor's Assistant Title

Comment: \_

 $\cup$ 

-						A Fubic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	i <b>on</b> (If Applicabl	e)			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	nristy@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		_		
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	25
	Event Description Oakland A	's vs. Texas				////
	Event Description	Provide Title/Exp	planation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Oaklar	nd Athletics	
		y agonoy .			Name of Sc	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor	District 2
	of agency official?				Official's Name (	Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or		tion B to identify an individe	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	t to the agency's policy
			Pass(es)			
	B. Name of Individua (Lest, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Cedillo,Arnulfo			Ceremonial Role	Other 🔀 ial Role" or "Other" describe below:	
			2	- To reward a com	munity volunteer for h	is service to the public
				Ceremonial Role		Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C Name of Outside Organization		Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy	
	(include address and des	cription)	Pass(es)			to the agency's policy
4.	Verification		_1			· · · · · · · · · · · · · · · · · · ·
	I hav,		d 18942. I have ve	rified that the distribution set f	orth above, is in accordance wi	th the requirements.
	}		Gabriela C	hristy	Supervisor's Assistan	t 10/17/17
	Sugnature of Agency mean or Designee		Print Nam		Title	(Month, Day; Year)
	Comment:	<u> </u>				

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6692	Gabriela.Cl	hristy@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	of Each Ticket/Pass \$ _	25
	Event Description Oakland A	s vs. LA Ang	gels planation	Date(s)9	0 , 05 , 17	//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No 🖸	If no: Oaklar	nd Athletics	
		y agonoy .			Name of So	
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor	District 2
_	of agency official?				Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department o	r unit. • Use Sect	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Jones,Dave				Other 🔀	Income
			2	<ul> <li>To reward a com</li> </ul>	munity volunteer for h	is service to the public
				Ceremonial Role If checking "Ceremon	Other D	Income
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
						8
4.	Verification					
	Signature of Agency Head or Designed		nd 18942. I have ver Gabriela Ch Print Name	nristy	forth above, is in accordance w Supervisor's Assistar Title	
	- · ·	$\bigcirc$				
	Comment:					

					A Fublic Document
. Agency Name		18.8		Date Stamp	California 802
Alameda County					i cim
Division, Department, or Reg	ion (If Applicable	<i>;)</i>			For Official Use Only
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)	·		-	
Gabriela Christy				<u></u>	
Area Code/Phone Number	E-mail			Amendment (Must p.	rovide 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				(WORU, Day, Year)
Does the agency have a ticke		Yes 🗵 No	□ Face Value o	of Each Ticket/Pass \$	80/20
Event Description Oakland A	• •		—		//
Event Description	Provide Title/Expl	anation	Date(s)	///	//
Ticket(s)/Pass(es) provided b	w agency?		Ist If no: Oakla	nd Athletics	
	y ugeney :	Yes 🗌 No		Name of So	
Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle	Richard- Supervisor I	District 2
of agency official?				Official's Name (I	.ast, First)
8. Recipients					
Use Section A to identify the agence	y's department or		ction B to identify an individe	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy
		Pass(es)			
B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	ng: Income
				ial Role" or "Other" describe below:	
			Ceremonial Role If checking "Ceremon	Other :	Income
C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
HARD 1099 E Street Hayward,CA		183	<ul> <li>To reward a nonp community</li> </ul>	profit organization for it	s contributions to the
To enrich the quality of life f	for our		recreation activities	, parks, and facilities t	hat promote health and
community by providing a v			wellness, learning,	and fun.	
. Verification			wellness, learning,	and fun.	
	ariety of	18942. I have ve		and fun.	h the requirements
	ariety of	18942. Lhave ve Gabriela C	rified that the distribution set fo		10/10/17

#### Agency Report of: Ceremonial Role E J T: J +/D Distuile . 4 1 •

Signature of Agency Head or Designee

Comment: \_\_

_	eremonial Role Even	ts and Lic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form CO
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Cobriele Christy					
	Gabriela Christy Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov	v.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	25
	Event Description Oakland A	's vs. Housto	n Astros	0	9, 10, 17	///
	Event Description	Provide Title/Expl	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	⊠ If no: Oakla	nd Athletics	
		y agoney :			Name of Sol	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor I	District 2
	of agency official?			·	Official's Name (L	.ast, First)
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followi	
	(Lest, First)		Pass(es)			ng.
	Brooks, Daphine				Other	Income
			2		nial Role" or "Other" describe below: munity volunteer for he	er service to the public
				Ceremonial Role	Other	Income
				lf checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
					<u>.                                    </u>	
4.	Verifiçation					
		ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	1 1
			Gabriela Cl	hristv	Supervisor's Assistant	10/17/17

Print Name

Title

					A Fublic Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (	Name, Title)				
Gabriela Christy					
Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
(510) 272-6692	Gabriela.Ch	risty@acgov.	org	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Inform	mation				
Does the agency have a ticke	t policy?	Yes 🛛 No [	Face Value o	f Each Ticket/Pass \$	55/20
Event Description Oakland A	s vs. Texas F	Rangers			//
			Oaklar	ad Athletics	
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No 🕻	If no: Oaklar	Name of Sou	Jrce
Was ticket distribution made a	t the behest	No 🗌 Yes 🛙	X If yes. Valle,	Richard- Supervisor	District 2
of agency official?			△ II yes	Official's Name (L	.ast, First)
3. Recipients				······································	
<ul> <li>Use Section A to identify the agency</li> </ul>	's department or	unit. • Use Sect	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departme	1942 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 - 1947 -	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
B. Name of Individua	u	Number of Ticket(s)/		Identify one of the followi	ng:
Vasquez, Daniel		Pass(es)	Ceremonial Role	Other	
vasquez, Damei		ê I		al Role" or "Other" describe below: munity volunteer for his	s service to the public
<u> </u>					
			Ceremonial Role	Other al Role" or "Other" describe below:	Income 🗖
C. Name of Outside Organi (include address and dest		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant i	to the agency's policy
4. Verification					
1 have readiand understand EDBC Deaut	ations 18944.1 and			rth above, is in accordance with	the requirements.
Ţ		Gabriela Ch	risty	Supervisor's Assistant	_ 10/17/17-
~ \ /		Print Name		Title	(Month, Day, Year)
Comment:					

	Agency Name				Date Stamp	California 802
	Alameda County					Politi
	Division, Department, or Regi	on (If Applicab	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	<u>.</u>			
	Gabriela Christy					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6692	Gabriela.Cl	nristy@acgov	.org	Date of Original Filing	(Month, Day, Year)
	Function or Event Inform	mation			•	
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ .	25
	Event Description Oakland A	's vs. Texas	Rangers	Date(s)09	) _ 23 _ 17	/
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oakla	nd Athletics Name of S	0.1720
	Was ticket distribution made a	t the heheet		valle	, Richard- Supervisor	
	of agency official?		No 🗌 Yes	It yes: <u>tano</u>	Official's Name	(Last, First)
3.	Recipients					······
	<ul> <li>Use Section A to identify the agency</li> </ul>	's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuar	t to the agency's policy
	B. Name of Individua (Last First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	B. Name of Individua (Last. First) Greene,Kelly	1	Ticket(s)/	If checking "Ceremon	Other D	income
	(Last. First)	ıl	Ticket(s)/	If checking "Ceremon — To reward a com Ceremonial Role	Other D	income
	(Last. First)	ization	Ticket(s)/	If checking "Ceremon — To reward a com Ceremonial Role If checking "Ceremon	Other Other Control of the control	Income
	(Last First) Greene,Kelly C. Name of Outside Organi (include address and dest	ization	Ticket(s)/ Pass(es)	If checking "Ceremon — To reward a com Ceremonial Role If checking "Ceremon	Other  ial Role" or "Other" describe below: munity volunteer for h Other Other al Role" or "Other" describe below:	Income
	(Last. First) Greene,Kelly C. Name of Outside Organi	ization cription)	Ticket(s)/         Pass(es)         O         Number of         Ticket(s)/         Pass(es)	If checking "Ceremon — To reward a com Ceremonial Role If checking "Ceremon Describe the pub	Other I Other Other Other Other Other Other Other Other I Oth	Income
	(Last First) Greene,Kelly C. Name of Outside Organi (include address and dest	ization cription)	Ticket(s)/         Pass(es)         O         Number of         Ticket(s)/         Pass(es)	If checking "Ceremon — To reward a com Ceremonial Role If checking "Ceremon Describe the pub rified that the distribution set for	Other  ial Role" or "Other" describe below: munity volunteer for h Other Other al Role" or "Other" describe below:	Income

A Public Document

I. Agency N	lame				Date Stamp	California 802
Alameda C	County				•	Form 002
	epartment, or Reg	ion (If Applicable	)			For Official Use Only
Board of S	upervisors					
	Agency Contact	(Name,Title)				
Gabriela C	hristv					
	Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-		Gabriela.Ch	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2. Function	or Event Infor	mation				
	gency have a ticke		Yes 🛛 No [	Face Value o	f Each Ticket/Pass \$	25
Event Desc	ription Oakland A	A's vs. Texas F			, 24 , 17	//
	ass(es) provided b			If no: Oaklar	nd Athletics	
HUNGUS // F	ass(es) provided b	y agency:	Yes 🗌 No 🛛	_	Name of So	
Was ticket of agency	distribution made a official?	at the behest	No 🗌 Yes [	If yes: Valle,	Richard- Supervisor I Official's Name (I	District 2 Last, First)
3. Recipient • Use Section		y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name	e of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
В.	Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ing:
	Leon and		Pass(es)	Ceremonial Role	Other	Income
Salgado,R	laul		2	If checking "Ceremon	ial Role" or "Other" describe below:	is service to the public
				Ceremonial Role	Other  Other  ial Role" or "Other" describe below:	Income (
	ame of Outside Orga clude address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy

_	Gabriela Christy	Supervisor's Assistant	MAIZ
~	Print Name	Title	(Month, Bay, Year)

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

 $\sim$ Comment: \_\_\_\_ 

Ceremo	nial Role Events	and lick	eupass	Distributions		A Public Document
1. Agenc	y Name				Date Stamp	California 802
Alamed	la County					Form OOZ
Division	, Department, or Region	(If Applicable)			1	For Official Use Only
Board c	of Supervisors					
	ited Agency Contact (Nan	ne, Title)			-	
Gabriel	a Christy					
		mail	-		Amendment (Must pi	ovide explanation in Part 3.)
			sty@acgov.	org	Date of Original Filing: .	(Month, Day, Year)
	on or Event Informa	tion				····
Does the	e agency have a ticket po	olicy?	Yes 🛛 No [	Face Value of	of Each Ticket/Pass \$	25
	Oakland A's				25 17	09 , 25 , 17
Event D	escription	ovide Title/Explai		Date(s)	/	//
Ticket(s	)/Pass(es) provided by a	aencv?	Yes 🗌 🛛 No 🛛	If no: Oaklar	nd Athletics	
nonotio	,,, acc(cc) promaca ay a	90			Name of So	
	ket distribution made at th	ne behest	No 🗌 Yes [	If yes: Valle	, Richard- Supervisor I Official's Name (I	District 2
of ager	ncy official?					
3. Recipi	ents					
• Use Sec	tion A to identify the agency's c	department or u	Number of			
<b>A.</b> N	lame of Agency, Department of	or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
В.	Name of Individual (Lest, First)		Number of Ticket(s)/		Identify one of the follow	ing:
			Pass(es)	Communial Dala	Other	
				Ceremonial Role If checking "Ceremon	nial Role" or "Other" describe below:	
				Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income
C.	Name of Outside Organizat (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
	rd Downtown Streets To The Alameda #306 San		4	– To reward a non community	profit organization for i	ts contributions to the
	own Streets Team is en essness by restoring the			and rebuilding the	lives of unhoused mer	and women.
4. Verifin						
r	'C Regulatio	ons 18944.1 and	18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.
lc			Gabriela C	hristy	Supervisor's Assistan	I MAT
Z	Designee		Print Nam	e	Title	(Mon <sup>i</sup> h, Day, Vear)

eremonial Role Even	15 and 110	Kel/Pass	Distributions		A Public Documen
Agency Name				Date Stamp	California Form 802
Alameda County Division, Department, or Reg	ion (If Applicable			-	For Official Use Only
-	ion (ii Applicable	=/			
Board of Supervisors					
Designated Agency Contact (	Name, Title)				
Gabriela Christy	_			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail		· · · · ·		
(510) 272-6692		risty@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor					
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)	<u>) 27 17</u>	//
	Provide Title/Expl	lanation			
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oakla	nd Athletics Name of Sc	
Was ticket distribution made a	t the hehest		alle/\		
of agency official?	it the benest	No 🗌 Yes	If yes: <u>valie</u>	, Richard- Supervisor Official's Name (	Last. First)
Recipients					
Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departme		Number of Ticket(s)/		olic purpose made pursuant	
		Pass(es)		- Failer and Bailer	to the agency a poincy
B. Name of Individua (Lest, First)	I	Number of Ticket(s)/		Identify one of the follow	ing:
		Pass(es)	Ceremonial Role	Other	
Kamai,Colleen				ial Role" or "Other" describe below:	Income
		3	<ul> <li>– To reward a com</li> </ul>	munity volunteer for h	er service to the public
			Ceremonial Role		Income [
			n checking Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organi		Number of	P		
(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	ons 18944.1 and	18942. I have ver	ified that the distribution set fo	orth above, is in accordance with	h the requirements.
		Gabriela Ch	nristy	Supervisor's Assistant	rolializ
		Print Name		Title	(Month, Day, Year)
Commont					1
Comment:					

Comment: \_\_\_\_

		NGUI 433	Distributions		A Public Document			
1.	Agency Name	Date Stamp	California 802					
	Alameda County		Form OOZ For Official Use Only					
	Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)						
	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.Ch	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	of Each Ticket/Pass \$ _	125			
	Event Description Gloria Trevi vs. Alejand	ra Guzman	Date(s) 09	9 _ 09 _ 17	1 1			
	Provide Title/Exp	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors				
				Name of So Dichard Supervisor				
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Valle	, Richard- Supervisor	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 Number of Department of Light				State and a state of the			
	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 follow	ing:			
	(Last, First)	Pass(es)						
	Parra, Laura			Dother describe below:				
		3	-	unity volunteer for her	service to the public			
			Ceremonial Role		Income			
	Anda, Counselo	3	-	nial Role" or "Other" describe below:	a second as the second line			
		1	To reward a comm	unity volunteer for her	service to the public			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy			
	. ,	Pass(es)						
					<del></del>			
-				· · · _ · · ·				
4	<sup>1</sup> 4.1 ar	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.			
		Gabriela C		Supervisor's Assistan	under lan			
		Print Nan		Title	(Month, Day, Year)			

Date Stamp California 802 For Official Use Only Amendment (Must provide explanation in Part 3.)						
For Official Use Only						
Amendment (Must provide explanation in Part 3.)						
Amendment (Must provide explanation in Part 3.)						
Amendment (Must provide explanation in Part 3.)						
Amendment (Must provide explanation in Part 3.)						
Date of Original Filing:(Month, Day, Year)						
(Wohut, Day, real)						
e Value of Each Ticket/Pass \$60						
e(s) <u>09</u> <u>09</u> <u>17</u> <u> </u>						
Golden State Warriors						
Name of Source						
s: Valle, Richard- Supervisor District 2						
Official's Name (Last, First)						
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
Describe the public purpose made pursuant to the agency's policy						
Identify one of the following:						
onial Role U Other U Income						
onial Role Other Income						
be the public purpose made pursuant to the agency's policy						
To reward a nonprofit organization for its contributions to the community						
a nonprofit organization for its contributions to the						

Title

(Month, Day, Year)

Comment: \_\_

.

·····

Rodriquez, Roberto       If checking "Ceremonial Role" or "Other" describe below:         - To reward a community volunteer for his service to the public	_						A Fublic Document
Division       Centrol       Per Official Use Only         Division       Description       Per Official Use Only         Board of Supervisors       Description       Amendment (Must provide explanation in Pert 3)         Date of Original Filling:	1.					Date Stamp	
Board of Supervisors Beagnated Agency Contact (Name, 786) Gabriela Christy Gabriela Gabrie		-					
Designated Agency Contact (Name, Tille)         Gabriela Christy         Area Code(Phone Number (S10) 272-G982         Gabriela Christy         Des the agency have a ticket policy?         Yes X         Vent Description         WWE Smackdown Live         Dock the agency have a ticket policy?         Yes X         Date of Original Filing:		Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
Gabriela Christy		Board of Supervisors					
Area Code/Phone Number (310) 272-6692       E-mail Gabriela.Christy@acgov.org       Date of Original Filling: (Modm. Day, Veel]         2. Function or Event Information Does the agency have a ticket policy? Event Description       Yes Ø No WWE Smackdown Live Provide TimeExplanation       Face Value of Each Ticket/Pass S Date (9		Designated Agency Contact (	Name, Title)	1			
Area Code/Phone Number (310) 272-6692       E-mail Gabriela.Christy@acgov.org       Date of Original Filling: (Modm. Day, Veel]         2. Function or Event Information Does the agency have a ticket policy? Event Description       Yes Ø No WWE Smackdown Live Provide TimeExplanation       Face Value of Each Ticket/Pass S Date (9		Gabriela Christy					
			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 \$  Event Description WWE Smackdown Live Forde TimeExplanation Ticket(s)/Pass(es) provided by agency? Yes  No Face Value of Each Ticket/Pass \$  Event Description WWE Smackdown Live Forde TimeExplanation Ticket(s)/Pass(es) provided by agency? Yes  No Face Value of Each Ticket/Pass \$  No Face Value of Each Ticket/Pass \$  Event Description WWE Smackdown Live Forde TimeExplanation Ticket(s)/Pass(es) provided by agency? Yes  No Face Value of Each Ticket/Pass \$  No Face Value A  No		(510) 272-6692 Gabriela.Christy@acgov.org				Date of Original Filing:	(Month Day Year)
Event Description       WWE Smackdown Live       Date(s)       09       19       17         Provide Titletzylanation       If no:       Golden State Warriors       Name of Source         Was ticket distribution made at the behest       No       Yes       No       Yes       Valle, Richard- Supervisor District 2         of agency official?       Official?       Official?       Official?       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       Tricket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual       Tricket(s)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Ceremonial Role       Official?       Official State       Income         B.       Name of Individual       Tricket(s)       Pass(es)       Official State       Income         If checking Commonial Role       Official?       Official?       Income       Income       Income         B.       Name of Individual       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy       Income       Income       Income       Income <td>2.</td> <td>Function or Event Infor</td> <td>mation</td> <td></td> <td></td> <td></td> <td></td>	2.	Function or Event Infor	mation				
Event Description       WWE Strackdown Live       Date(s)       09       19       17         Provide TitleExplanation       If no:       Golden State Warriors       Name of Source         Was ticket distribution made at the behest       No       Yes       If no:       Golden State Warriors         Was ticket distribution made at the behest       No       Yes       If yes:       Valle, Richard- Supervisor District 2         Official?       Official?       Official?       Official?       Official?         *Use Section A to identify the agency's department or unit.       * Use Section C to identify an outside organization.         A.       Name of Agency, Department or Unit       Tumber of Tokat(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of individual distribution       Number of Tokat(s)       Describe the public purpose made pursuant to the agency's policy         Rodriquez, Roberto       4       -       -       To reward a community volunteer for his service to the public         If checklest       Pass(eg)       Describe the public purpose made pursuant to the agency's policy       Income         If checklest       Pass(eg)       Describe the public purpose made pursuant to the agency's policy       Income         If checklest       Pass(eg)       Describe the public purpose made pursuant to the agency'		Does the agency have a ticke	t policy?	Yes 🕅 No	Face Value of	of Each Ticket/Pass \$ _	
Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Golden State Warriors         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Yalle, Richard- Supervisor District 2 Official? Nome (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.         A.       Name of Agency. Department or Unit       Ticket(s) Pess(es)       Describe the public purpose made pursuant to the agency's policy Pess(es)         B.       Name of Individual Lest First       Number of Ticket(s) Pess(es)       Ceremonial Role       Other       Income         Rodriguez, Roberto       4       -       To reward a community volunteer for his service to the public Uncoding Commonial Role       Other       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         Pass(es)       Use description       Number of Ticket(s) Pass(es)       Income       Income         //       -       -       -       To reward a community volunteer for his service to the public         .       Name of Outside Organization (Include address and description)       Number of Ticket(s) Pass(es)					—		
Was ticket distribution made at the behest of agency official?       No Yes X       If yes: Valle, Richard-Supervisor District 2 Officials Name (Lest, First)         3. Recipients •Use Section A to identify the agency's department or unit.       •Use Section A to identify an individual.       •Use Section A to identify an undividual.       •Use Sectidentify an undividual.       •Use Section A		Event Description Date(s) Date(s)			Date(s)		//
Was ticket distribution made at the behest of agency official?       No Yes X       If yes: Valle, Richard-Supervisor District 2 Officials Name (Lest, First)         3. Recipients •Use Section A to identify the agency's department or unit.       •Use Section A to identify an individual.       •Use Section A to identify an undividual.       •Use Sectidentify an undividual.       •Use Section A		Ticket(s)/Pass(es) provided by agency?			IN If no. Golder	n State Warriors	
Of agency official?       Officials 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 Teket(s)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (Last, First)       Number of Teket(s)       Describe the public purpose made pursuant to the agency's policy         Rodriguez, Roberto       4       Ceremonial Role Other Other describe below:       Income         - To reward a communit Volunteer for his service to the public       Income       Income         If checking "Communit Role Other describe below:       Income       Income         C. Name of Outside Organization (Include address and description)       Number of Teketing 'Describe the public purpose made pursuant to the agency's policy         Pass(es)       Describe the public purpose made pursuant to the agency's policy         C. Name of Outside Organization (Include address and description)       Number of Teketing 'Describe the public purpose made pursuant to the agency's policy         Ib       'L gaar-18942. I have verified that the distribution set forth above, is in accordance with the requirements.         . Markere       The Teket Te		nonencer address provided by agency?				Name of So	
Of agency official?       Officials 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 Teket(s)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (Last, First)       Number of Teket(s)       Describe the public purpose made pursuant to the agency's policy         Rodriguez, Roberto       4       Ceremonial Role Other Other describe below:       Income         - To reward a communit Volunteer for his service to the public       Income       Income         If checking "Communit Role Other describe below:       Income       Income         C. Name of Outside Organization (Include address and description)       Number of Teketing 'Describe the public purpose made pursuant to the agency's policy         Pass(es)       Describe the public purpose made pursuant to the agency's policy         C. Name of Outside Organization (Include address and description)       Number of Teketing 'Describe the public purpose made pursuant to the agency's policy         Ib       'L gaar-18942. I have verified that the distribution set forth above, is in accordance with the requirements.         . Markere       The Teket Te			t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2
- Use Section A to Identify the agency's department or unit.     - Use Section B to Identify an individual.     - Use Section C to identify an outside organization		or agency official?				Official's Name (	Last, First)
A.       Name of Agency, Department or Unit       Number of Treket(sy)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual Lest rand       Number of Treket(sy)       Identify one of the following:         B.       Name of Individual Lest rand       Number of Treket(sy)       Identify one of the following:         Rodriquez, Roberto       4       Ceremonial Role       Other       Income         If checking 'Ceremonial Role       Other       Income       Income         If checking 'Ceremonial Role       Other       Income       Income         If checking 'Ceremonial Role       Other       Income       Income         C.       Name of Outside Organization (Include address and description)       Number of Treket(sy)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Describe the public purpose made pursuant to the agency's policy       Income       Income         In       Industrify42, I have verified that the distribution set forth above, is in accordance with the requirements. (Monn, Org. 'S Assistant       Mumber of the following: (Monn, Org. 'S Assistant         Prot Name       Tite       Mumber of the following: (Monn, Org. 'New')	3.	•					
A.       Name of Agency, Department or Unit       Ticket(sy Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual Law, Fred       Number of Ticket(sy Pass(es)       Identify one of the following:         B.       Name of Individual Law, Fred       Number of Ticket(sy Pass(es)       Identify one of the following:         Rodriquez, Roberto       4       Ceremonial Role       Other       Income         Genemonial Role       Other       Income       Income         If checking "Ceremonial Role       Other       Income         C.       Name of Outside Organization (include address and description)       Number of Ticket(sy Pass(es)       Describe the public purpose made pursuant to the agency's policy         A.       Verification (Include address and description)       Number of Ticket(sy Pass(es)       Describe the public purpose made pursuant to the agency's policy         Include       Mather of Ticket(sy Pass(es)       Supervisor's Assistant       Mather of Mather of The Name       Supervisor's Assistant		Use Section A to identify the agency	's department or	ual. • Use Section C to iden	tify an outside organization.		
B.       Name of individual (Last, Frei)       Number of Ticket(sy Pass(es)       Identify one of the following:         Rodriquez, Roberto       4       Ceremonial Role		A. Name of Agency, Department or Unit		Ticket(s)/ Describe the pub		lic purpose made pursuant to the agency's policy	
B.       Name of Outside Organization (include address and description)       Ticket(s) Pass(es)       Identify one of the following:         C.       Name of Outside Organization (include address and description)       Number of Ticket(s) Pass(es)       Ceremonial Role Other Income Income       Income         A.       Verification Include address and description       Number of Ticket(s) Pass(es)       Describe the public purpose made pursuant to the agency's policy         A.       Verification Include address and description       Income of Ticket(s) Pass(es)       Describe the public purpose made pursuant to the agency's policy         Mame       Income       Income of Ticket(s)       Income of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Mame       Income       Income of Ticket(s)       Income of Ticket(s)       Income of Describe the public purpose made pursuant to the agency's policy         Mame       Income       Income of Describe the public purpose made pursuant to the agency's policy       Income of Describe the public purpose made pursuant to the agency's policy         Mame       Income of Describe the distribution set forth above, is in accordance with the requirements. (Month, Des Year)       Income of Describe the distribution set forth above, is in accordance with the requirements. (Month, Des Year)							
B.       Name of Outside Organization (include address and description)       Ticket(s) Pass(es)       Identify one of the following:         C.       Name of Outside Organization (include address and description)       Number of Ticket(s) Pass(es)       Ceremonial Role Other Income Income       Income         A.       Verification Include address and description       Number of Ticket(s) Pass(es)       Describe the public purpose made pursuant to the agency's policy         A.       Verification Include address and description       Income of Ticket(s) Pass(es)       Describe the public purpose made pursuant to the agency's policy         Mame       Income       Income of Ticket(s)       Income of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Mame       Income       Income of Ticket(s)       Income of Ticket(s)       Income of Describe the public purpose made pursuant to the agency's policy         Mame       Income       Income of Describe the public purpose made pursuant to the agency's policy       Income of Describe the public purpose made pursuant to the agency's policy         Mame       Income of Describe the distribution set forth above, is in accordance with the requirements. (Month, Des Year)       Income of Describe the distribution set forth above, is in accordance with the requirements. (Month, Des Year)							
Rodriquez, Roberto       4       If checking "Ceremonial Role" or "Other" describe below:         - To reward a community volunteer for his service to the public       Income         Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "O		B. Name of Individual (Lest, First)		Ticket(s)/	Identify one of the following:		
If checking "Ceremonial Role" or "Other" describe below:		Rodriquez, Roberto		4	If checking "Ceremon	ial Role" or "Other" describe below:	Income
If checking "Ceremonial Role" or "Other" describe below:				1			1
C.       Italie of outside organization (include address and description)       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         4.       Verification Ih       Image: Second secon							Income
Ih       14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Gabriela Christy       Supervisor's Assistant         Print Name       Title		C. Name of Outside Organization (include address and description)		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
Ih       14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Gabriela Christy       Supervisor's Assistant         Print Name       Title							
Print Name Title (Month, Day Year)			14.1 and	≠18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
Print Name Title (Month, Day Year)		_		Gabriela C	hristy	Supervisor's Assistant	017/177
		-					(Month, Day Year)
		<u> </u>					•

A Public Document

Board of Superv Designated Agen Gabriela Christy Area Code/Phone (510) 272-6692 Function or E Does the agency Event Description Ticket(s)/Pass(es Was ticket distribut	nent, or Region (If Applicable isors cy Contact (Name, Title) Number E-mail Gabriela.Ch vent Information have a ticket policy? Last Days of Summer	risty@acgov Yes⊠ No		Date Stamp								
Division, Depart Board of Superv Designated Agen Gabriela Christy Area Code/Phone (510) 272-6692 Function or E Does the agency Event Description Ticket(s)/Pass(es Was ticket distribut	isors cy Contact (Name, Title) Number E-mail Gabriela.Ch vent Information have a ticket policy? Last Days of Summer Provide Title/Expl	risty@acgov Yes⊠ No			For Official Use Only							
Board of Superv Designated Agen Gabriela Christy Area Code/Phone (510) 272-6692 Function or E Does the agency Event Description Ticket(s)/Pass(es Was ticket distribut	isors cy Contact (Name, Title) Number E-mail Gabriela.Ch vent Information have a ticket policy? Last Days of Summer Provide Title/Exp	risty@acgov Yes⊠ No			rovide explanation in Part 3.)							
Designated Agen Gabriela Christy Area Code/Phone (510) 272-6692 Function or E Does the agency Event Description Ticket(s)/Pass(es Was ticket distribut	cy Contact (Name,Title) Number E-mail Gabriela.Ch vent Information have a ticket policy? Last Days of Summer Provide Title/Exp	Yes 🛛 No										
Gabriela Christy Area Code/Phone (510) 272-6692 Function or E Does the agency Event Description Ticket(s)/Pass(es Was ticket distribut	Number E-mail Gabriela.Ch vent Information have a ticket policy? Last Days of Summer Provide Title/Exp	Yes 🛛 No										
Area Code/Phone (510) 272-6692 Function or E Does the agency Event Description Ticket(s)/Pass(es Was ticket distribution	e Number E-mail Gabriela.Ch vent Information have a ticket policy? Last Days of Summer Provide Title/Expl	Yes 🛛 No										
(510) 272-6692 <b>Function or E</b> Does the agency Event Description Ticket(s)/Pass(es Was ticket distribut	Gabriela.Ch vent Information have a ticket policy? Last Days of Summer Provide Title/Expl	Yes 🛛 No										
Function or E Does the agency Event Description Ticket(s)/Pass(es Was ticket distribut	vent Information have a ticket policy? Last Days of Summer Provide Title/Exp	Yes 🛛 No		Date of Original Filing:	(Month, Day, Year)							
Does the agency Event Description Ticket(s)/Pass(es Was ticket distribut	have a ticket policy? Last Days of Summer Provide Title/Expl		Face Value o									
Event Description Ticket(s)/Pass(es Was ticket distribution	Last Days of Summer Provide Title/Exp		Face Value o		Function or Event Information							
Ticket(s)/Pass(es Was ticket distribu	Provide Title/Expl	lanation		of Each Ticket/Pass \$ _								
Ticket(s)/Pass(es Was ticket distribu	Provide Title/Expl	lanation	Date(s) 09	) , 21 , 17	1 1							
Was ticket distrib	) provided by agency?	andion	Event Description Last Days of Summer Date(s) 09 / 21 / 17 / / /									
		Yes 🗌 🛛 No	If no: Golder	n State Warriors Name of Sol								
	ition made at the behavi	No 🗌 Yes	- Valla									
of agency officia		Richard- Supervisor I										
Recipients												
A. Name of Age	ncy, Department or Unit	Ticket(s)/ Pass(es)		lic purpose made pursuant								
B. Na	ne of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	11111-14-14	Identify one of the followi	ng:							
Penadr	SV2annd	2		Other Other Control of the service o	Income							
gar20	ir, jorge	2	lf checking "Ceremoni	Other al Role" or "Other" describe below: A COmmutty V D Jalo	Income  Income							
	Dutside Organization dress and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy							

#### 4. Verification

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

	Gabriela Christy	Supervisor's Assistant	DIATA
Signature of Anency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment	e general de la constance de la		

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A Public Document

						A Fublic Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County					Form OUZ		
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	Name, Title)						
	Gabriela Christy							
	Area Code/Phone Number E-mail				Amendment (Must pro	,,		
	(510) 272-6692	Gabriela.Ch	risty@acgov.	org	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Information							
	Does the agency have a ticke	• •	f Each Ticket/Pass \$	25				
	Event Description Oakland A's vs. Houston Astros Date(s)				1			
		Provide Title/Expl	anation	Date(s)	/	//		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛙	If no: Golder	State Warriors			
					Name of Sour			
	Was ticket distribution made a of agency official?	it the behest	No 🗋 Yes 🛙	If yes: Valle,	e, Richard- Supervisor District 2 Official's Name (Last, First)			
					Official's Name (Last, First)			
<b>J</b> .	• Use Section A to identify the agency		unit. • Use Sect					
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy		
	B. Name of Individua (Last, First)	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:		
				Ceremonial Role	Other	Income		
	MCENOY, 200	4	2		al Polo" or "Other" deparibe below:	volunter for her		
		<u> </u>		Ceremonial Role If checking "Ceremoni	A The prove	income		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy		
_	Vorification							

4. Verification

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

Gabriela Christy Supervisor's Assistant Print Name

Comment: .

Title

-								
1.	Agency Name				Date Stamp	California 802		
	Alameda County			Form OUZ For Official Use Only				
	Division, Department, or Reg	ion (If Applicabl		Por Official Use Offiy				
	Board of Supervisors							
	Designated Agency Contact (	Name, Title)						
	Gabriela Christy		Amendment (Must pr					
	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)		
_	(510) 272-6692 Gabriela.Christy@acgov.org			Date of Original Filing: .	(Month, Day, Year)			
2.	Function or Event Infor	mation						
	Does the agency have a ticke	• •	of Each Ticket/Pass \$	80/25				
	Event Description	s vs. Housto	09,17	//				
	Tielet(=)/Deco(ac) was ided by	,	n State Warriors					
	Ticket(s)/Pass(es) provided by	y agency?	Name of Sou	Irce				
	Was ticket distribution made a	it 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 individual. • Use Section C to identify an outside organization.							
	A. Name of Agency, Departme	Number of Ticket(s)/	Ticket(s)/ Describe the public purpose made pursuant to t		to the agency's policy			
	<u></u>		Pass(es)					
		<u></u>						
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followi			
	(Last, First)		Pass(es)			ng.		
				Ceremonial Role		Income		
	valle, Richard		21	V dota W or	ial Role" or "Other" describe below:	crorevents that		
				have nonte	red canty fin	dul organet		
				Ceremonial Role				
	Valle, Ravi			If checking "Ceremon	al Role" or "Other" describe below:			
	Value 1 Jun 1		1 41	To reward o	community vol	unter for ms		
			Number	sence p	o he pilou	2		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
			Pass(es)					
			+					
-	Mowifi of them							
4.	Verification	1 and	1 18942 I have ve	prified that the distribution set fo	orth above, is in accordance with	the requirements		
	1 and 18942. I have verified that the distribution set for					In in light		
		Contracting of State	Gabriela C		Supervisor's Assistant	(Month, Day, Year)		
	$\langle$					(month, pay, rear)		
	Comment:	<u> </u>						



### Agency Name

Alameda County

### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Valle, Olivia	2/1	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below. If checking "Ceremonial Role" or "Other" describe below. — To reward a community volunteer for her service to the public
Mott, Gilbert	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: — To reward a community volunteer for his service to the public
Mott Jr, Gilbert	2	Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his service to the public
		Ceremonial Role D Other I Income I Income I Income I Income I Income I 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
Mott, Gilbert Mott Jr, Gilbert C. Name of Outside Organization (Include address and description)	2 2 Z Number of Ticket(s)/	If checking "Ceremonial Role" or "Other" describe below:



### Agency Name

Alameda County

### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Mott, Ivonne	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for her service to the public
McEvoy, Regina	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for her service to the public
McEvoy, Kenny	2	Ceremonial Role Other Income Income If <i>checking "Ceremonial Role" or "Other" describe below:</i> – To reward a community volunteer for his service to the public
		Ceremonial Role D Other I Income I Inco
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



### Agency Name

Alameda County

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	_	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
McEvoy, Don	2	Ceremonial Role Cother Income Income Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: — To reward a community volunteer for his service to the public
		Ceremonial Role Other I Income I Income I Income
		Ceremonial Role Dother Difference Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		· · · · · · · · · · · · · · · · · · ·
		12