1.	Agency Name					Date Stamp	California <b>202</b>
	Alameda County					Form 002	
	Division, Department, or Reg	ion (if applicable)					For Official Use Only.
	Board of Supervisors						
	Designated Agency Contact (	(Name, Title)	<u> </u>				
	Lee Ann Fergerson, Ticket /	Administrator				Amondmont (Must Bro	l ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			- 1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>		wue Explanation in Part 3.)
	510-272-6691	leeann.fergers	son@a	cgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation					
	Does the agency have a tick	ket policy?	Yes 🗵	No 🗌	Face Value of	Each Ticket/Pass \$ <u>304.80</u>	
	Event Description: Warriors	scription: Warriors/Raptors			Date(s) <u>10 / 25 / 17</u> /		
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □						
				No 🗖	If no: Raiders		
	Was ticket distribution made	at the behest			If yes: <u>Hagger</u>	Name of Source ty, Scott	
	of agency official?		ies <u>r</u>			Official's Name (Last, First)	
3.	Recipients				n an		
э.	• Use Section A to identify the agen	cy's department or u	nit. • U	se Section B t	o identify an individ	lual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s) Passes	Describe th	e public purpose made purs	uant to the agency's policy
	·		·				
	B. Name of Individual			Number of Ticket(s)		Identify one of the fo	llowing:

(Last, First)	Passes			
Vanessa Wieser, Sean Haggerty Brittny James, Michael Dambrosio	4/1	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales		
		Ceremonial Role L Other L 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)/ Passes	Describe the public purpose made pursuant to the agency's policy		

#### 4. Verification

Louis hand and understand EDPO Box fations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

	Lee Ann Fergerson	Supervisors Assistant	10/19/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

**A Public Document** 

6	eremonial Role Even	is and ficket/P	ass Distr	riputions		A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	<u></u>			
	Lee Ann Fergerson, Supervi	isor's Assistant			Amendment (Mus	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing	g:(month, day, year)
2.	Function or Event Inform	mation				204.00
	Does the agency have a tick	<pre>cet policy? Yes [</pre>				304.80
	Event Description: Warriors	Tickets	1014/1720/4520 Stanibler volt familier and	Date(s) _0	127.17	//
	Ticket(s)/Pass(es) provided	Provide Title/Explar by agency? Yes	nation	If no: <u>GSW</u>	1	
				. Alamed	Name of Source	r Scott Haggerty, D1
	Was ticket distribution made of agency official?	e at the behest Yes [	No 🗌	If yes: <u>/ lamea</u>	Official's Name (Last, Firs	r Scott Haggerty, D1
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depa	- 	Use Section B to Number of Ticket(s)/ Passes			entify an outside organization. oursuant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	e following:
	ELLIDT MCC	UNE	4	eve		it a county sponsored nize potential county n and parking sales
				Ceren If chec	nonial RoleOther king "Ceremonial Role" or "Other"	L Income describe below:
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
					,	
			1			

#### 4. Verification

	Lee Ann Fergerson	Supervisor's Assistant	10-10-17
Signature of Agence Head of Designee	Print Name	Title .	(month, day, year)
Comment:			a - para - a - a - da - da cara - da -

	eremonial Role Events a	and licket/Pa	ss distr	ibutions	A F	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Region	(if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nam	ıe, Title)				
	Lee Ann Fergerson, Ticket Adm	ninistrator			Amendment (Must Pro	vide Evolution in Part 2 \
	Area Code/Phone Number E-n	mail		б <del>алаан каланан калан</del> .		vide Explanation in Fart 3.7
Diamati	510-272-6691 lee	eann.fergerson@a	cgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Informat	tion			0.0	00
	Does the agency have a ticket p	policy? Yes 🛛	No 🗌	Face Value of	Each Ticket/Pass \$ <u>304</u>	.80
	Event Description: Warriors/Gri	zzlies Basketball		Date(s) <u>12</u>		1 1
		Provide Title/ Explana	tion		·	
	Ticket(s)/Pass(es) provided by a	agency? Yes 🛛	No 🗖	lf no: <u>GSW</u>	· · · · · · · · · · · · · · · · · · ·	
				If yes: <u>Hagger</u>	Name of Source	
	Was ticket distribution made at t	the behest Yes	No 🗖	if yes: <u>Haggor</u>	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	iant to the agency's policy
	B. Name of Individua (Last, First)	ial	Number of Ticket(s)/ Passes		Identify one of the fol	- A STATE OF A STATE O
					nonial Role D Other description of the other description of the other other of the other other of the other oth	Income 🗌
					nonial Role D Other D	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
	MTC/BATA/ABAG 375 Beale St., Ste. 800 SF, C/	A 94105	4/1		School or Non-profit or s to the community	ganization for its
	Ithompson@bayareametro.go	v>				

#### 4. Verification

	Lee Ann Fergerson	Ticket Administrator	10/30/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: to raise funds for the Sa	n Francisco Bay Trail, a planned	500-mile walking and cycling path	

C	eremonial Role Even	its and Ticket/P	ass Distr	ibutions	A	Public Document	
1.	Agency Name Alameda County				Date Stamp	California Form 802	
						n en m	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors						
	<b>Designated Agency Contact</b>	(Name, Title)			1	, .	
	Lee Ann Fergerson, Ticket	Administrator			Amondment (14	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.j	
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				<u></u>	
	Does the agency have a tic	ket policy? Yes	No 🗖 🛛	Face Value of	Each Ticket/Pass \$ $\frac{\$}{2}$	60	
	Event Description: Disney of	on Ice		Data(s) 10	<u>, 23 , 17</u>		
		Provide Title/ Explai					
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🗖 🛛	f no: <u> </u>		opportunity of the state of the	
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	441		f yes: <u>Hagger</u>	Name of Source		
	Was ticket distribution made at the behest Yes ⊠ No ☐ If yes: ☐agget of agency official?			i yes. <u></u>	Official's Name (Last, First)		
	· · · · · · · · · · · · · · · · · · ·						
3.	Recipients						
	• Use Section A to identify the agen	ncy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe th	scribe the public purpose made pursuant to the agency's policy			
	CLERK OF THE BOARD		4	To reward a servie to the	ard a county employee for his or her exemplary o the public		
	<b>A MARY COMMUNICATION OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER</b>						
			Number				
	B. Name of Ind (Last, Fl.		of Ticket(s)/ Passes		Identify one of the	following:	
					nonial Role 🔲 Other [ king "Ceremonial Role" or "Other" d		
						636/106 1610W.	
	<u></u>				nonial Role 🔲 Other [		
				If Chec	king "Ceremonial Role" or "Other" d	GSUND <b>E DE</b> IUM.	
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy	
		2229 million of a first constraint and an and a start of			an a		
			a				
				·			

#### 4. Verification

	Lee Ann Fergerson	Ticket Administrator	10/23/17
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:	an a		

C	eremonial Role Even	its and Ticket/P	ass Distr	ibutions		A Public D	ocument
-	Agency Name				Date Stamp	Californ	<sup>ia</sup> 802
	Alameda County					Form	
	Division, Department, or Reg		For Offic	ial Use Only			
	Board of Supervisors						
	<b>Designated Agency Contact</b>	(Name, Title)					
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Mu	at Dravida Evalor atia	n in Dort 0.)
	Area Code/Phone Number	E-mail		<u></u>		st Flovide Explanatio	n n Fan S.)
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filin	g:(month, day,	year)
2.	Function or Event Infor	mation				1.000	
	Does the agency have a tic	Each Ticket/Pass \$	QU.10				
	Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of E         Event Description:       Disney on Ice       Date(s)10 /_				<u>, 19 , 17 </u>	1	1
	Provide Title/ Explanation						
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🗆 🛛	If no:	Name of Source		
	Was ticket distribution made	a at the behast . Vac P		lf yes: <u>Hagger</u>	ty, Scott		
	of agency official?	e at the beneat Yes	No 🗆 🥤		Official's Name (Last, Fir	rst)	<b>Managarta da Canada da</b>
3.	Recipients • Use Section A to identify the agen	ncy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to ic	lentify an outside o	rganization.
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes		he public purpose made pursuant to the agency's policy			
	Clerk of the Board		4		ward a county employee for his or her plary service to the public		
		Anna an ann an Anna Anna Anna Anna Anna			ity service to the p	ublic	
		NSPACED 335255 525 425 425 445 415 415 415 415 415 415 415 415 41			· · · · · · · · · · · · · · · · ·		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of th	ne following:	
					nonial Role D Othe king "Geremonial Role" or "Other		income 🗌
					nonial Role DOthe king "Ceremonial Role" or "Othe		Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the ag	ency's policy

#### 4. Verification

.

	Lee Ann Fergerson	Ticket Administrator	10/19/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

# Agency Report of:<br/>Ceremonial Role Events and Ticket/Pass DistributionsA Public Document1. Agency NameDate StampCalifornia802

Ι.	Agency Name County of Alameda Division, Department, or Region (if applicable)				Date Stamp	California 802
						Form 002
						For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Lee Ann Fergerson, Ticket A	Administrator			Amendment (Must Pr	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				erree Explanation in Fait of
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	(et policy? Yes [	🛛 No 🗖	Face Value of I	Each Ticket/Pass \$	)4.80
	Event Description: Warriors	Basketball		Date(s)/	, 8 <sub>/</sub> 18	3 , 27 , 18
		Provide Title/Explai	nation		incommunity incommunity	
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗖	If no: <u>GSW</u>	Name of Source	an a
	Mas ticket distribution made	at the behast v	<b>N N N</b>	If yes: <u>Hagg</u> ert		
	Was ticket distribution made of agency official?	at the benest Yes	△ No∐	n yea. <u></u>	Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	dentify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
					михаалар үүнэлэлжийн нээр үүн үүн үүн бийлийн хаан болоо ууулуу уулаан илтэр үүн үүн уулаан илтэр үүн уулаан и	
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
					nonial Role Dother Contract Role Other Contract Role" or "Other" des	
		алын на жалар үзээ жилий нуу			nonial Role 🔲 Other 🗖 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
	First Street Ale House 2106 First Street, Livermor	<sup>-</sup> e CA 94550	8/2	To reward a the commun		n for its contributions to

### 4. Verification

	LEE ANN FERGERSON	Supervisors Assistant	10/18/17		
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)		
Comment: Proceeds for Rooms of Hope, a non-profit org. that creates dream rooms for children with life threat. illnesses					

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				101111	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	(Name, Title)		0 <b>0007</b> /w/Dec/dil/w10041_878/2/wi/Whatis/een	1	
	Lee Ann Fergerson					Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes 🛛	No 🗆 👎	ace Value of	Each Ticket/Pass \$ $\frac{3}{2}$	04.80
	Event Description: Warriors	vs Pistons/Basketba			<u>, 29 , 17</u>	
	Event Description.	Provide Title/Explan	ation			······································
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No⊟ If	no: <u>GSW</u>		
				Alamed	Name of Source a County Supervisor	Scott Haggerty D1
	Was ticket distribution made of agency official?	e at the behest Yes	⊠ No⊡ <sup>I†</sup>	yes: <u>Mumou</u>	Official's Name (Last, First)	
3.	Recipients			99999 86 897 848 83 83 83 83 83 83 83 83 83 83 84 80 80 80 80 80 80 80 80 80 80 80 80 80		
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
		gen un vienden en vorversige generalistichen der einen der		ит амолетически на конструкций на на конструкций на конструкций на конструкций на конструкций на конструкций на		
			900 075 07728 146 00 4 4 Ferrer - Samerina en en			
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:
					nonial Role Dother [ king "Ceremonial Role" or "Other" d	
	• ·			Ceren If chec	nonial Role  Other  king "Ceremonial Role" or "Other" d	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	GIVE TEENS 20 (GIVETE 7100 Stevenson BI., #108		4/1	To reward a the commur		on for its contributions to
			/			

#### 4. Verification

	Lee Ann Fergerson	Supervisor's Assistant	10/12/17		
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)		
Comment: <u>All in White Masquerde Night fundraiser for GT20's in-class presentations and coaching programs. GT20.org</u>					

## Agency Report of:

C	eremonial Role Even	ts and ficket/P	ass Distri	butions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)		kka Ministeren er son fan sen sen sen skale sen sen sen sen sen sen sen sen sen se		
	Lee Ann Fergerson					Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Tomac Explanation in Function
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick	ket policy? Yes 🛛	🛛 No 🗖 🛛 F	ace Value of	Each Ticket/Pass \$ _	04.80
	Event Description: Warriors	vs Miami	<u> </u>	Date(s) <u>11</u>	<u>, 06 , 17</u>	//
	Ticket(s)/Pass(es) provided	Provide Title/Explan by agency? Yes 5		f no: <u>GSW</u>		
					Name of Source	Seatt Haggerty D1
	Was ticket distribution made of agency official?	at the behest Yes [	⊠ No⊡ <sup>I</sup>	f yes: <u>Alameu</u>	a County Supervisor Official's Name (Last, First)	Scoll Haggerly, DT
	• Use Section A to identify the agen A. Name of Agency, Depa	-	Number of Ticket(s)/ Passes	I .		rsuant to the agency's policy
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the	
				lf chec Ceren	nonial Role Dother [ king "Ceremonial Role" or "Other" d nonial Role Dother [ king "Ceremonial Role" or "Other" d	escribe below:
	C. Name of Outside O (include address and Fremont Elks Lodge No. 2 38991 Farwell Dr., Fremor	description) 121 B.P.O.E.	Number of Ticket(s)/ Passes		non-profit organizatio	rsuant to the agency's policy on for its contributions to

	Lee Ann Fergerson	Supervisor's Assistant	10/12/17	
Signature of Agency Head or Design	ee Print Name	Title	(month, day, year)	
Comment: Fremont Elks Casino Night fundraiser to benefit handicapped children.				

Ceremonial Role Ever 1. Agency Name	WIN HAIAN			Det- 04	A Public Doc	
• •				Date Stamp	California Form	<b>30)</b> 2
Alameda County Division, Department, or Reg	tion (if applicable)				For Official Us	
						•
Board of Supervisors Designated Agency Contact	(Alama Tilla)					
	(Name, Tille)					
Lee Ann Fergerson				Amendment (M	Aust Provide Explanation in F	Part 3.)
Area Code/Phone Number	E-mail				_	
510-272-6691	leeann.fergerson@	acgov.org		Date of Original Fil	ing:(month, day, year)	
2. Function or Event Infor	mation				204.00	
Does the agency have a tic	ket policy? Yes [	XI No 🗌 🖡	Face Value of	Each Ticket/Pass	\$	
Event Description: Warriors	s/Mavericks Basketba Provide Title/ Explai			<u>, 14 , 17</u>		
Ticket(s)/Pass(es) provided	by agency? Yes	X No 🗆 🛛	f no: <u>GSW</u>			
	*			Name of Source	sor Scott Haggerty, I	ר1
Was ticket distribution mad of agency official?	e at the behest Yes [	X No 🗆	f yes: <u>Alamed</u>	Official's Name (Last, )	First)	
<ul> <li>Recipients</li> <li>• Use Section A to identify the age</li> <li>Δ Name of Agency, Dep</li> </ul>	75417 (halimada 2011)	Number	1.		- 	
	75417 (halimada 2011)		1.		identify an outside organi e pursuant to the agency	
• Use Section A to identify the age	artment or Unit	Number of Ticket(s)/	1.		e pursuant to the agency	
Use Section A to identify the age     A. Name of Agency, Dep     B. Name of Ind	artment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose mad	e pursuant to the agency the following:	's policy
Use Section A to identify the age     A. Name of Agency, Dep     B. Name of Ind	artment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose mad	e pursuant to the agency the following: her  her' describe below: her	
• Use Section A to identify the age           A.         Name of Agency, Dep           B.         Name of Ind	artment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose mad	e pursuant to the agency the following: her  her' describe below: her	's policy 's policy Income
Use Section A to identify the age     A. Name of Agency, Dep     B. Name of Ind     (Last, Fi	artment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	e public purpose mad	e pursuant to the agency the following: her  her" describe below: her describe below:	's policy Income Income 's policy

	Lee Ann Fergerson	Supervisor's Assistant	10/12/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: A fundraiser to help supp	oort the conservancy, "Preserve l	and, Connect Communities, Enrich	ı Life"

	eremonial Role Events and Tick	eurass Distri	innnous	АР	ublic Document
1.	Algency Name Alameda County			Date Stamp	California 802
	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 Prov	vide Explanation in Part 3.)
	Area Code/Phone Number E-mail				
	510-272-6691 leeann.ferger	son@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No 🗆 🛛 F	ace Value of	Each Ticket/Pass \$ <u>304</u>	.80
	Event Description: Warriors Tickets / La	Kers [	Date(s) <u> 2</u>	,22,17	//
	Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No 🗆 🏾 I	f no: <u>GSW</u>		
				Name of Source	
	Was ticket distribution made at the behest of agency official?	Yes 🖄 No 🔲 🛛	f yes: <u>Alamed</u>	a County Supervisor Sc Official's Name (Last, First)	
3.	Recipients	na prant di nama papa pangana pana pana kana kana pangkan pana bangan pangkan pangkan pangkan pangkan kana pang		eline provinske provi -	
	• Use Section A to identify the agency's department or	unit. • Use Section B to	identify an individ	lual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
		Number		•	
	B. Name of Individual ( <i>Last, First</i> )	of Ticket(s)/ Passes		Identify one of the foll	owing:
	<u></u>	······································		nonial Role D Other D	Income
				nonial Role D Other king "Ceremonial Role" or "Other" descri	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe tł	ne public purpose made pursu	ant to the agency's policy
	WASHINGTON HOSPITAL 2000 mowry Ave Fremont CA 94538	20/4	Tore	ward a school or non-p its contributions to th	profit organization for
	Fremont CA 94538				

#### 4. Verification

-	Lee Ann Fergerson	Supervisor's Assistant	10/12/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: BLACK TIE	FUNDRAISER -	to benefit and supp	ort Cancer
patients treated w	the Radiation O	nocology Center	
patients treated u angus cochrane.	whos.com 510-7	291–3428 FPPC Toll-Free Helpline: 866/.	FPPC Form 802 (2/2016) ASK-FPPC (866/275-3772)

<b>Ceremonial Role Events and Ticket/Pass Distributions</b>				Α	Public Document	
1.	Agency Name Alameda County			Date Stamp	California 802	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)		CENANDA est filte et for rocker estat rock tablicar daga ger		
	Lee Ann Fergerson, Superv	visor's Assistant	•		Amondmont (Must Br	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ovide Explanation in Part 5.)
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes 🛛	🛛 No 🗆	Face Value of	Each Ticket/Pass \$ <u>30</u>	4.80
	Event Description: Warriors	Tickets / magic	10000000000000000000000000000000000000	Date(s)(		//
	Ticket(s)/Pass(es) provided	Provide Title/ Explan		If no: <u>GSW</u>		
		by agency: Tes			Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes [	🖞 No 🗖	If yes: <u>Alamed</u>	a County Supervisor S Official's Name (Last, First)	cott Haggerty, D1
3.	Recipients • Use Section A to identify the agen	ncy's department or unit.	10000000000000000000000000000000000000	) identify an indivic	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
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
					nonial Role D Other disking "Ceremonial Role" or "Other" des	Income 🗌
	·	i			nonial Role D Other king "Ceremonial Role" or "Other" des	Income 🗌
a.	C. Name of Outside C (include address and	d description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	S. A. V. E. tonothent 1900 Mowry Avenue Ste 201 Fremont. CA 94538		4	To re	eward a school or non its contributions to	-profit organization for
00000000						

## 4. Verification

	Lee Ann Fergerson	Supervisor's Assistant	12-11-17
- Olymatule of Agency flead of Dealynee	Print Name	Title	(month, day, year)
Comment: Save provees	atematives to domestic	- violence throu	gh Support
services, ad	WO cacy and polucation	Assists domestic	violence
victims an	Wo cacy and education d their Burnilles.	FP FPPC Toll-Free Helpline: 866/ASK	PC Form 802 (2/2016) -FPPC (866/275-3772)
for their.	fundvarser		

С	eremonial Role Events and Ticket/F	Pass Distr	ibutions	A	Public Document
1.	Agency Name			Date Stamp	California Form 802
	Alameda County				Form OUZ
	Division, Department, or Region (if applicable)		·		For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Supervisor's Assistant				
	Area Code/Phone Number E-mail	-		Amendment (Must	Provide Explanation in Part 3.)
	510-272-601 Leeann.fergerson	@acgov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Information	9999 9799 9799 9799 9799 9799 9799 979	veznika na overe o nasližen ne elementa ne o ne na stere en element		
	Does the agency have a ticket policy? Yes		ace Value of	Each Ticket/Pass \$ 🗄	804.80
	Event Description: Basketball - Hornets			<u>, 27 , 17</u>	, ,
	Provide Title/ Expla	anation	Jale(s)		
	Ticket(s)/Pass(es) provided by agency? Yes	⊠ No⊡ I	f no: <u>GSW</u>	48=15641116=1344=1	aana daa ahaa ahaa ahaa ahaa ahaa ahaa a
	· · · · · · · · · · · · · · · · · · ·		- Alamed	Name of Source a County Supervisor	Scott Haggerty D1
	Was ticket distribution made at the behest Yes of agency official?	No 🗆 🛛	f yes: <u>- aarnoa</u>	a County Supervisor Official's Name (Last, First,	
3.	Recipients				
	• 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. Name of Agency, Department or Unit Passes			e public purpose made pu	irsuant to the agency's policy
	Alameda County Deputy Sheriff's Assn. (DSA)	20/4	To reward a the public	county employee for	their exemplary service to
	······································				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
				nonial Role D Other [ king "Ceremonial Role" or "Other" o	
				nonial Role D Other [ king "Ceremonial Role" or "Other" o	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
				an terren en en aktivne de en en en stål det delte en til en	

4. Verification

	Lee Ann Fergerson	Supervisor's Assistant	10/10/17
	Print Name	Title	(month, day, year)
Comment: Alamedadsa.com Fu	undraiser item.		

C	eremonial Role Even	ts and Ticket/P	ass Dist	ributions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)		******		For Official Use Only
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)				
	Lee Ann Fergerson, Ticket	Administrator				Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail		ар у 1968 година (1963 година), кото се стори с		Tovide Explanation in Fart 5.)
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes [	No 🗆 🛛	Face Value of	Each Ticket/Pass \$ _	05.55
	Event Description: Raiders	Chiefs Football		Date(s)10	<u>, 19 , 17</u>	1 1
		Provide Title/Expla	nation			and the second s
	Ticket(s)/Pass(es) provided	by agency? Yes	XI No 🗌	If no: <u>Raiders</u>	Name of Source	
	Was ticket distribution made	a at the behast North	<b>VI</b> NI <b>L</b>	lf yes: <u>Hagg</u> er		
	of agency official?	e at the benest Yes		n you.	Official's Name (Last, First)	<u>, , , , , , , , , , , , , , , , , , , </u>
3.	Recipients					
	<ul> <li>Use Section A to identify the age</li> </ul>	ncy's department or unit.	Use Section B	to identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s) Passes	/ Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s) Passes	1	identify one of the	following:
	Gonzales, Rafael		4/1	e	promote attendance vent in order to maxir evenue for concessic	at a county sponsored nize potential county on and parking sales
				nonial Role L Other L king "Ceremonial Role" or "Other" de		
	C. Name of Outside C (include address an		Number of Ticket(s) Passes	/ Describe th	ne public purpose made pu	rsuant to the agency's policy
	_					
		yan yana in cara ka				

#### 4. Verification

	Lee Ann Fergerson	Supervisors Assistant	10/19/17
Signature of Agency Head or Designee	Print Name	Tille	(month, day, year)
Comment:	an Mahammado ana Sharan and ana Afrika and Boran ana ana ana ana ana ana ana ana ang ana mana ang ana mana ang		<u>an an a</u>

	eremonial Role Events	and nekevra	ass distr	anoisuai	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region	n (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)		Still A State and a second		
	Lee Ann Fergerson, Ticket Adr	ministrator			Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number E-	-mail				
	510-219-6562 le	eeann.fergerson@a	acgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Information	ation			20	N4 90
	Does the agency have a ticket	t policy? Yes 🗵	🛾 No 🗌	Face Value of	Each Ticket/Pass \$	.00
	Event Description: Warriors/Ki	ings Basketball Provide Title/Explana	_ 44	Date(s) <u>03</u>	<u>, 16 , 17</u>	///
	Ticket(s)/Pass(es) provided by			lf no: <u>GSW</u>		
					Name of Source	nananana amang mang mang di Kasis di Pakawa kara kata di sa kata sa
	Was ticket distribution made at	it the behest Yes 🗷	No 🗌	lf yes: <u>Hagger</u>	ty, Scott Official's Name (Last, First)	
	of agency official?				Unicial's Warne (Last, First)	
	• Use Section A to identify the agency's           A.         Name of Agency, Departn           B.         Name of Individ (Last, First)	ment or Unit	Jse Section B to Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	e public purpose made pur Identify one of the financial Role Dother of the financial Role Other and the financial Role of "Other" desting "Ceremonial Role Dother" desting "Other of the financial Role Dother of the financial Role Dother of the financial Role Context destinations of the financial Role Dother Dother of the financial Role Dother of the financial Rol	suant to the agency's policy ollowing: Income Income Income Income
	C. Name of Outside Orga		Number of Ticket(s)/ Passes	If check	king "Ceremonial Role" or "Other" des	
	Jody Amos, Amos Production	ns	4/1		school or non-profit of s to the community	rganization for its
	5715 Southfront Road, Ste C 94551	C1, Livermore, CA				

#### 4. Verification

	Lee Ann Fergerson	Ticket A	Administrator	10/25/17
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: www.amospro.com for	Altamont Creek Elementary School,	Livermore	donation	request Colleo
a large percensage of t	In students of the scho A public clowerstar non Road, Livermore, ca	of have	. limited	engwish
proficiency proficiency.	A public clonicistar	FPPC Tol	しい  -Free Helpline: 8	FPPC Form 802 (2/2016) 666/ASK-FPPC (866/275-3772)
6200 Garaventa Rai	nch Koaa, Livermore. GA	E		
A fundraiser	945	>		

## Agency Report of:

С	eremonial Role Even	ts and Ticket/P	ass Distril	butions	Α	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)				
	Lee Ann Fergerson, Superv	Lee Ann Fergerson, Supervisor's Assistant				rovide Explanation in Part 3.)
	Area Code/Phone Number E-mail				Towae Explanation in Fart 6.)	
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				24.00 <i>t</i>
	Does the agency have a tic	ket policy? Yes [			Each Ticket/Pass \$ <u>30</u>	04.80
	Event Description: Warriors Tickets / Krikes Grizzlies Date(s)				127,17 1	212417
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: GSW				/	
	Was ticket distribution made at the behest Yes ⊠ No ☐ If yes: Alamed of agency official?				Name of Source a County Supervisor S Official's Name (Last, First)	Scott Haggerty, D1
3.	Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to id	lentify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit Of Ticket(s)/ Describe th Passes		he public purpose made pursuant to the agency's policy			
	B. Name of Ind		Number of Ticket(s)/		Identify one of the f	ollowing:
	(Last, Fi	(\$1)	Passes		nonial Role D Other C	-
					nonial Role 🗌 Other 🗌	
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Sun-flower of Moonlight m	Fill Vines	4/1	To re	ward a school or non its contributions to	-profit organization for the community
	Pleasanton, CA	94588		1		

#### 4. Verification

ι.	سر ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰	Lee Ann Fergerson	Supervisor's Assistant	10-11-17
	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	Comment:	In 6@ sunflower Hill		
	fundvalser: To delve	llop a community for indust	duals with spocial needs H	hat provides for
	life-long residence	1 options in the Bay!	FPPC Toll-Free Helpline: 866/A	FPPC Form 802 (2/2016) SK-FPPC (866/275-3772)
	quality of life, indi	hand draw and and	Intentional Commun	uty 11
	embraced by	the larger neighbor	hood/aty/region	9 •

## Agency Report of:

Ce	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	Α	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Regi	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)		· · · · · · · · · · · · · · · · · · ·		
	Lee Ann Fergerson				Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ionuo Explanation III Falt 5.j
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Inform	mation				auren an an an 1999 ann 1999 ann an 19
	Does the agency have a tick	ket policy? Yes 🛙	No 🗆 🖡	Face Value of	Each Ticket/Pass \$ <u>30</u>	)4.80
	Event Description: Warriors				<u>, 08 , 18</u>	· · ·
	Event Description:	Provide Title/ Explar	nation	Jate(s)		
	Ticket(s)/Pass(es) provided			f no: <u>GSW</u>		
					Name of Source a County Supervisor S	Scott Haggerty D1
	Was ticket distribution made of agency official?	e at the behest Yes [	No 🗆	t yes: <u>Marieu</u>	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	r	identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role Dother C king "Ceremonial Role" or "Other" des	
					nonial Role Dother king "Ceremonial Role" or "Other" de	-
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
$\zeta$	BIKE EAST BAY, ATTN: B P.O. Box 1736 Oakland, C		4	To reward a the commun		n for its contributions to
	· ·					

	Lee Ann Fergerson	Supervisor's Assistant	10/12/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: bikeeastbay.org	donation supports BET	35 vision of all people of	all ages and
abilities biking for ever for fins in the East	Bay, Biketopia	FPPC Toll-Free Helpline: 866/AS	
	Fundera	iser	

C	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	<b>Public Document</b>
1.	Agency Name			Date Stamp	California Form 802	
	Alameda County					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)				
	Lee Ann Fergerson					rovide Explanation in Part 3.)
	Area Code/Phone Number E-mail				rowde Explanation in Fantoly	
	510-272-6691 Leeann.fergerson@acgov.org			Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of B				Each Ticket/Pass \$	04.80
	Event Description: Warriors	/Clippers Basketball			<u>, 22 , 18</u>	//
	Ticket(s)/Pass(es) provided	Provide Title/ Explar		lf no: <u>GSW</u>		
					Name of Source	
	Was ticket distribution made at the behest Yes ⊠ No ☐ If yes: Alameda of agency official?			a County Supervisor S Official's Name (Last, First)	Scott Haggerty, D1	
3.	Recipients • Use Section A to identify the agen	ncy's department or unit.		identify an individ	lual. • Use Section C to iden	ify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ie public purpose made pur	suant to the agency's policy
	·····					
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role D Other C king "Ceremonial Role" or "Other" de	
	· · · · · · · · · · · · · · · · · · ·				nonial Role D Other C	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
	East Bay Community Ene 224 W. Winton Ave., Hay	rgy - EBCE ward, CA 94544	4/1	To reward a the commur		n for its contributions to
		1				

#### 4. Verification

I have hand and understand EDDO Bary	Lee Ann Fergerson	Supervisor's Assista	
	Print Name		(month, day, year)
Comment: https://www.hayward-ca.	gov These tickets	are to benefit	WCSF
childrens	Hospital		EBBC Form 802 (2)2016

5	eremonial Role Events and Tic	Ketrass Distr	iputions	A Pub	ic Document	
1.	Agency Name	enere den film in die nie aan de neer aan de neer de ne			lifornia 802	
	Alameda County					
	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 Ex	nlanation in Part 3.1	
	Area Code/Phone Number E-mail				pianauon in r'art 5, j	
	510-272-6691 leeann.ferge	erson@acgov.org		Date of Original Filing:	th, day, year)	
2.	Function or Event Information			204.00		
	Does the agency have a ticket policy?			Each Ticket/Pass \$ <u>304.80</u>		
	Event Description: Warriors Tickets	micks [	Date(s)	23,18	1 1	
	Provide Ti	itle/Explanation		have a second		
	Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No 🗌 🛛	f no: <u>GSW</u>	Name of Source		
	Was ticket distribution made at the behes	t Vee 1871 Nie Imili	f ves: Alamed	a County Supervisor Scott H	aggerty, D1	
	of agency official?	v res⊡ No⊡ '	. ,	Official's Name (Last, First)		
3.	Recipients					
	• Use Section A to identify the agency's department o	r unit. • Use Section B to	identify an individ	lual. • Use Section C to identify an ou	itside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's pol		
			****			
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the following	j:	
	1200, 1109	Passes			income [	
				nonial Role Other H king "Ceremonial Role" or "Other" describe belo	Income	
					. <b>F</b>	
				nonial Role D Other D	Income 🗌 w:	
			1998 Intelligence (1998) - 1997 (1998) - 199		-	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to	the agency's policy	
	East Bay Innovators	240 4/1	1	eward a school or non-prof	it organization for	
	2450 Washington Ave # San Leandro, CA 94577	<del>, , , , , , , , , , , , , , , , , , , </del>		its contributions to the c		
				· · · · · · · · · · · · · · · · · · ·		

#### 4. Verification

	Lee Ann Fergerson	Supervisor's Assistant	10-11-17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	ay innovations, org		
The proceeds from the with aution, Down Syn	s item will be used to a drome Cerebral Palsey a is well as a dutts who b result of health criss	Avess the needs e Her owel-F FPPC Toll-Free Helpline: 866/AS We SI accidents and	of MdWduals PPC Form 802 (2/2016) K-FPPC (866/275-3772) acts of

4	eremonial Role Events and Ticket/P	ass Distr	ibutions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	Division, Department, or Region (if applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson			ГП А 9	
	Area Code/Phone Number E-mail			. 🛄 Amendment (ML	ist Provide Explanation in Part 3.)
	510-272-6691 Leeann.fergerson@	)acgov.org		Date of Original Fili	ng:(month, day, year)
2.	Function or Event Information				
			Face Value of	Each Ticket/Pass \$	304.80
	Event Description: Warriors basketball/Timberwo	olves [	Date(s)1	<u>, 25 , 18</u>	//
	Ticket(s)/Pass(es) provided by agency? Yes		f no: <u>GSW</u>	Name of Source	yn gynnan yn erwannau yn en ar en ar ei fal fa'n alfer al fal alfer af fal alfer a affer a affer a ar ei fal a
	Was ticket distribution made at the behest Yes		f yes: Alamed	a County Supervise	or Scott Haggerty, D1
	of agency official?		•	Official's Name (Last, Fi	rst)
	• Use Section A to identify the agency's department or unit. • A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	T		pursuant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of t	he following:
				nonial Role D Othe king "Ceremonial Role" or "Othe	r Income Income r'' describe below:
				nonial Role Dothe	r Income Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy
	Safe Alternatives to Violent Environments S.A.V.E. 1900 Mowry Ave, Fremont CA 94538	4/1	To reward a the commun		ation for its contributions to
<b>k</b> ovator		- 			

#### 4. Verification

р 1	Lee Ann Fergerson	Supervisor's Assistant	10/13/17
- alauguito or Agondy Frond or prosidence	Print Name	Title	(month, day, year)
Comment: info@save-dv.org Fundr	aising item for their event SAV	E Provides alternat	wes to domestic
Violence Victury and	port services, advoca	cy and education. As	sists domestic
Violence victims and	their families	F FPPC Toll-Free Helpline: 866/AS	PPC Form 802 (2/2016) K-FPPC (866/275-3772)
Fundraiser'; An e	vening of Empl	werment	

C	eremonial Role Events and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name			Date Stamp	California Form 802
	Alameda County				Form OUZ
	Division, Department, or Region (if applicable)			1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	and a construct of the construction of the con			
	Lee Ann Fergerson, Supervisor's Assistant				rovide Explanation in Part 3.)
	Area Code/Phone Number E-mail				rovide Explanation in Part 3.)
	510-272-6691 Leeann.fergerson@	)acgov.org		Date of Original Filing: .	(month, day, year)
2.	Function or Event Information	a ta ar 1965 (a tri critici () ta ca di Cara di			
	Does the agency have a ticket policy? Yes [	⊠ No⊡ F	ace Value of	Each Ticket/Pass \$ <u>30</u>	)4.80
	Event Description: Warriors/Hornets			<u>, 29 , 17</u>	<i>, ,</i>
	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided by agency? Yes	🛛 No 🗖 🛙 🕅	no: <u>GSW</u>		
			Alamed	Name of Source a County Supervisor S	Scott Haggerty, D1
	Was ticket distribution made at the behest Yes	No 🗆 🛛	yes:	Official's Name (Last, First)	
	of agency official?				
3.	Recipients • Use Section A to identify the agency's department or unit.	70000	dentify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
					an a
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
			1	nonial Role D Other king "Ceremonial Role" or "Other" des	-
	Mandananan da Al-Al-Al-Ananananan ang ang pang pang pang pang pa		1	nonial Role D Other king "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Teamsters Local 856	4		school or non-profit o s to the community	rganization for it's
950-15					

#### 4. Verification

	Lee Ann Fergerson	Supervisor's Assistant	10/10/17
e	Print Name	Title	(month, day, year)
Comment: Raffle item for the solidarity	& hardship fund. He	elping menibers in financial n	red.

## Agency Report of: Ceremonial Role F

	eremonial Role Even	ts and licket/Pa	ass Distri	putions		A Public Docum	ent
[ .	Agency Name			anna Tha baran an a	Date Stamp	California Form 80	5
	Alameda County	1				Form O	<u>7</u> 2
	Division, Department, or Regi	on (if applicable)				For Official Use On	J <b>y</b>
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Lee Ann Fergerson, Ticket A	Amondmont (Must	Provide Explanation in Part 3.	1			
	Area Code/Phone Number	E-mail	**************************************			FIONDE Explanation in Fart 5.	′
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing	(month, day, year)	
2.	Function or Event Inform	nation					
	Does the agency have a tick	ket policy? Yes 🛛		ace Value of	Each Ticket/Pass \$ 🖁	304.80	
	Event Description: Warriors	vs. Bucks Basketbal	<u>і</u> D		<u>, 29 , 18</u>	///	
	Ticket(s)/Pass(es) provided	Provide Title/ Explan by agency2 Voc 5		no: <u>GSW</u>			
	Ticket(s)/Pass(es) provided	by agency: tes p			Name of Source		
	Was ticket distribution made	at the behest Yes	⊠ No⊡ <sup>If</sup>	yes: <u>Hagger</u>	ty, Scott Official's Name (Last, First		
	of agency official?				Official's Name (Last, First	)	
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pi	ursuant to the agency's po	licy
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the	following:	
			·		nonial Role 🔲 Other king "Ceremonial Role" or "Other" of		ome 🗋
	, <b></b>				nonial Role DOther		ome 🗌
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's po	licy
	Livermore Valley Performine 2400 First Street, Livermone 2400 First Street, Livermone 2400 First Street, Livermone 2400 First Street St		4/1		School or Non-profit s to the community	t organization for its	

	Lee Ann Fergerson	Ticket Administrator	10/31/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: Ivpac.org	WRAC continue to pursue	their misson to offer a	broad range
of arts opportu	attes and experiences.	b engage surdwerse c	"onneenity"
Educational O	ution and experiences,	Opportunities FPPC Toll-Free Helpline: 866/A	FPPC Form 802 (2/2016) SK-FPPC (866/275-3772)
Fundvalser	: Brillance at the Bankhear	d	

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

١.	Agency Name				Date Stamp	California 802
	Alameda County				Form OUZ	
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (					
	Lee Ann Fergerson, Ticket A	Administrator			Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6691	leeann.fergerson@a	acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of E			Each Ticket/Pass \$ <u>30</u>	4.80	
	Event Description: Warriors/Suns Basketball Date(s)				1 1	
		Provide Title/Explan	ation		anarymaneerenanierme manningaserenarian	
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: <u>GSW</u>			Name of Source		
	Was ticket distribution made at the behest Yes 🛛 No 🔲 If yes: Hagger					
	of agency official?	at the benest Yes P	ЧОЦ	in you	Official's Name (Last, First)	
	Use Section A to identify the agen     A. Name of Agency, Depa	-	Number of Ticket(s)/ Passes		e public purpose made purs	
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fc	pllowing:
	(Last, Fir	st)	Passes			mandasinda di kisi sekata tang manggan gara papapan panana ana ana ana ana ana ana
					nonial Role 🔲 Other 🗌 king "Ceremonial Role" or "Other" des	
					nonial Role D Other des 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
	Livermore Valley Performin 2400 First Street, Livermon		4/1		School or Non-profit o s to the community	organization for its

#### 4. Verification

	Lee Ann Fergerson	Ticket Administrator	10/30/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: Ivpac.org to help	WPAC continue to pe	use their nuision to o	flera bread
range of ants opportu	mores and oppenen	208 to engage our dwerse Functions, FPPC Toll-Free Helpline: 866/ASP	Communitys
Bhueattonal outreach	& field trip'oppor	FPPC Toll-Free Helpline: 866/ASK	PPC Form 802 (2/2016) (-FPPC (866/275-3772)
Fundvarser: Brillain	ceat the Bankheae	l.	

**A Public Document** 

	•					
1.	Agency Name			2019 (and a she and a serie result with the 2019) and 2019 (and a series	Date Stamp	California 802
	Alameda County					
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors	•				
	Designated Agency Contact (	Name, Títle)				
	Sarah Oddie				anua zrazona zraunazata otazan kunka Zranden dan kunkan kankan kunka kunka	
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693		@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor		<u> </u>			(Monin, Day, Tear)
	Does the agency have a ticke		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	250
	- /					/
	Event Description	Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no:			n State Warriors		
					Name of So	purce
	Was ticket distribution made at the behest No I Yes I If yes: Chan			, Wilma		
107100.0	of agency official?				Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency's department or unit.      Use Section B to identify an individu     Number of			ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	B. Name of Individua (Lest, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Domingo, Denise			Ceremonial Role	Other D	
			4	To promote attenda		neld at a County facility in
			4		Other D ial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	llc purpose made pursuan	t to the agency's policy
4.	Verification	l≏tions 18944.1 ar	nd 18942. I have ve	Prified that the distribution set f	forth above, is in accordance w	ith the requirements.
			Sarah O		Supervisor's Assistar	
	Signature of Agency Head or Designee		Print Nan	eren eren er	Title	(Month, Day, Year)
	Comment:					

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	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		anaa ahaa ahaa ahaa ahaa ahaa ahaa ahaa	Amendment (Must pr	
	(510) 272-6693	sarah.oddie@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
)	Function or Event Infor	mation				
					of Each Ticket/Pass \$	250
	Event Description Depeche Mode Date(s) 10			) <u>10 17</u>	//	
	Ticket(s)/Pass(es) provided by agency? Yes D No M If no: Golder			n State Warriors		
					100	
	Was ticket distribution made at the behest No I Yes I If yes: Chan, of agency official?			Official's Name (L	.ast, First)	
5	Recipients					
91	• Use Section A to identify the agenc	y's department or u	unit.   ● Use Sec	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			elic purpose made pursuant	to the agency's policy	
	B. Name of Individua (Lest, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Wong, Christine			Ceremonial Role	D Other describe below:	Income
			. 4	To promote attend	dance at a(n) event held at a County facility potential County revenue	
			4		Other Inter Other Other Other Inter Delaw:	Income [
	C. Name of Outside Organ (include address and dee		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy

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

		Sarah Oddie	Supervisor's Assistant	10.31.2017
1	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
l				

Comment: .

<b>ار</b> ا	eremonial Role Even						
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Sarah Oddie						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie	@acqov.org		Date of Original Filing	(Month, Day, Year)	
2 2	Function or Event Infor					(Month, Day, Tear)	
	Does the agency have a ticke		Yes 🔀 No	Face Value	of Each Ticket/Pass \$ -	60	
	Event Description Disney on		///				
	Ticket(s)/Pass(es) provided h	w agency?	Vec 🗖 No	Ist If no. Golde	en State Warriors		
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Older State Warnors						
		Was ticket distribution made at the behest No 🗋 Yes 🛛 🛛 If yes: <u>Chan, Wilma</u>					
	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.						
	Provide the second s		The second s	The second			
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy	
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy	
	A. Name of Agency, Departm B. Name of Individu (Last, First)		Ticket(s)/	Describe the pu	blic purpose made pursuar		
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ving:	
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follov	ving:	
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremo To promote attence	Identify one of the follov	ving: Income C held at a County facility in	
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremo To promote attence	Identify one of the follow	ving: Income C held at a County facility in	
	B. Name of Individu		Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         4	Ceremonial Role If checking "Ceremo To promote attenc order to maximize Ceremonial Role	Identify one of the follow	ving: Income [ held at a County facility in nue	
	B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attenc order to maximize Ceremonial Role	Identify one of the follow	ving: Income [ held at a County facility in nue	
	B. Name of Individu		Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         4         4	Ceremonial Role If checking "Ceremo To promote attenc order to maximize Ceremonial Role	Identify one of the follow	ving: Income [ held at a County facility in nue	
	B. Name of Individu (Lost, First) Brown, Madison	al	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         4         4         4         1         Number of         Ticket(s)/         Pass(es)	Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follow	wing: Income [ held at a County facility in nue Income [	
	B. Name of Individu (Lest, First) Brown, Madison	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follow	wing: Income [ held at a County facility in nue Income [	
	B. Name of Individu (Lost, First) Brown, Madison	al	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         4         4         4         1         Number of         Ticket(s)/         Pass(es)	Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follow	wing: Income [ held at a County facility in nue Income [	
	B. Name of Individu (Lost, First) Brown, Madison	al	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         4         4         4         1         Number of         Ticket(s)/         Pass(es)	Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follow	wing: Income [ held at a County facility in nue Income [	

 Signature of Agency Head or Designee
 Sarah Oddie
 Supervisor's Assistant
 10.31.2017

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

Comment: ...

A Public Document
Stamp California 802

1.	Agency Name			Date Stamp	California 802	
	Alameda County		Form OUZ			
	Division, Department, or Region (If App	oplicable)			<ul> <li>For Official Use Only</li> </ul>	
	Board of Supervisors					
	Designated Agency Contact (Name, Title	'le)		1		
	Sarah Oddie					
	Area Code/Phone Number E-mail	<u></u>	Weinformation being connection and a service connection and and a service of the	Amendment (Must pro	rovide explanation in Part 3.)	
		.oddie@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information					
	Does the agency have a ticket policy?		Face Value of	of Each Ticket/Pass \$	60	
	Event Description Disney on Ice: Dre			0 <u>, 22 , 17</u>	,	
	Event Description Provide 7.	Title/Explanation			······································	
	Ticket(s)/Pass(es) provided by agency	xy? Yes □ No	If no: Golde	en State Warriors		
				Name of Sou	urce	
	Was ticket distribution made at the beh	ehest No 🗖 Yes	If yes: Chan	ו, Wilma Official's Name (L	ast, First)	
	of agency official?			Unicial s Name (L		
3.		ment or unit - · · · -	tion B to identify and it	19 alles Soution O.L.	ify an outside organization	
	Use Section A to identify the agency's department	Number of				
	A. Name of Agency, Department or Unit	it Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
				na ann an Anna		
	Performance.					
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following:		
	(Lasi, First)	Pass(es)				
	Arroyo, Silvia		Ceremonial Role	nial Role" or "Other describe below:	Income	
	,	4			eld at a County facility in	
				potential County reven		
			Ceremonial Role	Other	Income	
		4	If checking "Ceremor.	nial Role" or "Other" describe below:		
		Number of			ti wa ana ili ili angeri a	
	C. Name of Outside Organization (Include address and description)	Ticket(s)/	Describe the put	oublic purpose made pursuant to the agency's policy		
		Pass(es)		annas mainteathaith Mailtean.		
					an a	
Į.	Verification	Md 4 and 400 40	villed that the start the st	forth choice in the set	h the requirements	
	ns 185			forth above, is in accordance with		
		Sarah Oo	Martine	Supervisor's Assistant		
	Signature of Agency Head or Designee	Print Nam	nθ	Tille	(Monlh, Day, Year)	
	Comment:					
		and the second				

**A Public Document** 

I. Agency Name       Division, Department, or Region (if Applicable)         Board of Supervisors       Beignated Agency Contact (Name, Tille)         Sarah Oddie       Image: Answer of Agency Contact (Name, Tille)         Sarah Oddie       Image: Answer of Agency Contact (Name, Tille)         Sarah Oddie       Image: Answer of Agency Contact (Name, Tille)         Sarah Oddie       Image: Answer of Agency Contact (Name, Tille)         Sarah Oddie       Image: Answer of Agency Contact (Name, Tille)         Sarah Oddie       Image: Answer of Agency Contact (Name, Tille)         Sarah Oddie       Image: Answer of Accede Fire         Event Description       Accede Fire         Provide Title/Explanation       Date(s)         Ticket(s)/Pass(es) provided by agency?       Yes I No I Yes I If no:         Golden State Warriors       Name of Source         Was ticket distribution made at the behest No I Yes I If yes:       Chan, Wilma         •Use Section A to identify the agency's department or unit.       •Use Section B to identify an individual.       •Use Sector C to identify an outside organ         •Use Section A to identify the agency's department or Unit       Number of If Ticket(s)       Describe the public purpose made pursuant to the agency's pass(es)         Patitucci, Jence       2       Ceremonial Role Or Other I       If checking Tommoni Role' or Other describe adowr.						
Alareda County       For Official 1         Division, Department, or Region (If Applicable)       For Official 1         Board of Supervisors       Designated Agency Contact (Name, Title)         Sarah Oddie       Amendment (Must provide explanation in Date of Original Filing:(Month, Day, Yee         And Code/Phone Number (510) 272-6693       sarah.oddie@acgov.org       Date of Original Filing:(Month, Day, Yee         2. Function or Event Information       Does the agency have a ticket policy? Yes 🖾 No 🗋 Face Value of Each Ticket/Pass \$						
Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number         [610] 272-6693         E-mail         sarah.oddie@acgov.org         Date of Original Filling:         [(Month, Day, Yes)]         Percent Description         Arcade Fire         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes IN No         If no:         Golden State Warriors         Name of Source         Was ticket distribution made at the behest       No         Yes IN No       Yes IN No         * Use Section A to identify the agency's department or unit.       * Use Section B to identify an individual.         * Use Section A to identify the agency's department or unit.       * Use Section B to identify an individual.         * Use Section A to identify the agency's department or Unit       * Use Section B to identify an individual.         * Use Section A to identify the agency's department or Unit       * Use Section	use Only					
Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org       Immediate Amendment (Must provide explanation in Date of Original Filing:(Month, Day, Yea         2. Function or Event Information Does the agency have a ticket policy? Yes IN 0       Face Value of Each Ticket/Pass \$						
Sarah Oddie						
Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org       Date of Original Filing:(Month, Day, Yee Date of Original Filing:(Month, Day, Yee Composition or Event Information Does the agency have a ticket policy? Yes IN NO       Face Value of Each Ticket/Pass \$         Event Description Arcade Fire Event Description Arcade Fire Provide Title/Explanation       Date(s)10 21 17						
Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org       Date of Original Filing:						
2. Function or Event Information         Does the agency have a ticket policy?       Yes INO       Face Value of Each Ticket/Pass \$	Part 3.)					
Does the agency have a ticket policy?       Yes X       No X       Face Value of Each Ticket/Pass \$	<del>)</del>					
Event Description       Arcade Fire       Date(s)       10       21       17						
Ticket(s)/Pass(es) provided by agency?       Yes       No X       If no: Golden State Warriors         Was ticket distribution made at the behest of agency official?       No Yes X       If yes: Chan, Wilma         Official?       Official? Name of Source         * 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 organ         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's por Pass(es)         B.       Name of Individual (Lent, Fired)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Patitucci, Jenee       2       Ceremonial Role       Other       In the change of the second be below:         Amgott-Kwan, Jared       2       Ceremonial Role       Other       In the change of the second be below:         To promote attendance at a(n) event held at a County order to maximize potential County revenue       Ceremonial Role       Other       In the change of the county and the change of the county of the change of the change of the county of the change of the change of the change of the county of	200					
Ticket(s)/Pass(es) provided by agency?       Yes       No X       If no: Golden State Warriors         Was ticket distribution made at the behest of agency official?       No Yes X       If yes: Chan, Wilma         Official?       Official? Name of Source         * 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 organ         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's por Pass(es)         B.       Name of Individual (Lent, Fired)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Patitucci, Jenee       2       Ceremonial Role       Other       In the change of the second be below:         Amgott-Kwan, Jared       2       Ceremonial Role       Other       In the change of the second be below:         To promote attendance at a(n) event held at a County order to maximize potential County revenue       Ceremonial Role       Other       In the change of the county and the change of the county of the change of the change of the county of the change of the change of the change of the county of	,					
Was ticket distribution made at the behest of agency official?       No        Yes X       If yes: Chan, Wilma         Official?       Official? 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 organ         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's por Pass(es)         B. Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following: Identify one of the following:         Patitucci, Jenee       2       Ceremonial Role (Detted) of the describe below: To promote attendance at a(n) event held at a County order to maximize potential County revenue         Amgott-Kwan, Jared       2       Ceremonial Role (Detted) of the describe below: To promote attendance at a(n) event held at a County	f					
Wast 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 outside organ         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's por Pass(es)         B. Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following: Identify one of the following: Ceremonial Role						
of agency official?       Official? 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 organ         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's puppersection B.         B. Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Patitucci, Jenee       2       Ceremonial Role Or Other describe below:         To promote attendance at a(n) event held at a County order to maximize potential County revenue       Ceremonial Role Other Interviewential Role or Other describe below:         Amgott-Kwan, Jared       2       Ceremonial Role Other Interviewential Role or Other describe below:	Name of Source					
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 organ         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's properties of Individual (Lest, First)         B. Name of Individual (Lest, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Patitucci, Jenee       2       Ceremonial Role Or 'Other' describe below:         To promote attendance at a(n) event held at a County order to maximize potential County revenue       Ceremonial Role Other         Amgott-Kwan, Jared       2       Ceremonial Role Other						
• 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 organ     A. Name of Agency, Department or Unit     Number of     Ticket(s)/     Pass(es)     Describe the public purpose made pursuant to the agency's po     Pass(es)     Identify one of the following:         Id						
A.       Name of Agency, Department or Unit       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of participation of the public purpose made pursuant to the agency's portion of the public purpose made pursuant to the agency's portion of the public purpose made purpose made purpose made purpose purpose made purpose purpose purpose purpose purpose purpose purpose purpose public purpose purp	• 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.					
B.       Name of Individual (Lest, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Patitucci, Jenee       2       Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County order to maximize potential County revenue         Amgott-Kwan, Jared       2       Ceremonial Role □ Other □ If checking "Ceremonial Role □ Other □ If checking "Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County To promote attendance at a(n) event held at a County	licy					
Pass(es)     Pass(es)       Patitucci, Jenee     2       2     Ceremonial Role       0     0       1     checking "Ceremonial Role" or "Other" describe below:       To promote attendance at a(n) event held at a County order to maximize potential County revenue       Amgott-Kwan, Jared     2       2     Ceremonial Role       0     0       1     checking "Ceremonial Role" or "Other" describe below:       To promote attendance at a(n) event held at a County order to maximize potential County revenue       2     Ceremonial Role       0     0       1     checking "Ceremonial Role" or "Other" describe below:       To promote attendance at a(n) event held at a County						
Patitucci, Jenee       2       If checking "Ceremonial Role" or "Other" describe below:         To promote attendance at a(n) event held at a County order to maximize potential County revenue         Amgott-Kwan, Jared       2         2       Ceremonial Role" or "Other" describe below:         To promote attendance at a(n) event held at a County order to maximize potential County revenue         Ceremonial Role       Other         If checking "Ceremonial Role" or "Other" describe below:         To promote attendance at a(n) event held at a County						
2       To promote attendance at a(n) event held at a County order to maximize potential County revenue         Amgott-Kwan, Jared       2         2       Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County	Income					
Amgott-Kwan, Jared       2       Order to maximize potential County revenue         2       Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County	facility in					
Amgott-Kwan, Jared       If checking "Ceremonial Role" or "Other" describe below:         2       To promote attendance at a(n) event held at a County						
Amgott-Kwan, Jared       If checking "Ceremonial Role" or "Other" describe below:         2       To promote attendance at a(n) event held at a County	Income					
I o promote attendance at a(n) event held at a County						
	facility in					
C. Name of Outside Organization Number of (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass	licy					
	1					
4. Verification						

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

	;	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee		Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

**A Public Document** 

1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicable	)	<u></u>		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Sarah Oddie				provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	****	anderent/innerenterenterenterenterenterenterenter		provide explanation in Fart 3.)	
	(510) 272-6693	sarah.oddie(	@acgov.org		Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Inform	mation				150	
	Does the agency have a ticke		Yes 🔀 No	Face Value c	f Each Ticket/Pass \$	150	
	Event Description	lesias + Pitbu		Date(s)10	2817	///	
		Provide Tille/Expl	anation				
	Ticket(s)/Pass(es) provided by	y agency?	n State Warriors Name of S	Source			
	Was ticket distribution made at the behest       No □ Yes ⊠       If yes: Chan, Wilma         of agency official?       Official's Name (Last, First)						
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)/	Describe the public purpose made pursuant to the agency's policy				
	Pass(es)						
			*				
	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the follo	wing:	
			Pass(es)	Ceremonial Role	. Other	Income	
	Padilla-Johnson, Rose				ial Role" or "Olher" describe below		
			2		ance at a(n) event potential County reve	held at a County facility in	
	Albarran, Nalleli				ial Role" or "Other" describe below		
	•		2	To reward a comm	unity volunteer for hi	s or her service to the	
				public			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	the public purpose made pursuant to the agency's policy		
					<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
4.	Verification						

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

		\$ Sarah Oddie	Supervisor's Assistant	10.31.2017
-	NSignature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 305.55 ticket/35 park Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Football game 08 10 17 Date(s) .... Provide Title/Explanation If no: Oakland Raiders Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role Other Amperosa, Robin If checking "Ceremonial Role" or "Other" describe below: 2+1park To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: 2+1park Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Asian Health Services, 818 Webster St, To reward a school or nonprofit organization for its contributions 2 Oakland, CA 94607 to the community Medical clinic in Oakland

#### 4. Vérification

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.

<b>, , , , , , , , , ,</b>	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)
		•	

Comment: .

A Public Document

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1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form 002			
	Division, Department, or Reg	ion (If Applicable)	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (	(Name, Title)					
	Sarah Oddie						
	Area Code/Phone Number	E-mail		NACTION OF THE STREET	Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie@	Dacgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor					(moning buy, real)	
	Does the agency have a ticke		Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	305.55 ticket/35 park	
				•		///////	
	Event Description Football g	Provide Title/Expla	ination	Date(s)		///	
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🔲 No	Ist If no: Oaklar	nd Raiders		
		,			Name of Sou	irce	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: <u>Chan</u>	, Wilma		
	of agency official?				Official's Name (L	ası, FIISI)	
3.	Recipients           • Use Section A to identify the agence           A.         Name of Agency, Department		nit. • Use Sec Number of Ticket(s)/ Pass(es)		ial. • Use Section C to ident		
	B. Name of Individua	al	Number of				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Brekke-Miesner, Lukas	Brekke-Miesner, Lukas		If checking "Ceremon	Other I ial Role" or "Other" describe below:	Income	
			2+1park		ance at a(n) event he potential County reven	eld at a County facility in ue	
			2+1park		Other D ial Role" or "Other" describe below:	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	
			-				
A	Verification				ł		

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

	 Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee	Print Name	Tille '	(Month, Day, Year)
/			

Comment: ...

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 305.55 ticket/35 park Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description \_\_\_\_\_ 19 17 10 Date(s)\_ Provide Title/Explanation If no: Oakland Raiders Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Chan, Wilma Was ticket distribution made at the behest No 🗌 Yes 🗵 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an Individual. • Use Section C to Identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income Medina, Samuel If checking "Ceremonial Role" or "Other" describe below: 2+1park To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2+1park Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

#### 4. Verifiçation

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

	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Dasignee	Print Name	Tille	(Month, Day, Year)

Comment: ...

Ceremonial Role Events and	Ticket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County					
Division, Department, or Region (If Appli	icable)			For Official Use Only	
Board of Supervisors	Board of Supervisors				
Designated Agency Contact (Name, Title)	•				
Sarah Oddie					
Area Code/Phone Number   E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	ddie@acgov.org		Date of Original Filing: .		
2. Function or Event Information	uu.e.guogo.norg			(Month, Day, Year)	
Does the agency have a ticket policy?	V <b>V</b> N		of Each Ticket/Pass \$	305.55 ticket	
	Yes 🔀 No			<u></u>	
Event Description Football game	e/Explanation	Date(s)	, 19 , 17	/	
		Oaklar			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of So	urce	
Was ticket distribution made at the beha	Was ticket distribution made at the behest No D Yes I If yes: Chan				
of agency official?	o benest No Yes I If yes: Official's Name (Last, First)				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Number of				
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
Murphy, Eric	2	If checking "Ceremon	Other Other Other Other Other Other Other Other describe below: Unity volunteer for his	Income	
		public			
	2	Ceremonial Role If checking "Ceremon	Other D	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
4. Verification		الــــــــــــــــــــــــــــــــــــ			

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

~	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee	Print Neme	Tille	(Month, Day, Year)

Comment: \_

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$304.80 ticket/\$30 park Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description \_\_\_\_\_Basketball Game 13 10 17 Date(s)\_ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source Chan, Wilma Was ticket distribution made at the behest No 🗋 Yes 🛛 If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income Hersch-Walker, Sarah If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Ceremonial Role Other Income Klus, Colleen If checking "Ceremonial Role" or "Other" describe below: 2 To reward a community volunteer for his or her service to the public Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification

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

	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee	Print Name	Tillə	(Month, Day, Year)

Comment: .

A Public Document

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information \$304.80 ticket/\$30 park Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description \_\_\_\_\_Basketball Game 10 17 17 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income Rivera, Leticia If checking "Ceremonial Role" or "Other" describe below: 2+1park Geisner, Benjamin To promote attendance at a(n)... event held at a County facility in Boskovich, Alex order to maximize potential County revenue... Income 🔲 Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2+1park Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification

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.

50%(21 <sub>20</sub>	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: \_

**A Public Document** 

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1.	Agency Name				Date Stamp	California 802
	Alameda County				Form COL	
	Division, Department, or Regi	on (If Applicable)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	an fan de felske ferner ferner ferne felse seren fer	10111-10-101-00-00-00-00-00-00-00-00-00-		
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie@	Dacqov.orq		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform					(Monul, Day, Teal)
in I	Does the agency have a ticke		Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _ <del>\$3</del>	304.80 ticket/\$30 park
	Event DescriptionBasketball	Provide Title/Expla	nation	Date(s)	<u>, 17 , 17</u>	······································
	Ticket(s)/Pass(es) provided by	v agenov2	V [] N-	Golder	n State Warriors	
	Tickel(s)/Pass(es) provided by	y agency:	Yes 🗌 No	· ·	Name of Sou	rce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan	ı, Wilma	
	of agency official?	•		• •	Official's Name (Last, First)	
		• •	Ticket(s)/ Pass(es)			
	B. Name of Individua (Lest, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
				Ceremonial Role	hannad to be had to be here to be	Income
	Brown, Madison		4+1park	To promote attenda	ial Role" or <sup>"</sup> Olher" describe below: ance at a(n) event he potential County revent	eld at a County facility in ue
			4+1park		Other D ial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
					C	
	Construction and a second s	TO'LE UN A A CONTRACTOR OF THE ACTION OF THE			an an Algebra an	
-						

#### 4. Verification

( <b>u</b>	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

						A Fublic Document
1.	Agency Name		n kala menerata zero na seguna di garga da paga naga con a zuer na c		Date Stamp	California 802
	Alameda County			Form ~~~		
	Division, Department, or Reg	i <b>on</b> (If Applicable)	· ·	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name,Title)				
	Sarah Oddie				นี่มีคุณหลายสามารถใจการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถการสามารถ	
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@	Dacqov.org		Date of Original Filing:	(Month, Day, Year)
2	Function or Event Inform					(WORUL, Day, Tear)
lar II	Does the agency have a ticke		Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	\$304.80 ticket
	Event DescriptionBasketball	Provide Title/Expla	anation	Date(s)	<u>, 17 , 17</u>	
	Ticket(s)/Pass(es) provided by	adency2		If no, Golder	n State Warriors	
	Tickel(s)/Pass(es) provided b	y agency :	Yes 🗌 No		Name of Sou	rce
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: <u>Chan</u>	, Wilma	
	of agency official?			·	Official's Name (La	ast, First)
	<b>A.</b> Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (	o the agency's policy
	B. Name of Individua (Lest, First)	91	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ıg:
					Other	Income
	Lett, Estial Kubo, Theresa Elliott, Laura		2	To promote attenda	ial Role" or "Other" describe below: ance at a(n) event he potential County revent	eld at a County facility in ue
			2	Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant l	o the agency's policy
	· · ·					

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

	~	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee		Print Name	Tillə	(Month, Day, Year)
V				

Comment: \_\_\_
Date Stamp California 802 Form 802

**A Public Document** 

	Sarah Oddie			Amendment (Must provide explanation In Part 3.)		
	Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie	@acgov.org		Date of Original Filing:	. ,
2.	Function or Event Inform	nation	nana noyennya — naj — nyyeologoteologoteologoteologoteologoteologoteologoteologoteologoteologoteologoteologoteo			\$304.80 ticket
	Does the agency have a ticket	policy?	Yes 🗵 No 🗌	Face Value o	f Each Ticket/Pass \$	φ304.00 licket
	Event Description Basketball	Game	1	Date(s) <u>10</u>	<u>, 17 , 17</u>	///
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no: <u>Golder</u>	n State Warriors Name of Sour	се
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🔀	If yes: <u>Chan</u>	, Wilma Official's Name (La	ast, First)
	~ ~					

3. Recipients

1. Agency Name

Alameda County

**Board of Supervisors** 

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

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

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:
Cheung, Eric	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue
	4	Ceremonial Role Other I Income I Income I Income I Income II Income III Income II Income II Income II 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

#### 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.

	Caper Sec."	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee	for other	Print Neme	Title	(Month, Day, Yeer)

Comment: .

A Public Document

-						AT unit bocument
1.	Agency Name	•	Date Stamp	California 802		
	Alameda County				, ,	Form 002
	Division, Department, or Regi	i <b>on</b> (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)		nighe l'Agaringana l'Andraich ann a baonachaire ann an an an an an ann an ann an saonn an ann an ann an ann an		
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	mation				<b>\$20.4.00</b> #jeleet
	Does the agency have a ticke		Face Value o	f Each Ticket/Pass \$	\$304.80 ticket	
	Event Description Basketball	Game	, 25 , 17	/		
		Provide Title/Expl		ppersenteren and a second s		
	Ticket(s)/Pass(es) provided by	y agency?	n State Warriors	anna y mara a sa		
			Name of Sou	Irce		
	Was ticket distribution made a of agency official?	it the benest	No 🔲 Yes	If yes: Chan	, vviiitta Official's Name (L	ast. First)
3.	Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization.					
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua		Number of			
	(Lest, First)	••	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Doming Manau			Ceremonial Role		Income
	Deming, Nancy		2	If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her servi		or har convice to the
			public		unity volunteer for his of her service to the	
				Ceremonial Role	Other	Income
		6 <sup>1</sup>	2	If checking "Ceremon	ial Role" or "Olher" describe below:	
			Number of	NATAR CONTRACTOR OF A CONTRACTOR O		
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1	1		

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

	····	Sarah Oddie	Supervisor's Assistant	10.31.2017
/	Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)
V	0			

Comment:

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ <u>\$304.80 ticket/\$30 park</u> Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Basketball Game 25 10 17 Date(s)\_ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) . Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income Galvan, Gordon If checking "Ceremonial Role" or "Other" describe below: 2+1park To reward a community volunteer for his or her service to the public Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2+1park Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

#### 4. Verification

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

	Sarah Oddie	Supervisor's Assistant	10.31.2017
\$ignature of Agency Head or Designee	 Print Name	Tille	(Month, Day, Year)

Comment: \_\_

**A Public Document** 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$304.80 ticket/\$30 park Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Basketball Game 10 25 17 Date(s) Provide Title/Explanation If no: \_\_Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source lf yes: <u>Chan,</u> Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role 🖸 🛛 Other 🔲 Income Krukowski, Eva If checking "Ceremonial Role" or "Other" describe below: 2+1park To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2+1park Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

#### 4. Verification

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

	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: ...

**A Public Document** 

1. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Appl	licable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title	)	<del></del>		
Sarah Oddie				
Area Code/Phone Number E-mail	**************************************		_ <b></b> Amendment (Must	provide explanation in Part 3.)
(510) 272-6693 sarah.o	ddie@acgov.org		Date of Original Filing	:(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	\$304.80 ticket
Event Description Basketball Game	le/Explanation	Date(s)10	) _ 25 _ 17	
Ticket(s)/Pass(es) provided by agency	n State Warriors Name of S			
Was ticket distribution made at the beh of agency official?	est No 🗌 Yes	If yes: Chan	Official's Name	e (Last, First)
<ul> <li>B. Recipients</li> <li>Use Section A to identify the agency's departm</li> </ul>	ont or unit a Uso So	ntion B to identify an individ	ual a Uso Soction C to ide	ontifu an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	The sources and support	blic purpose made pursua	
B. Name of Individual	Number of Ticket(s)/	· ·	Identify one of the follo	wing:
	Pass(es)	Ceremonial Role	Other	Income
Finley, Delvecchio	2	If checking "Ceremon To promote attend	nial Role" or "Other" describe below anceevent held at a	<i>v:</i>
	2		Other Cher Cher Cher Cher Cher Cher Cher C	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
<i>.</i>				•
4. Verification	4.1 and 18942. I have ve Sarah Oo	I erified that the distribution set i	forth above, is in accordance Supervisor's Assista	

		Sarah Oddie	Supervisor's Assistant	10.31.2017
Ξ,	/ ♥ Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
/				

Comment: ...

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** sarah.oddie@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$304.80 ticket Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes 🛛 No 🗌 Event Description \_\_\_\_\_Basketball Game 10 29 17 Date(s). Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an Individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role . Other Income Woods, Brendon If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

#### 4. Verification

	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

A Public Document

		BIOGINAGOIIO		A Public Document			
1. Agency Name	Date Stamp	California 802					
Alameda County				Form For Official Use Only			
Division, Department, or Region (If Applicable)	Division, Department, or Region (If Applicable)						
Board of Supervisors							
Designated Agency Contact (Name, Title)	•						
Sarah Oddie	Sarah Oddie						
Area Code/Phone Number   E-mail		•	Amendment (Must	provide explanation in Part 3.)			
(510) 272-6693 sarah.oddie@	Dacgov.org		Date of Original Filing	(Month, Day, Year)			
2. Function or Event Information	Function or Event Information						
Does the agency have a ticket policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$ .	\$304.80 ticket/\$30 park			
Event Description Basketball Game				///			
Provide Title/Expla							
Ticket(s)/Pass(es) provided by agency?	n State Warriors						
		—	Name of S	ource			
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Chan	, vviiitta Official's Name	(Last. First)			
•	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
A. Name of Agency, Department or Unit	Number of						
A. Name of Agency, Department of Onit	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)/		Identify one of the follow	ving:			
	Pass(es)	0i-i D-i-	— outre []	Income [			
Nichols-Franz, Jan		Ceremonial Role If checking "Ceremon	L Other L ial Role" or "Other" describe below				
	2+1park	To reward a community volunteer for his or her s		s or her service to the			
		public					
		Ceremonial Role		Income			
	2+1park	If checking "Ceremon	ial Role" or "Olher" describe below	:			
Name of Outside Organization	Number of						
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy			
a ser de la construcción de la dela de la construcción de la dela de la dela dela dela dela de							
<u> </u>		l .					
4. Verification I have read and understand FPPC Redulations 18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance v	vith the requirements.			
	<u> </u>	1.0	• • • • • • • • • • •				

	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee	Print Name .	Tille	(Month, Day, Year)

Comment: \_\_\_\_

# **Agency Report of:** 5

С	eremonial Role Even	ts and Ticket/P	ass Dist	ributions		A Public Documen
1.	Agency Name			gener en kan de henre kenderen 20 konstanten et sonstanten sonstanten sonstanten sonstanten sonstanten sonstan	Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)				
	Nathan Miley, Alameda County Supervisor					A Describe Construction in Dest (2)
	Area Code/Phone Number	E-mail				at Provide Explanation in Part 3.)
	(510) 272-6694	bosdist4@acgov.or	rg		Date of Original Filin	g:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes [	🛛 No 🗌	Face Value of	Each Ticket/Pass \$	90
	Event Description: <u>A's Baseball Game</u>				<u>    4                                </u>	//
	Ticket(s)/Pass(es) provided	by agency? Yes [	No 🛛	If no: Oakland	A's	
				Milev N	Name of Source	
	Was ticket distribution made at the behest Yes 🖄 No 🗋			If yes: Miley, Nathan Official's Name (Last, First)		
	of agency official?					
	A. Name of Agency, Dep.	artment or Unit	of Ticket(s) Passes	/ Describe th	ie public purpose made p	pursuant to the agency's policy
	B. Name of Ind		Number of Ticket(s) Passes	1	Identify one of th	e following:
	Washington, Tanya		2		nonial Role D Other king "Ceremonial Role" or "Other COUNTY employee fo	Income Income of their service the public
			·		nonial Role D Other king "Ceremonial Role" or "Other	
	C. Name of Outside O (include address and		Number of Ticket(s) Passes	/ Describe tr	ie public purpose made p	oursuant to the agency's policy
						÷ .
			1			

#### 4. Verification

	Nathan Miley	Supervisor	10/23/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			and a second

C	eremonial Role Even	ts and Ticket/P	ass Dist	ributions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					1000
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			<b>n</b>	
	Nathan Miley, Alameda Cou	inty Supervisor				
	Area Code/Phone Number	E-mail			_ L Amendment (Must P	rovide Explanation in Part 3.)
	(510) 272-6694	bosdist4@acgov.or	.a		Date of Original Filing: .	
<u>ົ</u>	· ·				, ,	(month, day, year)
۷.	Function or Event Infor					)
	Does the agency have a tic		🛛 No 🗋	Face Value of	Each Ticket/Pass \$ 90	
	Event Description: A's Base	ball Game Provide Title/ Explai	nation	Date(s) <u>9</u>	<u>/ 4 / 17</u>	//
	Ticket(s)/Pass(es) provided	by agency? Yes [		If no: Oakland	A's	
				Miley N	Name of Source	
	Was ticket distribution made	e at the behest Yes [	No 🗋	If yes: <u>Miley, N</u>	Official's Name (Lest, First)	۲۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰
	of agency official?					
3.	Recipients					
	• Use Section A to identify the ager	ncy's department or unit.	Use Section B to	o identify an indivi	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 pur	suant to the agency's policy
	-		Number			
	B. Name of Ind (Last, Fit		of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Aritola, Kathy		2	Cerer To reward a the public	nonial Role Dother X king "Ceremonial Role" or "Other" dea Community Volunteer	Income C scriba below: for his or her service to
	Mosely, Mae		2		noniel Role DOther K king "Ceremoniel Role" or "Other" de COMMUNITY Volunteer 1	Income scribe below: for his or her service to
	C. Name of Outside 0 (include address and		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pur	suant to the agency's policy
			1	1		

#### 4. Verification

	Nathan Miley	Supervisor	10/23/17
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			

U	eremonial Role Even	is and fickel/P	ass Disti	inducions	A	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Region (if applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Nathan Miley, Alameda County Supervisor				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ovido Explanation in r ant d.)
	(510) 272-6694	bosdist4@acgov.or	g		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation			00	
	Does the agency have a tick		🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u>90</u>	
	Event Description: <u>A's Base</u>	ball Game Provide Title/ Explai	nation	Date(s) <u>9</u>	/417	///
	Ticket(s)/Pass(es) provided	•		lf no: <u>Oakland</u>	A's	
					Name of Source	
	Was ticket distribution made	at the behest Yes	No 🗆	lf yes: <u>Miley, N</u>	Iathan Official's Name (Last, First)	, 
	of agency official?				Oniciara Nanio (Laar, Firar)	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
	Ramirez, Coco		7		nonial Role DOther X king "Ceremonial Role" or "Other" des Community Volunteer f	Income criba below: or his or her service to
		_			nonial Role 🔲 Other 🔀 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	mant to the agency's policy
-						

#### 4. Verification

	Nathan Miley	Supervisor	10/23/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
_			
Comment:	an a		

С	eremonial Role Ever	its and Ticket/Pass Dist	ributions	A Public Document		
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Reg	jion (if applicable)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Nathan Miley, Alameda County Supervisor			Amendment (Must Provide Explanation i		
	Area Code/Phone Number	E-mail		Amendment (Must Pr	ovide Explanation in Part 3.)	
	(510) 272-6694	bosdist4@acgov.org	Date	of Original Filing: _	(month, day, year)	
2.	Function or Event Infor					
Does the agency have a ticket policy? Yes 🛛 No 🗆			Face Value of Each	Ticket/Pass \$ <del></del>		
	Event Description: A's Base	Date(s)9_/_5	17	//		

Provide Title/ Explanation				
Ticket(s)/Pass(es) provided by agency?	Yes 🗖	No 🖾	lf no:	
Was ticket distribution made at the behest	Yes	No 🗌	lf yes	

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
<u>te anno 1997</u>			
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other I Income I If checking "Ceremoniel Role" or "Other" describe below:
<u></u>			Ceremonial Role Other I Income Income II 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
United Seniors of Oakland and Alameda County - 7200 Bancroft, Oakland, CA		2	To promote attenance at a County sponsored event or event held at a County facility to maximize attendance

#### 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.

Signature of Agency Head or Designee

late Miley 10 Jupenisa Print Name (month, day, year,

Name of Source

Name (Last, First

Comment:

С	Ceremonial Role Events and Ticket/Pass Distributions				A Public Document	
1.	Agency Name Alameda County				Date Stamp	California Form 802
	Division, Department, or Reg	<b>jion</b> (if applicable,	)			For Official Use Only
	Board of Supervisors Designated Agency Contact	· ·	<del></del>			
	Nathan Miley, Alameda Cou Area Code/Phone Number	unty Superviso	r		Amendment (Must	Provide Explanation in Part 3.)
	(510) 272-6694	bosdist4@ad	cgov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				20
	Does the agency have a ticket policy?       Yes 🛛 No 🗆         Event Description:       A's Baseball Game         Provide Title/ Explanation			Each Ticket/Pass \$ _	30	
			Date(s) 9		«///	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🖾	lf no:	mand M	>

Was ticket distribution made at the behest Yes 🔯 No 🗆 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.

Name of Source

har

's Name (Last, First)

If yes: Mil-en Na-

À.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
8.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
			Ceremonial Role Core Other Core Income Income If checking "Ceremoniel Role" or "Other" describe below:		
			Ceremonial Role Other Income I		
С.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
United Seniors of Oakland and Alameda County - 7200 Bancroft, Oakland, CA		2	To promote attenance at a County sponsored event or event held at a County facility to maximize attendance		

#### 4. Verification

Mahan Miley Supervisor Print Name Supervisor IC Signature of Agency Head or Designee Comment:

С	eremonial Role Ever	nts and Ticket/Pass Distributions	A Public Document		
1.	Agency Name		Date Stamp	California 802	
	Alameda County			Form OUZ	
	Division, Department, or Region (if applicable)			For Official Use Only	
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		1		
	Nathan Miley, Alameda Co	unty Supervisor	Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail		rovide Explanation in Part 3.)	
	(510) 272-6694	bosdist4@acgov.org	Date of Original Filing:	(month, day, year)	
2.	Function or Event Information				
	Does the agency have a tio	ket policy? Yes 🛛 No 🗖 Face Value of	Each Ticket/Pass \$ 40	)	

Does the agency have a ticket policy? Yes	🛛 No 🗌	Face Value of Each Ticket/Pass \$
Event Description: A's Baseball Game		Date(s) <u>9 / 8 / 17</u> ////
Provide Title/ Expl	anation	
Ticket(s)/Pass(es) provided by agency? Yes	🗆 No 🖾	If no: Dakland A's
Was ticket distribution made at the behest Yes	<b>₽</b> № □	If ves: Miley, Nathan
of agency official?	PNOL	Officia's Name (Last, First)

#### 3. Recipients

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

A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
			х.
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
2 To reward a		Ceremonial Role Other Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a county employee for his or her exemplary service to the public	
			Ceremonial Role Other I Income
с.	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

_	Norman Miley	Supenisor	10/23/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
		¥	
Comment:			

С	Ceremonial Role Events and Ticket/Pass Distributions			A	<b>Public Document</b>
1.	Agency Name		<u></u>	Date Stamp	California 802
	Alameda County				Form OUZ
	Division, Department, or Reg	gion (if applicable)			For Official Use Only
	Board of Supervisors				
	<b>Designated Agency Contact</b>	(Name, Title)			
	Nathan Miley, Alameda Co	unty Supervisor		<b>A</b>	
	Area Code/Phone Number	E-mail		Amendment (Must P	Provide Explanation in Part 3.)
	(510) 272-6694	bosdist4@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Info	rmation		_	
	Does the agency have a tic		Face Value of	Each Ticket/Pass \$ _	0
	Event Description: A's Base	eball Game	Date(s)	<u>, 9 , 17</u>	1 1
	··· F	Provide Title/ Evolanation			

Ticket(s)/Pass(es) provided by agency?	Yes 🗌	No 🛛
Was ticket distribution made at the behest	Yes 🖓	No 🗖

Vas ticket distribution made at the behest	Yes 💋	No 🗆
of agency official?	Ø	

#### 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.

If no:

If yes:

Kland

iley

Name of Source

Nath

Name (Last, First)

A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy	
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:	
Le, Ja	anice	2	Ceremonial Role Other Other Income Income To reward a community volunteer for his or her service to the public	
			Ceremonial Role D Other D Income D 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	
Bianardonan (000) (200)				

#### 4. Verification

	Nothan Miley	Supervisor	10/23/17
Signature of Agency Head or Designee	Print Name	J 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

Alameda County			Form OUZ
Division, Department, or Reg	ion (if applicable)		For Official Use Only
Board of Supervisors			
<b>Designated Agency Contact</b>	(Name, Title)		
Nathan Miley, Alameda Cou	inty Supervisor	Amendment (11)	ide Fuelenstien in Ded O.
Area Code/Phone Number	E-mail		vide Explanation in Part 3.)
(510) 272-6694	bosdist4@acgov.org	Date of Original Filing:	(month, day, year)

## 2. Function or Event Information

Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of Each Ticket/Pass \$ 80
Event Description: A's Baseball Game		Date(s) <u>9 / 10 / 17</u> /
Provide Titl	e/ Explanation	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🖾	If no: Damand A's
Was ticket distribution made at the behest of agency official?		If yes:

#### 3. Recipients

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

A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy	
			· · · · · · · · · · · · · · · · · · ·	
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:	
			Ceremonial Role Conter	
			Caremonial Role DOther DI Income Income If checking "Ceremonial Role" or "Other" describe below:	
с.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy	
East Bay Innovations 2450 Washington Ave., San Leandro, CA		18	To promote attendance at a County sponsored event or event held at a County facility	

#### 4. Verification

	Nathan Miley	Supervisor	10/23/17
Signature of Agency Head or Designee	Print Name	<b>U</b> Title	(month, day, year)
Comment:			

				I GIALLA BAAAILLALLA
1.	Agency Name		Date Stamp	California 802
	Alameda County			Form 002
	Division, Department, or Re	gion (if applicable)		For Official Use Only
	Board of Supervisors			
	<b>Designated Agency Contact</b>	t (Name,Title)		
	Nathan Miley, Alameda Co	unty Supervisor	Amondmont (14	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail		. ,
	(510) 272-6694	bosdist4@acgov.org	Date of Original Filing:	(month, day, year)
2.	Function or Event Info	rmation		
	Does the agency have a ti	cket policy? Vee 🕅 Ne 🗖 Eace Value	of Each Ticket/Base & 80	)

Dues the agency have a ticket policy?	Yes 🖄 No 📋	Face value of Each TickevFass \$
Event Description: <u>A's Baseball Game</u>	· · · · ·	Date(s) 9 / 23 / 17
	e/ Explanation	
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🖾	If no: Dakland A's
		If yes: <u>Name of Source</u>
Was ticket distribution made at the behest	Yes 💋 🛛 🗆	Officialis Name (Last, First)
of agency official?	•	Cincicip Danie (Last, Filst)

#### 3. Recipients

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Sanft	ner, Paul	4	Ceremonial Role Other Other Income Income To reward a county employee for his or her exemplary service to the public
			Ceremonial Role Dother I Income I Income II the cking "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 with the requirements.

	Nathan miley	Supervisor	10/23/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	J		
Comment:			

1.	Agency Name Alameda County	an na an ann an Anna an		Date Stamp California 802
	Division, Department, or Reg	jion (if applicable)	***************************************	For Official Use Only
	Board of Supervisors			
	<b>Designated Agency Contact</b>	(Name, Title)	******	1
	Nathan Miley, Alameda County Supervisor			
	Area Code/Phone Number	E-mail		_ <b>Amendment</b> (Must Provide Explanation in Part 3.)
	(510) 272-6694	bosdist4@acgov.org		Date of Original Filing:
2.	Function or Event Infor	mation	nononný kydychini za býza naroznajsta napija pranosta propos	
	Does the agency have a tic	ket policy? Yes 🛛 No 🗌	Face Value of	Each Ticket/Pass \$ 80
	Event Description: <u>A's Base</u>	eball Game	Date(s) <u>9</u>	<u>, 25 , 17</u> , ,
	Provide Title/ Explanation		. ,	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠		lf no:	Nome of Course
	Was ticket distribution made	e at the behest Yes 🙋 No 🗌	If yes:	illey Wathan

#### 3. Recipients

of agency official?

• 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.

Ňame (Last, First,

Official's

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other I Income I Income I Income I Income I If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Dother Difference Income Difference 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
United Seniors of Oakland and Alameda County - 7200 Bancroft, Oakland, CA	2	To promote attenance at a County sponsored event or event held at a County facility to maximize attendance

#### 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.

Jathan Miley Supervisor Print Name ţ:

Comment: \_

Signature of Agency Head or Designee

	eremonial Note Lael	ita ana no	unputions	l l l l l l l l l l l l l l l l l l l	A Public Document	
1.	Agency Name Alameda County				Date Stamp	California Form 802
	-					
	Division, Department, or Reg	<b>gion</b> (if applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Nathan Miley, Alameda County Supervisor           Area Code/Phone Number         E-mail					
				90999999999999999999999999999999999999	_ Amendment (Must Provide Explanation in Part 3.)	
	(510) 272-6694	bosdist4@a	cgov.org		Date of Original Filing	:(month, day, year)
2.	Function or Event Info	mation		NAMERICA I I DE LA COMPANYA DE LA C		
	Does the agency have a tic	ket policy?	Yes 🛛 No 🗌	Face Value of	Each Ticket/Pass \$ -	30
	Event Description: A's Base	eball Game		Date(s)	<u>, 26 , 17</u>	1 1
	·		itle/ Explanation	Annual Section		A
	Ticket(s)/Pass(es) provideo	l by agency?	Yes 🔲 No 🖾	If no:	ikland p	1>

Was ticket distribution made at the behest Yes by No I 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.

If yes:

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other I Income I If checking "Ceremonial Role" or "Other" describe below:
, en esta en esta esta esta esta esta esta esta esta			Ceremonial Role Other I Income Income II checking "Ceremoniel 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
	d Seniors of Oakland and Alameda ty - 7200 Bancroft, Oakland, CA	2	To promote attenance at a County sponsored event or event held at a County facility to maximize attendance

#### 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

Vorthen Miley Print Name 16 Superusor Title Signature of Agency Head or Designee Comment:

ŝ

Name of Source

NG

lame (Last, Firs

1ea

Official's

Dublic D

V	eremonial Role Even	is and nekel/P	ass Distri	putions		ublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	j <b>ion</b> (if applicable)				For Official Use Only
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)				
	Nathan Miley, Alameda Cou	unty Supervisor				
	Area Code/Phone Number	E-mail			Amendment (Must Prov	vide Explanation in Part 3.)
	(510) 272-6694	bosdist4@acgov.or	g		Date of Original Filing:	(month, day, year)
2. Function or Event Information						
	Does the agency have a ticket policy? Yes ⊠ No □			Face Value of Each Ticket/Pass \$		
	Event Description: Ruff Ryc	lers Provide Title/ Explar	C	Date(s) <u>9</u>	<u>, 27 , 17</u> _	/
	Ticket(s)/Pass(es) provided			no: Oracle Ar	ena	an a
	Was ticket distribution made of agency official?	e at the behest Yes [	Ø No⊡ <sup>If</sup>	yes:/	Name of Source	an
3.	Recipients • Use Section A to identify the agen	ncy's department or unit. •	Use Section B to i	identify an individ	ual. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	uant to the agency's policy
		······································				

В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Pete,	Geoffrey	2	Ceremonial Role Other Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
			Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
С.	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

Natran Miley Print Name Supervisor uignature or r Comment:

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

С	eremonial Role Even	ts and Ticl	A	Public Document		
1.	Agency Name Alameda County		Date Stamp	California Form 802		
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)				
	Nathan Miley, Alameda County Supervisor				Amondmont (Must De	uide Cyclonetian in Dort 2.)
	Area Code/Phone Number	Phone Number E-mail				ovide 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 tic	ket policy?	Yes 🛛 No 🗖	Face Value of	Each Ticket/Pass \$ 80	
	Event Description: A's Baseball Game			Date(s) <u>9</u>	<u>, 27 , 17</u>	
	Provide Title/ Explanation					° (
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗋 No 🖾	lf no:	akland A	

Was ticket distribution made at the behest Yes  $\bigvee$  No  $\Box$  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.

If yes: \_

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other I Income I If checking "Ceremonial Role" or "Other" describe below:
Manada an			Ceremonial Role Other Income Income II 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
	d Seniors of Oakland and Alameda y - 7200 Bancroft, Oakland, CA	2	To promote attenance at a County sponsored event or event held at a County facility to maximize attendance

#### 4. Verification

Vathan Siperulsa Print Name Signature of Agency Head or Designee Title Comment:

					A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Re	gion (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contac	(Name,Title)		······································	-	
Briana Brown					
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510)272-6695	briana.brow	/n2@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	rmation			<u> </u>	(Wohlin, Day, Year)
Does the agency have a tick	et policy?	Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$ _	90
Event Description A's Base	ball				
Event Description	Provide Title/Exp	planation	Date(s)	9 <u>25</u> 26	
Ticket(s)/Pass(es) provided	by agency?	Yes 🔲 No	If no: Oakla	nd Athletics	
				Name of So	
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor	District 5
of agency official?			·	Official's Name	(Last, First)
8. Recipients		a that we had a before			
Use Section A to Identify the ager	cy's department or	Number of	otion B to identify an individ	• Use Section C to ider	ntify an outside organization.
A. Name of Agency, Departm	nent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
		1 033(63)			· · · · · · · · · · · · · · · · · · ·
B. Name of individ		Number of			
D. (Last, First)	4	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Other X	Income
		_		Other is Other is Other	Income
C. Name of Outside Orga (Include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
Attitudinal Healing 3278 W Empower individual to be s	est St self-aware	4	To provide opportui County agencies co	nities to those who an onsistent with the age	e receiving services from ncy's goals for the partic
empower invitideous te zer - aware 3 inspired	art.				
Verification					
C Reg	ulations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.
<u> </u>		Briana Br	own	Supervisor's Assistan	t aT30/17
Signature of Agency Head or Designe	e	Print Nam	e	Title	(Month, Day, Year)
Comment:					

_			Distributions		A Public Documen
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicab	le)		-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			4	
	Briana Brown				
	Area Code/Phone Number E-mail		<u>.</u>	Amendment (Must pr	rovide explanation in Part 3.)
		/n2@acgov.or		Date of Original Filing: .	
2	Function or Event Information				(Month, Day, Year)
Ζ.					150
	Does the agency have a ticket policy?	Yes 🛛 No [		of Each Ticket/Pass \$	
	Event Description Scorpions & Megadeth		Date(s)	0 4 17	//
	Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🛛	If no: Golde	n State Warriors	
			-	Name of Sou	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🕻	If yes: Carso	on, Keith - Supervisor I Official's Name (L	District 5
	Recipients				ast, First)
	Use Section A to Identify the agency's department of A. Name of gency, Department of Unit	Number of Ticket(s)/ Pass(es)		Use Section C to ident     olic purpose made pursuant	
	B. (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other 🛛	Income
				ial Role" or "Other" describe below:	
				Other in the contract of the c	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
	Down Syndrom Connection of the East Bay i Encouraging the unlimited	4	event or event held	ance at a County spons d at a County facility in o	order
	Bay i Encouraging the unlimited potential in Children & adults		o maximize poten barking and conce	tial County revenue from ssion sales;	1
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.

			and out for a bove, is in accordance with the	equirements.
		Briana Brown	Supervisor's Assistant	10/30/17
V	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_

A Public Document

1.	Agency Name				Date Stamp	California
	Alameda County					Form 802
	Division, Department, or Reg	ion (If Applicable	e)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		····	-	
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must )	provide explanation in Part 3.)
_	(510)272-6695	briana.brow	n2@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	90
	Event Description A's Baseb	all		Date(s)09	) _ 22 _ 17	//
		Provide Title/Exp.	lanation			,,
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oaklar	nd Athletics Name of So	20000
	Was ticket distribution made a	at the hehest		Carso		
	of agency official?		No 🗌 Yes	If yes:	on, Keith - Supervisor District 5 Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to Hon"iv an Individu	• Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nd gr Uoll	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
		<u> </u>				
	B. (Nams of Individua (Lest, First)	i)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other 🔀	income
				If checking "Ceremoni	al Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
				If checking "Ceremoni	al Role" or "Other" describe below:	
	C. Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	Alternatives in Action 3666 Gran ave.	Vauh	2	To provide opportur County agencies co	nities to those who are onsistent with the age	e receiving services from ncy's goals for the partic
	in school and commu	hive				
4	Verification					

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

	Briana Brown	Supervisor's Assistant	9/30/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

Date Stamp       California Form       802         For Official Use Only       For Official Use Only         Amendment (Must provide explanation in Part 3.)       te of Original Filing:
For Official Use Only         Amendment (Must provide explanation in Part 3.)         te of Original Filing:
te of Original Filing:(Month, Day, Year) Ch Ticket/Pass \$250 817 ate Warriors Name of Source Seith - Supervisor District 5 Official's Name (Last, First) • Use Section C to identify an outside organization,
te of Original Filing:(Month, Day, Year) Ch Ticket/Pass \$250 817 ate Warriors Name of Source Seith - Supervisor District 5 Official's Name (Last, First) • Use Section C to identify an outside organization,
te of Original Filing:(Month, Day, Year) Ch Ticket/Pass \$250 817 ate Warriors Name of Source Seith - Supervisor District 5 Official's Name (Last, First) • Use Section C to identify an outside organization,
te of Original Filing:(Month, Day, Year) Ch Ticket/Pass \$250 817 ate Warriors Name of Source Seith - Supervisor District 5 Official's Name (Last, First) • Use Section C to identify an outside organization,
te of Original Filing:(Month, Day, Year) Ch Ticket/Pass \$250 817 ate Warriors Name of Source Seith - Supervisor District 5 Official's Name (Last, First) • Use Section C to identify an outside organization,
(Month, Day, Year)  Ch Ticket/Pass \$250  817  ate Warriors Name of Source Ceith - Supervisor District 5 Official's Name (Last, First)  • Use Section C to identify an outside organization,
8   17   / ate Warriors Name of Source Seith - Supervisor District 5 Official's Name (Last, First) Use Section C to identify an outside organization,
8   17   / ate Warriors Name of Source Seith - Supervisor District 5 Official's Name (Last, First) Use Section C to identify an outside organization,
ate Warriors Name of Source eith - Supervisor District 5 Official's Name (Last, First)
Name of Source eith - Supervisor District 5 Official's Name (Last, First) • Use Section C to identify an outside organization,
Name of Source eith - Supervisor District 5 Official's Name (Last, First) • Use Section C to identify an outside organization,
Official's Name (Last, First) Use Section C to identify an outside organization,
Official's Name (Last, First) Use Section C to identify an outside organization,
rpose made pursuant to the agency's policy
Inty employee for
plary service to the urage staff
ntify one of the following:
Other Income
" or "Other" describe below:
Other I Income I Inco
rpose made pursuant to the agency's policy

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

	Briana Brown	Supervisor's Assistant	10/30/17	
Signature of Agency Head & Designee	Print Name	Title	(Month, Day, Year)	

Comment: \_\_\_\_

C	eremonial Role Events a	nd Ticket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form
	Division, Department, or Region (If	Applicable)		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name,	-			
	Briana Brown				
	Area Code/Phone Number E-ma	ail	<u> </u>		provide explanation in Part 3.)
	(510)272-6695 brian	na.brown2@acgov.o	rg	Date of Original Filing:	(Month Day Year)
2.	Function or Event Information	on			(Nonur, Day, rear)
	Does the agency have a ticket polic	Y? Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	60
	Event Description DOI				22 23 2017
	Provid	le Title/Explanation			
	Ticket(s)/Pass(es) provided by age	If no: Golde	en State Warriors	0///20	
	Was ticket distribution made at the	Cars			
	of agency official?	If yes: Cars	on, Keith - Supervisor Official's Name	(Last, First)	
	B.	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Reako Lewis	4		onial Role" or "Other" describe below.	
	lleen Hung		o maximize pot	ndance at a County spo leld at a County facility i ential County revenue fi	n order
		4		parking and concession sales;	
	C. Name of Outside Organization (include address and description		Describe the pu	blic purpose made pursuar	nt to the agency's policy
4.	Verification		· · · · · · · · · · · · · · · · · · ·		

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

	Briana Brown	Supervisor's Assistant	10/30/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

 $(\mathbf{f})$ 



#### 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	s policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
Cecilla Maravilla	4	Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored	Income
Rachel Kinnon	4	event or event held at a County facility in order o maximize potential County revenue from parking and concession sales;	Income
		Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:	Income
		Ceremonial Role D Other D If checking "Ceremonial Role" or "Other" describe below.	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's	policy
a e	1	-	
<b>—</b> –		ay se a	
		li t	

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

			Istributions	A Public Documen
1. Agency Name			Date Sta	California 802
Alameda County				
Division, Departn	nent, or Region (If Appli	icable)		For Official Use Only
Board of Superv	risors			
-	cy Contact (Name, Title)			
Briana Brown				
Area Code/Phone	Number E-mail		Amendme	nt (Must provide explanation in Part 3.)
(510)272-6695		rown2@acgov.org	Date of Origin	al Filing:
2. Function or E				(Month, Day, Year)
	have a ticket policy?	Yes 🛛 No 🗌	Face Value of Each Ticket/	Page \$ 200
Event Description	Provide Title	e/Explanation	Date(s) / / /	17//
Ticket(s)/Pass(on			If no: Golden State Warric	ors
HCKel(S)/F ass(es	) provided by agency?	Yes 🗌 No 🛛		Name of Source
	ution made at the behe	est No 🗋 Yes 🛛	If yes: <u>Carson, Keith - Sup</u>	pervisor District 5
of agency officia	1?		Officia	al's Name (Last, First)
A. Name of Age	ncy, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made	e pursuant to the agency's policy
B. Nar	ne of Individua (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of t	the following:
			Ceremonial Role D Other	Income
Sam Sampson		4	Fo promote attendance at a Co event or event held at a County	ounty sponsored v facility in order
			o maximize potential County re parking and concession sales;	
C. Name of ( (include ad	Dutside Organization dress and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made	pursuant to the agency's policy
4. Verification	dress and description)		Describe the public purpose made	pursuant to the agency's

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

+ -		Briana Brown	Supervisor's Assistant	10/30/17
V	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

Ľ						A Public Documen
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			-	
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	(510)272-6695	briana.brow	n2@acgov.org	}	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		· · · · · · · · · · · · · · · · · · ·		(monin, buy, rear)
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	] Face Value o	of Each Ticket/Pass \$ _	60
	Event Description Family Brid	dges Sam Hu	ii Benefit Conc	er <sub>Data(s)</sub> 10	) , 14 , 17	/////////_
		Provide Title/Exp	lanation	Date(s)	//	//
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Golder	n State Warriors	
				-	Name of So	
	Was ticket distribution made a of agency official?	it the behest	No 🗋 Yes 🛛	If yes: Carso	on, Keith - Supervisor Official's Name (I	District 5
<b>J</b> .	Recipients  • Use Section A to identify the agence	's department or	unit Uso Sootle	and to identify an individu	elles Section C to ident	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
			Pass(es)		no purpose made pursuant	to the agency's policy
	B. (Name of Individua (Last, First)	0	Number of Ticket(s)/		Identify one of the followi	ng;
			Pass(es)	Ceremonial Role	Other 🗙	Income
	Peter Zheng & Melody Sun		4		ial Dala" ar "Athar" dagarika halowi	
				To promote atte	ndance at a County spo eld at a County facility i	onsored
				— o maximize pote	ential County revenue fr	rom
				parking and con	cession sales;	Income
	C. Name of Outside Organi	zation	Number of Ticket(s)/	Describe (from 1		
	(include address and des	cription)	Pass(es)		lic purpose made pursuant	to the agency's policy
ŀ.	Verification					
	Ip. M	ations 18944.1 and	l 18942. I have verifie	ed that the distribution set fo	orth above, is in accordance with	the requirements.
	-		Briana Brow	vn s	Supervisor's Assistant	10/30/17
	U Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					

					A Public Documen
Agency Name				Date Stamp	California 802
Alameda County	1				Form OUZ For Official Use Only
Division, Department, or Rec	<b>JION</b> (If Applicabl	e)			For Onicial Use Only
Board of Supervisors					
<b>Designated Agency Contact</b>	(Name, Title)			-	
Briana Brown					
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510)272-6695	briana.brow	n2@acgov.org		Date of Original Filing: .	(Month, Day, Year)
. Function or Event Infor	mation				
Does the agency have a ticke	et policy?	Yes 🛛 No 🗌	Face Value c	of Each Ticket/Pass \$ _	250
Event Description Depeche	Mode		Deta(a) 10	) <u>10 17</u>	
	Provide Title/Exp	lanation	Date(s)		//
Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No 🛛	If no: Golder	n State Warriors	
				Name of Sou	
Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: <u>Carso</u>	on, Keith - Supervisor I	District 5
of agency official?				Official's Name (L	.ast, First)
. Recipients					
Use Section A to identify the agence			n B to identify an let have	• Use Section C to ident	ify an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. (Lance of Individue (Last, First)	a)	Number of Ticket(s)/		Identify one of the followi	ng:
		Pass(es)	Commisting		
Jonas Edgeworth			Ceremonial Role	1 to a base	Income
		4	To promote atter	ndance at a County spo	nsored
			:o maximize note	ential County facility in	n order
			parking and cond	cession sales:	om
				,	
C Name of Outside Organ	ization	Number of			
(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	to the agency's policy
Verification	lations 18944 1 and	18042   hous vorifi	d that the diamity the second		
	auons 10944.1 and				the requirements.
		Briana Brow	n (	Suponvisor's Assistant	10/02/17

1	Agency Name					A Public Document
1.	•••				Date Stamp	California Form 802
	Alameda County Division, Department, or Region (If Applicable)				-	For Official Use Only
	Division, Department, of Regi	ion (II Applicable	<del>?</del> /			· · · · · · · · · · · · · · · · · · ·
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			1	
	Briana Brown					
	Area Code/Phone Number	E-mail	-		Amendment (Must	provide explanation in Part 3.)
	5102726695	briana.brow	n2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				1
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	50
	Event Description Enrique Ig	lesia &Pitbull				
	Event Description	Provide Title/Exp	) 28 17	//		
	Ticket(s)/Pass(es) provided by	v agency2	n State Warriors			
		y agency:	Yes 🗌 No		Name of S	purce
	Was ticket distribution made a	it the behest	son, weith sup	eivsor D5		
	of agency official?			5	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	's department or	unit.) 💽 Use Ser	tion Bito identify an individ	• Use Section C to ide	ntify an outside organization,
	A. Name of Agency. Department of Unit. Number of Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy		
	BOS D5.		4		ty employee for his or ourage staff developr	her exemplary service to nent
		327	Number of			
	B. (Last, First)		Ticket(s)/ Pass(es)	1945	Identify one of the follow	/ing:
				Ceremonial Role	Other	Income
				If checking "Ceremor	ial Role" or "Other" describe below:	
				Ceremonial Role		Income
				If checking "Ceremor	ial Role" or "Other" describe below:	•
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
	(include address and des	cription)	Pass(es)			
4.	Verification					

_	_	Briana Brown	Supervisor's Assistant	10/30/17
Signature of Agentcy Head or Designee		Print Name	Title	(Month, Day, Year)

PP

Comment: 🛨

	eremonial Role Events and Tic	kel/Pass	Distributions		A Public Document			
1.	Agency Name			Date Stamp	California 802			
	Alameda County				Form OUZ For Official Use Only			
	Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)						
	Board of Supervisors							
	Designated Agency Contact (Name, Title)							
	Briana Brown							
	Area Code/Phone Number E-mail	· · ·		Amendment (Must p	rovide explanation in Part 3.)			
	5102726695 briana.browr	12@acgov.c	ora	Date of Original Filing:				
2.	Function or Event Information				(Month, Day, Year)			
	Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	305.			
	Deidere				10 10 17			
	Event Description Raiders	15,17						
	Ticket(s)/Pass(es) provided by agency?	V	If no: Raider	ſS				
	nexet(s)/r ass(es) provided by agency :	Yes 🗌 No		Name of Sc	urce			
	Was ticket distribution made at the behest	No 🗋 Yes	If yes: Car	Son, Keth - S Official's Name (	upervisor D5			
_	of agency official?			' Official's Name (	Last, First)			
3.	Recipients							
	Use Section A to identify the agency's department or a		ction B to identify an individ	ual.) • Use Section C to iden	tify an outside organization,			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy			
	DE	4		y employee for his or l ourage staff developn	ner exemplary service to			
		4		unit emplo				
		7						
	B. (Name of Individual) (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:			
				Other	Income			
			If checking "Ceremon	ial Role" or "Other" describe below:				
			Ceremonial Role	Other				
			If checking "Ceremon	ial Role" or "Other" describe below:				
		Number of						
	C. Name of Outside Organization. (Include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
		1 435(63)						
	·	<u> </u>						
_								
4.	Verification I have read and understand FPPC Regulations 18944.1 and	18012 1 6000	rified that the distribution of the	orth above to be any the set				
					1 110			
		Briana Br		stituent Service Asso				
	Signature of Agency Head or Designee	Print Nam	ie -	Title	(Month, Day, Year)			

						A Public Documen
1. Agency					Date Stamp	California 802
Alameda					_	Form 002 For Official Use Only
Division,	Department, or Reg	ion (If Applicabl	e)			i or oniolar oscionity
Board of	Supervisors					
Designate	ed Agency Contact (	Name,Title)		<u>-</u>		
Briana Bi	rown					
Area Cod	e/Phone Number	E-mail			Amendment (Must pi	ovide explanation in Part 3.)
(510)272	-6695	briana.brow	n2@acgov.o	org	Date of Original Filing: .	(Month, Day, Year)
2. Functio	n or Event Infor	mation				
Does the	agency have a ticke	t policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$	90
Event Der	scription <u>A's Baseb</u>	all		Data(a) 09	), 4, 17	//
Evont Dot		Provide Title/Exp	lanation	Date(s)	/	/
Ticket(s)/f	Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oaklar	nd Athletics	
					Name of Sol	
	t distribution made a y official?	t the behest	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor I Official's Name (L	District 5
					Official's Name (L	ast, First)
3. Recipier		to do a formation of the				
			Number of		• Use Section C to ident	
A. Nar	ne of Agency, Depadme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
BOS D.5					/ employee for his or h ourage staff developm	er exemplary service to ent
					~	
B.	Name of Individua (Last, First)	9	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role If checking "Ceremoni	Other 🔀	Income
				Ceremonial Role	Other	
				If checking "Ceremoni	ial Role" or "Other" describe below;	_
	Name of Outside Organ Iclude address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy

<i>k.</i>		Briana Brown	Supervisor's Assistant	9/20//7
V	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_

			DISTINUTIONS		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Regi	on (If Applicable	e)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact (/	Name, Title)			-	
Briana Brown					
	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
(510)272-6695		n2@acgov.o	ira	Date of Original Filing:	
2. Function or Event Inform					(Month, Day, Year)
Does the agency have a ticket		V 17 N-		of Each Ticket/Pass \$	90
		Yes 🛛 No			
Event Description <u>A's Baseba</u>	Provide Title/Exp	lanation	Date(s)	) 24 17	///
		analiyn	Oakla	nd Athletics	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklai	Name of Sou	Irce
Was ticket distribution made at	t the behest	No 🗌 Yes	Carso	on, Keith - Supervisor [	District 5
of agency official?			11 yes	on, Keith - Supervisor [ Official's Name (L	ast, First)
		Pass(es)			
B.	)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other 🗙	
Philip Hall		2	To promote attend	ial Role" or "Other" describe below: ance at a County spon	
	0	2	Ceremonial Role If checking "Ceremon	Other D	Income
C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy
4. Verification					

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

/	Briana Brown	Supervisor's Assistant	9/ 30/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_

#### Agency Report of: . - -С

Ce	remonial Role Even	is and lic	ket/Pass	Distributions		A Public Document	
1. <i>I</i>	Agency Name				Date Stamp	California 802	
A	Alameda County					Polim COL	
D	ivision, Department, or Regi	on (If Applicable	)			For Official Use Only	
E	Board of Supervisors						
	Designated Agency Contact (	Name, Title)			1		
(	Gabriela Christy						
Ā	Area Code/Phone Number	E-mail		•••••	Amendment (Must p	provide explanation in Part 3.)	
(	(510) 272-6692	Gabriela.Ch	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
2. I	Function or Event Inform	nation				050	
	loes the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	250	
E	Event Description The Weekend Date(s) 10			) , 08 , 17	//		
Т	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder				n State Warriors		
					Name of So Disbord Supervisor		
V	Was ticket distribution made at the behest No Yes If yes: Valle, of agency official?			, Richard- Supervisor Official's Name (	(Last, First)		
3. 1	Recipients				· ·		
_	Use Section A to identify the agency	y's department or		tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
_	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	e public purpose made pursuant to the agency's policy		
-							
ī	B. Name of Individual (Lasi, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	vīng:	
-				Ceremonial Role		Income	
	Higares, Alexander			_	nial Role" or "Other" describe below:		
				- To reward a com	community volunteer for his service to the public		
-				Ceremonial Role	Other		
				If checking "Ceremon	nial Role" or "Other" describe below:		
-	C. (include address and description) Ticl		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy	
-	· · · · · · · · · · · · · · · · · · ·					·····	

4. Verification I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Gabriela Christy Supervisor's Assistant Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 200 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗌 Event Description Arcade Fire Date(s) \_\_\_\_\_/ 17 \_\_\_/ 17 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🗵 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Lasi First) Pass(es) Other Ceremonial Role Income McEvoy, Gilbert If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his service to the public

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

Ceremonial Role

Other

If checking "Ceremonial Role" or "Other" describe below.

#### 4.

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

	Gabriela Christy	Supervisor's Assistant	11717
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
$\bigcirc$			
Comment:			

A Public Document

Income

1. 1

**A Public Document** 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: Gabriela.Christy@acgov.org (510) 272-6692 (Month, Day, Year) 2. Function or Event Information 60 Does the agency have a ticket policy? Yes 🗵 No 🗋 Face Value of Each Ticket/Pass \$ Event Description Disney on Ice: Dream Big Date(s) <u>10</u>, <u>19</u>, 17 10 20 17 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗋 Yes 🛛 Official's Name (Last, First) of agency official?

#### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Lest First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Herrera, Estella	6	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
Herrera, Peral	9	Ceremonial Role Other I Income I If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County Democratic Central Committee	4	<ul> <li>To reward nonprofit organization for its contributions to the community</li> </ul>
ACDP coordinates the party's activities throughout the county, making		endorsements, organizing events and directing resources to support local, state and national candidates.

#### 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
 III + II +

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

**A Public Document** 

1.	Agency Name		Date Stamp California 80			
	Alameda County				ronn	
	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Gabriela Christy			Amendment /Must pro	vide explanation in Part 3.)	
	Area Code/Phone Number	E-mail		1 -		
	(510) 272-6692	Gabriela.Christy@acgov	v.org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation			450	
	Does the agency have a ticket policy? Yes X No Event Description Enrique Iglesias and Pitbull Provide Title/Explanation		Face Value o	of Each Ticket/Pass \$	150	
			Date(s)0	) , 28 , 17	//	
	Ticket(s)/Pass(es) provided b	y agency? Yes 🗌 No	If no: Golde	n State Warriors Name of Sour	rce	
	Was ticket distribution made at the behest No 🗌 Yes 🛛		If ves. Valle	If yes: Valle, Richard- Supervisor District 2		
	of agency official?		, ii yoo	Official's Name (La	ast, First)	
3.	• Use Section A to identify the agenc	y's department 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 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:
Gonzales, Yesina	9	Ceremonial Role Other I Income Income I Income I Income I If checking "Ceremonial Role" or "Other" describe below: — To reward a community volunteer for her service to the public
Ortega, Rosa	2	Ceremonial Role Other I Income I If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for her service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification

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

**A Public Document** 

I. A	gency Name				Date Stamp	California 002
A	ameda County					Form OUZ
	Division, Department, or Region (If Applicable)					For Official Use Only
B	oard of Supervisors					
	Designated Agency Contact (Name, Title)					
G	abriela Christy					
	ea Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(5	510) 272-6692	Gabriela.Chr	isty@acgov	org	Date of Original Filing:	(Month, Day, Year)
. F	unction or Event Infor	mation			1	1
Do	bes the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	305.55
Ev	vent DescriptionGS Warrio	rs vs. Sacram Provide Title/Expla	ento Kings	Date(s)10	, 13 , 17	/
Tie	cket(s)/Pass(es) provided b		Yes 🗌 No	If no: Golder	n State Warriors	
					Name of So	
	as ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor I Official's Name (I	Last, First)
	ecipients Jse Section A to identify the agency	v's department or L	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to idem	tifv an outside organization.
A	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	2.51
-			Number of			
B	Name of Individua (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Name of Individua (Last, First)	al	Ticket(s)/		Other D	Income Income Income
c	(Last, First)	al	Ticket(s)/	If checking "Ceremor To reward a com Ceremonial Role	Other D ial Role" or "Other" describe below: munity volunteer for hi	Income
с 	(Lasi, First)	al	Ticket(s)/	If checking "Ceremor To reward a com Ceremonial Role If checking "Ceremor	Other Other Other Control of the service below: The service of the service of the service of the service of the service below: Control of the service below	is service to the public
c	(Last, First)	nization	Ticket(s)/	If checking "Ceremor — To reward a com Ceremonial Role If checking "Ceremor — To reward a com	Other Other Other Control of the service below: The service of the service of the service of the service of the service below: Control of the service below	Income
с - с	(Last, First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremor — To reward a com Ceremonial Role If checking "Ceremor — To reward a com	Other Other Hal Role" or "Other" describe below: munity volunteer for hi Other Other Hal Role" or "Other" describe below: munity volunteer for he	Income
с 	(Last, First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremor — To reward a com Ceremonial Role If checking "Ceremor — To reward a com	Other Other Hal Role" or "Other" describe below: munity volunteer for hi Other Other Hal Role" or "Other" describe below: munity volunteer for he	Income

#### 

eremonial Role Eve	ents and Lie	cket/Pass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or R	Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title)				For Official Use Only
Board of Supervisors					
-					
Gabriela Christy					
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6692		hristy@acgov	.ora	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inf					(Wonth, Day, Year)
Does the agency have a tic		Yes 🛛 No	□ Face Value o	of Each Ticket/Pass \$ _	305.55
Event Description GS War	rriors vs. Toron	to Raptors		) <u>, 25 , 17</u>	
·	Provide Title/Ex	planation			
Ticket(s)/Pass(es) provided	d by agency?	Yes 🔲 No	If no: Golde	n State Warriors	
Was ticket distribution mad	a at the heheat		- \/alle	, Richard- Supervisor	
of agency official?	e al me benesi	No 🗋 Yes	If yes:	Official's Name	(Last, First)
				·····	· · · ·
• Use Section A to identify the ag	ency's department o	r unit 🔹 Use Sec	tion B to identify an individ	ual a Use Section C to ide	ntify an outside omenization
		Number of			
A. Name of Agency, Depar	tment of Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	it to the agency's policy
			<u></u>		
		_	-		
B. Name of Indivi (Last. First)	dual	Number of Ticket(s)/		Identify one of the follow	ving:
		Pass(es)	Communicat Data		
Gomez, Edwin		. 1	Ceremonial Role If checking "Ceremor	Dther Differ or "Other" describe below:	
		4/1			nis service to the public
		1/1		<b>,</b>	· · · · · · · · · · · · · · · · · · ·
			Ceremonial Role	Other	Income
			If checking "Ceremor	ial Role" or "Other" describe below:	:
		Number of			·
C. Name of Outside Or (include address and		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	-	Fa55(85)	. <u></u>		

4. Verification
They and indextood EBPC Box lations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_(	Gabriela Christy	Supervisor's Assistant	11717
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_

**A Public Document** 

. /	Agency Name			Date Stamp	California 002
	Alameda County			Form 802	
	livision, Department, or Reg	ion (If Applicable)			For Official Use Only
5	Board of Supervisors				
_	Designated Agency Contact	(Name Title)			
	esignated Agency Contact	(Name, nue)			
(	Gabriela Christy			Amendment (Must pr	rovide explanation in Part 3.)
7	rea Code/Phone Number	E-mail			, ,
(	510) 272-6692	Gabriela.Christy@acgov.or	g	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation			
C	loes the agency have a ticke	et policy? Yes 🛛 No 🗌	Face Value c	of Each Ticket/Pass \$	305.55
	GS Warrie	ors vs. Washington Wizards	Deta(a) 10	) <u>, 27 , 17</u>	
E	vent Description	Provide Title/Explanation	Date(s)		//
٦	icket(s)/Pass(es) provided b	by agency? Yes 🗌 No 🛛	lf no <sup>.</sup> Golder	n State Warriors	
				Name of Sou	
٧	Vas ticket distribution made	at the behest No 🗔 Yes 🔀	If ves: Valle,	, Richard- Supervisor [	District 2
	of agency official?			Official's Name (L	.ast, First)
. 1	Recipients				
	•	cy's department or unit. • Use Section	n B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
4	A. Name of Agency, Departm	ent or Unit Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
_					
-					
ī	B. Name of Individu	iai Number of Ticket(s)/		Identify one of the followi	ing:

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

# 4. Verification

julations 189	44.1 and 18942. I have verified that the distr	ibution set forth above, is in accordance with the i	requirements.
	Gabriela Christy	Supervisor's Assistant	11717
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

	eremonial Role Even		A Public D	ocument			
1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official	Use Only
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Gabriela Christy				Amondmont (14)	nervide curteretien in	
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in F		Pan 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov.org	Date of Original Filing:(Month, Day, Year)			ar)
)	Function or Event Infor	mation					1
	Does the agency have a ticket policy? Yes ⊠ No □		Face Value of Each Ticket/Pass \$ 305.			305.55	
	Event Description GS Warric	ors vs. Detroit	Pistons	Date(s) <u>10 / 29 / 17</u> / / /			,
		Provide Title/Exp	lanation	Date(s)	//	/	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ Was ticket distribution made at the behest No ☐ Yes ⊠		If no: <u>Golden State Warriors</u> Name of Source If yes: <u>Valle, Richard- Supervisor District 2</u>				
	of agency official?			II yes	Official's Name		

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
9.0		
B. Name of Individual (Lest First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Nesseth, Patra	21	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
Steele, Gail	2	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
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

<u>(</u>	Gabriela Christy	Supervisor's Assistant	11/7/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

1.	Agency Name				Date Stamp	California 802	
	Alameda County				0	Form 002 For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	)				
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Gabriela Christy				Amendment (Must pi	muido exploration in Part 2.1	
	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Chi	risty@acgov	.org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	305.55/35	
	Event Description Oak Raide	ers vs. Baltimo	re Ravens	Date(s) 10	, 08 , 17	///	
		Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency?		Yes 🗌 No	If no: Oaklar			
	Mas ticket distribution mode			Name of Sou Richard- Supervisor [			
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: <u>Valle</u> ,	e, Richard- Supervisor District 2 Official's Name (Last, First)		
2	Recipients						
Э.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an indivi				al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the agency's pol			
			Number of				
	B. Name of Individua (Last First)	Name of Individual (Last First)		Identify one of the following:			
	Christy David		1	Ceremonial Role		Income	
	Christy, David		A.		ial Role" or "Other" describe below:		
			$\sim$	<ul> <li>I o reward a comi</li> </ul>	munity volunteer for hi	s service to the public	
	<u>.</u>			Ceremonial Role	Other D		
	C. Name of Outside Organ	ization	Number of				
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	

# 4. Verification

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

	Gabriela Christy	Supervisor's Assistant	111717
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Reg	ion (If Applicable	)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number	E-mail			. C Amenament (Must )	provide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Chi	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
<u>2</u> .	Function or Event Infor	mation		205 55/25			
	Does the agency have a ticke		Yes 🛛 No [		of Each Ticket/Pass \$ _		
	Event Description Oak Raide	ers vs. Kansas		Date(s)0	) <u>19</u> 17		
	·	Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakia				nd Athletics	Durce	
	Was ticket distribution made at the behest No I Yes I If yes: Valle,						
	of agency official?			e, Richard- Supervisor District 2 Official's Name (Last, First)			
3.	Recipients			· · · · ·		·····,	
	Use Section A to identify the agency's department or unit.     Use Section B to identify				ual. • Use Section C to ider	tify an outside organization.	
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy			
,						·····	
						<u> </u>	
	B. Name of Individual (Lasi, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ñng:	
			1	Ceremonial Role	Other	Income	
	Archelta, Raquel		AL	_	If checking "Ceremonial Role" or "Other" describe below:		
				- To reward a com	munity volunteer for h	er service to the public	
				Ceremonial Role	Other		
					ial Role" or "Other" describe below:	_	
	C. Name of Outside Orga	Number of Outside Organization     Number of					
	(include address and de		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
<u>_</u>	Verification						

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

×	Gabriela Christy	Supervisor's Assistant	11717
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

1.	Agency Name		· · · · · · · · ·		Date Stamp	California QO2	
	Alameda County					Form OUZ	
	Division, Department, or Regio	n (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (N	ame, Title)					
	Gabriela Christy						
	Area Code/Phone Number E				vide explanation in Part 3.)		
	(510) 272-6692	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	ation					
	Does the agency have a ticket	•	Yes 🛛 No [		f Each Ticket/Pass \$	305.55/35	
	Event Description Oak Raiders	s vs. Los An Provide Title/Expl	geles Charge	ers Date(s) 10	) 15 //		
	Ticket(s)/Pass(es) provided by	Yes 🗌 No 🛛	⊠ If no: <u>Oaklar</u>	And Athletics Name of Source			
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor D Official's Name (La	istrict 2 ist, First)	
3.	• Use Section A to identify the agency's	department or	unit. • Use Sect	tion B to identify an individu	al. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Department	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	a:	
					Other	Income	

		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Our Lady of the Rosary Catholic Church 703 C Street, Union City, Ca 94587	411	<ul> <li>To reward a nonprofit organization for its contributions to the community</li> </ul>
OLR festival		

#### 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.

<u> </u>	Gabriela Christy	Supervisor's Assistant	11/7/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

Δ	Pu	bli	c D	oci	um/	ent
~	гu	INII	ີ່	061		SIL.

1.	Agency Name	<u> </u>			Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
		·····,				
	Sarah Oddie				Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number (510) 272-6693	E-mail sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation			·	
	Does the agency have a ticke	t policy?	Yes 🔀 No 🛛	Face Value o	of Each Ticket/Pass \$	\$60
	Event Description Family Brid	dges Benefit (		Date(s)10	) 14 17	//
			Yes 🔲 No [	Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	n State Warriors Name of Sou	rce		
	Was ticket distribution made at the behest No I Yes I If yes: Chan				, Wilma	
	of agency official?				Official's Name (Last, First)	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant i	to the agency's policy
	B. Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Chan Carl				Other	Income
	Chan, Carl		4	•	nial Role" or "Other" describe below: unity volunteer for his o	or her service to the
			4	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 put	olic purpose made pursuant	to the agency's policy

#### 4. Verification

	Sarah Oddie	Supervisor's Assistant	10.31.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
×			
Comment:			