Ceremonial Role Events and Ticket/Pass Distributions				4	<b>A Public Document</b>	
1. Agen	icy Name				Date Stamp	California 000
	eda County					Form 802
Divisio	on, Department, or Reg	ion (if applicable)	1	For Official Use Only		
Board	d of Supoervisors					
Desig	nated Agency Contact (	Name, Title)	<u>-</u> ,		1	
Lee A	nn Fergerson, Ticket A	Administrator				
Area C	Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
510-2	272-6691	leeann.fergerson@	)acgov.org		Date of Original Filing	(month, day, year)
2. Fund	tion or Event Infor	mation				
Does	the agency have a tick	et policy? Ves		ace Value of	Each Ticket/Pass \$	150.00
Event	Description: Trans Sil	Provide Title/ Expla		Date(s)	<u>, 30 , 17</u>	//
Ticket	t(s)/Pass(es) provided			f no: <u>GSW</u>		
					Name of Source	
Was t	icket distribution made	at the behest Yes		ryes: <u>Hagger</u>	ty, Scott	
	ency official?				Official's Name (Last, First,	)
Α.	• Use Section A to identify the agency's department or unit. • A. Name of Agency, Department or Unit					rsuant to the agency's policy
Dist	rict 1		Passes 4	To reward a service to th	county employee for e county	his or her exemplary
<b>B</b> .	Name of Indi (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" d	
C.	C. Name of Outside Organization Number (include address and description) Passes		Describe th	e public purpose made pu	rsuant to the agency's policy	

# 4. Verification

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

	Lee Ann Fergerson	Ticket Administrtor	11/30/17
Signature of Agency Head or Désignee	Print Name	Title	(month, day, year)
Comment:			

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Alameda County Form For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator **Amendment** (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-219-6562 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes 🛛 No 🗌 Date(s) <u>11</u> 26 / 17 Event Description: . Provide Title/ Explanation If no: RAIDERS Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes 🖾 No 🗆 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Α. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes

в.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Adam Fresquez Wanda Thompson		4/1	Io promote attendance at a county sponsored even in order to maximize potential county revenue for concession and parking sales
			Income L
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
<u> </u>			

### 4. Verification

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

1	Lee Ann Fergerson	Ticket Administrator	11/27/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

1. Agency Name Date Stamp California Form For Official Use Only Division, Department, or Region (if applicable) Alameda County Designated Agency Contact (Name, Title) Board of Supervisors Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_\_\_\_\_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Guns 'n Roses Date(s) \_11 21 17 Provide Title/ Explanation If no: <u>GSW</u> Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗆 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes X No Official's Name (Last, First) of agency official? Recipients 3. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Β. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Greg and Ursula Heffron If checking "Ceremonial Role" or "Other" describe below: Scotty and Alissa Hackbarth 4 To promote attendance at a county sponsored event in order to madximize potential county revenue for Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: concession and parking sales Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	11/21/17
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:		· · · · · · · · · · · · · · · · · ·	

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	Δ	Public Document	
	Agency Name Alameda County				Date Stamp	California Form 802	
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Lee Ann Fergerson, Ticket	Administrator		Amendment (Must P	rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				onde 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 tick	ket policy? Yes [	⊠ No⊡ F	ace Value of	Each Ticket/Pass \$ _60	0.00	
	Event Description: Bruno M				<u>, 03 , 17</u>	1 1	
		Provide Title/ Expla	nation			· · · ·	
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗋 🔢	fino: <u>GSW</u>	Name of Source	<u></u>	
	Was ticket distribution made	at the behest. Your		yes: Hagger			
	of agency official?	Tes p		,	Official's Name (Last, First)	· · · · · · · · · · · · · · · · · · ·	
3.	Recipients • Use Section A to identify the ager	ave department or unit .	Use Costion P to i	don (; f ;			
	A. Name of Agency, Dep		Number of Ticket(s)/ Passes	<u> </u>	ne public purpose made pur	· · · · · · · · · · · · · · · · · · ·	
				•			
	B. Name of Individual (Last, First) Giles, Charla		Number of Ticket(s)/ Passes	/ Identify one of t		the following:	
			4	If chec To promote	nonial Role Other King "Ceremonial Role" or "Other" des attendance at a count ximize potential county	cribe below:	
					nonial Role Dother king "Ceremonial Role" or "Other" des sales		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy	

### 4. Verification

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

	LeeAnn Fergerson	Ticket Administrator	11/21/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	eremonial Role Even	ts and Ticket/	Pass Distr	ibutions		A Publi	c Document
1.	Agency Name	Date Stamp		fornia 802			
	Alameda County			orm 002			
	Division, Department, or Reg	on (if applicable)				Fo	or Official Use Only
	Board of Supervisors						
	Designated Agency Contact (						
	Lee Ann Fergerson, Ticket A	e Ann Fergerson, Ticket Administrator				Aust Provide Exp	lanation in Part 3.)
	Area Code/Phone Number	E-mail				nust i iovide Expl	anauon m r an 3.)
	510-272-6691	leeann.fergerson(	@acgov.org		Date of Original Fil	ling:(month	n, ɗay, year)
2.	Function or Event Inform	mation			<u> </u>		
	Does the agency have a tick	Each Ticket/Pass	\$ 304.80				
				Date(s) <u>11</u>		/.	/
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no: <u>GSW</u>			
				lf yes: <u>Hagger</u>	Name of Source		
	Was ticket distribution made at the behest Yes 🛛   of agency official?			If yes: <u>Hugger</u>	Official's Name (Last, )	First)	
3.	• Use Section A to identify the agen		Use Section B to     Number	1			
J.	•			1	ual. • Use Section C to e public purpose mad		
э.	• Use Section A to identify the agen	ertment or Unit	Number of Ticket(s)/	1		e pursuant to t	he agency's policy
э.	Use Section A to identify the agen     A. Name of Agency, Depa     B. Name of Indi	ertment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose mad	e pursuant to t	income
з.	• Use Section A to identify the agen A. Name of Agency, Depa B. Name of Indi (Last, Fir	ertment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe the Cerem If check To promote orger to max	e public purpose mad	e pursuant to t	income income pred event in le for concessoo
J.	• Use Section A to identify the agen A. Name of Agency, Depa B. Name of Indi (Last, Fir	vidual st)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe the	e public purpose mad	e pursuant to t the following: the following: her describe below: punty sponso punty revenu her describe below.	income income pred event in le for concesso income

ć			
	Lee Ann Fergerson	Ticket Administrator	11/20/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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

;· ~

<u>C</u>	Ceremonial Role Events and Ticket/Pass Distributions				Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				<u></u>	-
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Ticket	Administrator	Amondmont (Must P	rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)
	510-272-661	leeann.fergerson@	acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes [	⊠ No⊡ F	ace Value of	Each Ticket/Pass \$ <u>30</u>	94.80
	Event Description: Warriors		C		<u>, 25 , 18</u>	//
	Ticket(s)/Pass(es) provided			f no: <u>GSW</u>		
	nekel(a)/r daa(ca) provided	by agency: Test			Name of Source	
	Was ticket distribution made	at the behest Yes		f yes: Hagger	ty, Scott	
	of agency official?				Official's Name (Last, First)	
3.	<ul> <li>Recipients</li> <li>• Use Section A to identify the agency's department or unit.</li> <li>• A. Name of Agency, Department or Unit</li> </ul>		Use Section B to Number of Ticket(s)/		e public purpose made purp	,
			Passes			
	B. Name of Ind (Last, Fil		Number of Ticket(s)/ Passes		Identify one of the fe	ollowing:
	Hoppin, Tim			Io pron	note attendance at a o	county sponsored even
			4/1	in order	to maximize potentia	al county revenue for
				concess	ion and parking sales	
					iomai Role Omer king "Ceremonial Role" or "Other" dea	
			Number			
	C. Name of Outside C (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant 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

	Lee Ann Fergerson	Ticket Administrator	11/16/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
			· · · · · · · · · · · · · · · · · · ·

	gency Report of: eremonial Role Ever	nts and Ticket/I	Pass Dist	ributions	۵	Public Document	
	Agency Name		Date Stamp	O I'C III C III C			
	Alameda County			Form 802			
	Division, Department, or Reg	gion (if applicable)			-	For Official Use Only	
	Board of Supervisors						
	<b>Designated Agency Contact</b>	(Name, Title)	1				
	Lee Ann Fergerson, Ticket	Administrator				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 Info	rmation					
	Does the agency have a tic	cket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ _	304.80	
	Event Description: Warrior	s Basketball		Date(s) 12	<u>, 11 , 17</u>	//	
	Tielest/s)/Decc(co) and dec	Provide Title/ Expl		If no: <u>GSW</u>			
	Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗔 If no: GSW				Name of Source		
	Was ticket distribution made at the behest Yes 🖄 No 🗍 If yes:				rty, Scott Official's Name (Last, First)	<u>,                                     </u>	
	of agency official?				Omciai s Name (Last, First)	)	
3.	<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> <li>Use Section C to identify an outside organization.</li> </ul>						
	A. Name of Agency, Dep		Number of Ticket(s) Passes			irsuant to the agency's policy	
	<u></u>						
	B. Name of Inc (Last, F		Number of Ticket(s) Passes	M.	Identify one of the	following	
					monial Role Dother [ cking "Ceremonial Role" or "Other" d		
		· · · · · · · · · · · · · · · · · · ·			monial Role Dther Cther Cther	Income	

4. Verification

C.

Name of Outside Organization (include address and description)

Alameda County Democratic Party

Address: 1122 B St, Hayward, CA 94541

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

Number

of Ticket(s)/ Passes

4/1

*	Lee Ann Fergerson	Ticket Administrator	11/15/17						
Signature of Agency Head on Designee	Print Name	Title	(month, day, year)						
Comment: 47th Annual Unity Dinner- Fundraiser									

Describe the public purpose made pursuant to the agency's policy

To reward a school or non-profit organization for it's

contributions to the community

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	А	Public Document
	Agency Name Oakland/Alameda County Coliseum Authority Division, Department, or Region ( <i>if applicable</i> )			Date Stamp	California Form 802 For Official Use Only	
	Scott Haggerty, OACCA Co Designated Agency Contact (					
	Lee Ann Fergerson, Ticket	Administrator			Amondment (Must	Den ide Fundamentian in Dent D
	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 ticket policy? Yes X No			Face Value of	Each Ticket/Pass \$ <u>-3</u>	04.80
	Event Description: Warriors			Date(s) <u>11</u>		//
	Tieket(e)(Deee(ee)) waa idad	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes		lf no: <u>GSW</u>	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	No 🗌	If yes: <u>Hagger</u>	ty, Scott Official's Name (Last, First)	
	<ul> <li>Recipients         <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>C</li> </ul> </li> <li>A. Name of Agency, Department or Unit</li> </ul>		Use Section B to Number of Ticket(s)/ Passes			tify an outside organization. suant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	following:
					nonial Role D Other C king "Ceremonial Role" or "Other" de	
	Eric Lamonica			If check	nonial Role DOther C king "Ceremonial Role" or "Other" de community volunteer	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes		e public purpose made pur	suant to the agency's policy	
_						

# 4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	NOV 11/13/2717
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)
Comment:			

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors**

**Designated Agency** Lee Ann Fergersor

	Designated Agency Contact	(Name, Litle)					
	Lee Ann Fergerson, Ticket AdministratorArea Code/Phone NumberE-mail510-272-6691leeann.fergerson@acgov.org					Amendment (Must Provide Explanation in Part 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>-</u>	04.80
	Event Description: Warriors				Date(s) <u>3</u>	, 23 , 18	//
		Provide Titl	e/Explanati	on			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛛	No 🗌	lf no: <u>GSW</u>	Name of Source	
	Was ticket distribution made of agency official?	e at the behest	Yes 🗷	No 🗌	If yes: <u>Hagger</u>	y, Scott Official's Name (Last, First)	

3. Recipients

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

A.	Name of Agency, Department or Unit	Number of Ticket(s)/ 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 Income I Income I Income II Income III Income III Income II Income II Income II Income II Incom
			Ceremonial Role Cother Conternation Ceremonial Role Conternation Conte
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
Ohlone College, Fremont 43600 Mission Bl., Fremont, CA 94539		4	To reward a school or nonprofit organization for its contributions to the community
Ohloi www	ne College 50th Anniversary Hilltop Gala		

## 4. Verification

 $\bar{}$ egulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

	Lee Ann Fergerson	Ticket Administrator	11/13/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: raffle tickets to help rai	se funds for equpment in the upcom	ing Academic Core Buildings	

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Dist	ributions		A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Superv	visor's Assistant			Amendment (Mu	st Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6691	leeann.fergerson@	)acgov.org		Date of Original Filin	ig:(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 \$	304.80
	Event Description: Warriors	basketball		Date(s)1		1 1
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no: <u>GSW</u>	Name of Source	
	Was ticket distribution made	a at the behast . Voc. I		If yes: Hagger	ty, Scott	
	of agency official?	e at the benest 16s			Official's Name (Last, Fi	rst)
	• Use Section A to identify the agency's department or unit. • U A. Name of Agency, Department or Unit		Number of Ticket(\$)/ Passes			pursuant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Identify one of the followir Passes		he following:	
Illingsworth, Tom		4		event in order to ma	ce at a county sponsored aximize potential county ssion and parking sales	
					monial Role 📙 Othe cking "Ceremonial Role" or "Othe	er Income Income Income
	C. Name of Outside (include address an		Number of Ticket(s) Passes	/ Describe t	he public purpose made	pursuant to the agency's policy
					<u> </u>	

# 4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	11/09/17
Signature of Agericy Head of Designee	Print Name	Title	(month, day, year)
Comment:			

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	Δ	Public Document	
	Agency Name				Date Stamp	California 000	
	Alameda County					Form 802	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	Name, Title)			1		
	Lee Ann Fergerson				Amondmont (Must R	Provide 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 Infor	mation					
	Does the agency have a ticl	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of I				04.80	
	Event Description: Warriors			Date(s) _4	1,18		
		Provide Title/ Expla	nation			//	
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗖 🔢	no: <u>GSW</u>	Name of Source		
	Was ticket distribution made	at the behest ves	wi Na ma If	ves: Alamed	a County Supervisor S	Scott Haggerty, D1	
	of agency official?	feet the beneat feet		,	Official's Name (Last, First)		
3.	• 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 ident	lify an outside organization.	
	A. Name of Agency, Depa	Irtment or Unit	Number of Ticket(s)/ Describe th Passes		he public purpose made pursuant to the agency's policy		
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
					nonial Role D Other C king "Ceremonial Role" or "Other" dea	Income scribe below:	
					nonial Role D Other king "Ceremonial Role" or "Other" de:		
		C. Name of Outside Organization (include address and description)		Describe th	e public purpose made pur	suant to the agency's policy	
	BAWAR- Bay Area Wome 470 27th Street, Oakland,		4/1	To reward a the commun		n for its contributions to	

## 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

-	Lee Ann Fergerson	Supervisor's Assista	II-6-17 10/12/17
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: bawar.org hckets +	obe used as an auct	ron them intended	e toraise
Aund's for the	benefit of Latino	survivors of say	(ual abuse . FPPC Form 802 (2/2016)
		FPPC Toll-Free Helpline	e: 866/ASK-FPPC (866/275-3772)

# Revise Copy 11/6/17

	gency Report of: eremonial Role Even	its and Ticket/F	ass Distri	butions		A Public	Document
	Agency Name Alameda County				Date Stamp	Califo	
	Division, Department, or Reg	ion (if applicable)		· · · · · · · · · · · · · · · · ·		For C	Ifficial Use Only
	Board of Supervisors						
	<b>Designated Agency Contact</b>	Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson, Superv						
	Area Code/Phone Number	E-mail			Amendment (M	lust Provide Explant	alion in Part 3.)
	510-272-6691	leeann.fergerson@	)acgov.org		Date of Original Fili	ing:(month, da	ay, year)
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes l	No F	ace Value of	Each Ticket/Pass :	\$ 304.80	
	Event Description: Warriors		z	ate(s)	,27,17	/	/
	Ticket(s)/Pass(es) provided			no: GSW			
					Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes [	X No 🗆 🦷	yes: <u>Alameu</u>	a County Supervis Official's Name (Last, F	First)	jerty, D1
3.	Recipients • Use Section A to identify the ages	ocy's department or unit.	Use Section B to i	dentify an Individ	Jual. • Use Section C to	identify an outside	organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Describe t Passes		he public purpose made pursuant to the agency's policy		
							<u> </u>
	B. Name of Ind (Last, Fig		Number of Ticket(s)/ Passes		Identify one of	the following:	
					nonial Role Duh King "Ceremonial Role" or "Oth	er 🔲 er describe below:	Income
					nonial Role D Oth King 'Ceremonial Role" or "Oth	er 🔲 er" describe below;	Income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the	agency's policy
	Sun-flower of Moonlight my	fill Jines	4/1	Tore	ward a school or i		
_	P.O. Box 11436 Pleasanton, CA	94588		and the second s	its contributions		unity

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 11-6 5 Supervisor's Assistant Lee Ann Fergerson 1D \* Signature of Agency Head or Designee Print Name Title (menth, day, yea In 60 surflower Hill, org dvarser raf tun Comment: Moo light 05 120/17 ate new FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) memphis

1. Agency Name       Date Stamp       California       802         Alameda County       Division, Department, or Region (// Applicable)       For Official Use Only         Board of Supervisors       Designated Agency Contact (Name, Table)       For Official Use Only         Briana Brown       Amendment (Must provide explanation in Part 3)         Area Code/Phone Number       E-mail       Date of Original Filing:       Month, Day, Kerry         2. Function or Event Information       Does the agency have a licket bolloy?       Yes © No □       Face Value of Each Ticket/Pass S       Month, Day, Kerry         Event Description       Parket bolloy?       Yes © No □       Face Value of Each Ticket/Pass S       Month, Day, Kerry         Was ticket distribution made at the behest       No □       Yes © Tarson, Keith-Suprevisor District 5       Mark of Source         • Vest State Aga Desite Agancy Official?       Number of Ticket(s)       Pass Section C to feendy an outside organization.         • Vest State Aga Desite Agancy Official?       Number of Ticket(s)       Pass Section C to feendy an outside organization.         • Vest State Agancy Official?       Number of Ticket(s)       Pass Section C to feendy an outside organization.         • Vest State Agancy Official?       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         • Section Aga Desite Agancy Mede To State Org						A Public Documen
Division, Department, or Region (// Applicable)       For Oficial Use Driv         Boaignated Agency Contact (Name, Tibe)       Image: Contact (Name, Tibe)         Briana Brown       Area Code(Phone Number 5102726695       E-mail         Stor2726695       Driana.brown2@acgov.org       Date of Original Filling:					Date Stamp	
Board of Supervisors         Designated Agency Contact (Neme, Title)         Briana Brown         Area Code(Phone Number Stot2726955         Designated Agency Contact (Neme, Title)         Briana Brown         Area Code(Phone Number Stot2726955         Des the agency have a ticket policy?         Yes & No         Des the agency have a ticket policy?         Yes & No         Event Description         Description         Description         Description         Description         Market policy?         Yes & No         Yes & No         Yes & No         Yes & No         Was ticket distribution made at the behest       No         Yes & Carson, Keith- Supervisor District 5         Official?       Official?         Recipients         -Supervisor District 5         Official?       Describe the public purpose made pursuant to the agency's policy         Pass Section 2 Upgentrame or Unstit       Number of Treasely         B.       Centeronial Role       Other         Recipients       Centeronial Role       Other         B.       Centeronial Role       Other         Roof Ford       Describe the public p	3					
Designated Agency Contact (Nome, Tible)         Briana Brown         Area Code(Phone Number S10272695         Date of Original Filing:         Control or Event Information         Des the agency have a ticket policy?         Yes (S)         Production or Event Information         Des the agency have a ticket policy?         Yes (S)         Event Description         Packet Packet         Product Table(S)         Product Table(S)         Product Table(S)         Product Table(S)         Product Table(S)         Was ticket distribution made at the behest         No []         Yes (S)         Recipients         - 'State Section 2 to deperty and table of T	Division, Department, or Re	Division, Department, or Region (If Applicable)				For Omicial Use Only
Briana Brown          Amendment: (Aust provide explanation in Part 3)         S102726695          2. Function or Event Information         Dees the agency have a ticket policy?         Yes          No           Face Value of Each Ticket/Pass \$          2. Function or Event Information         Dees the agency have a ticket policy?         Yes          No           Face Value of Each Ticket/Pass \$          Event Description         Rasket ball         Gamme         Provide Title/Explanation         Ticket(s)/Pass(es)         Pass(es)         Pass(e	•					
Area Code/Phone Number 5102726695       E-mail briana.brown2@acgov.org       Date of Original Filing: (Month. Car, Year)         2. Function or Event Information Does the agency have a ticket policy? Yes [] No []       Face Value of Each Ticket/Pass S Event Description Pasket-Paul [] Grame P Provide TreeExplanation       Face Value of Each Ticket/Pass S Date (S) [] J. J. J. Z. J. Z	Designated Agency Contac	t (Name, Title)				
Storzesepsis       Date of Original Filing:						
Event Description or Event Information Does the agency have a ticket policy?     Yes      Yes      No     Yes      Does the agency have a ticket policy?     Yes      No     Tocket(s)/Pass(es) provided by agency?     Yes      No     Yes      No     Tocket(s)/Pass(es) provided by agency?     Yes      No     Yes     Yes     No     Yes     Tocket(s)/Pass(es) provided by agency?     Yes     No     Yes     Yes     Tocket(s)/Pass(es) provided by agency?     Yes     No     Yes     Yes     Yes     No     Yes     Yes     Yes     Yes     No     Yes						provide explanation in Part 3.)
Does the agency have a ticket policy?       Yes X       No       Face Value of Each Ticket/Pass S         Event Description       DSK41 Data       Date(s)       1/2       1/2         Provide TitleExplanation       If no:       Golden State Warriors         Ticket(s)/Pass(es) provided by agency?       Yes X       No X       If no:       Golden State Warriors         Was ticket distribution made at the behest       No Yes X       If no:       Carson, Keith- Supervisor District 5         of agency official?       Official's Name (Last, First)       Official's Name (Last, First)         Recipients       - Value of Agency, Department or Unit       Ticket(s)       Pass (Last)       Pass (Last)         Boss D5       4       To reward a County employee for his sorther exemplary service to the public       of agency ficial?         Boss D5       4       To encourage staff development;       Income I         Boss D5       4       Official's Name (Last, First)       Income I         Boss D5       4       Official's Official'			vn2@acgov.or	rg	Date of Original Filing	(Month, Day, Year)
Event Description       Basket Mill       Game P         Provide       Titlet/Explanation       Date(s)       J.J.Z.         Ticket(s)/Pass(es) provided by agency?       Yes       No       No       Yes         Was ticket distribution made at the behest       No       Yes       If no:       Colden State Warriors         Was ticket distribution made at the behest       No       Yes       If yes:       Carson, Keith- Supervisor District 5         Official?       Official's Name (Last, Frist)       Official's Name (Last, Frist)         Image: Carson, Keith       Social C to Mentify an outside organization.         • Use Section & Sta Mentify the assency's policy       Pass(es)         Poss D5       4       Describe the public purpose made pursuant to the agency's policy         B.       Game of Individual       Number of Ticket(c)         B.       Game of Dubtide Organization)       Number of Ticket(c)         If dending one of Dubtide Organization)       Number of Ticket(c)       Idendify one of the following:         If dending Carenonial Role       Other       Income       Income         If dending Carenonial Role       Other       Income       Income         If dending Carenonial Role       Other       Income       Income         If dending Carenonial Role						
			Yes 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$ _	
Was licket distribution made at the behest of agency official?       No       Yes       If yes: Carson, Keith- Supervisor District 5 Official's Name (Last, First)         3. Recipients • Use Section A to Identify the agency's department or unit. • Use Section A to Identify the agency's department or unit. • Use Section A to Identify the agency's department or unit. • Use Section A to Identify an outside organization. A. Wanne of Agency, Department or Unit Bos D5       • Use Section C to identify an outside organization. • Use Section A to Identify an outside organization. • Identify one of the following: • Describe the public purpose made pursuant to the agency's policy • Identify one of the following: • Identify Organization • Income I • Identify Organization • Iden	Event Description Baske	Provide Title/Ex	6,17	11,8,17		
Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Carson, Keith-Supervisor District 5 Official's Name (Last, First)         3. Recipients 	Ticket(s)/Pass(es) provided	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golden				
A General of Agency official?     A General of Agency is department or unit.     A General of Agency is department or unit.     A General of Agency Department or Unit.     Boss D5     A J     For excerning Role Occurrage staff development;     Boss D5     A J     For excerning Role Occurrage of the following:     Boss D5     Ceremonial Role Occurrage Teamconul Role or Other Occurrage Staff development     If Checking Teamconul Role or Other Occurrage Staff development     If Checking Teamconul Role or Other Occurrage Staff development     If Checking Teamconul Role or Other Occurrage Staff development     If Checking Teamconul Role or Other Occurrage Staff development     If Checking Teamconul Role or Other Occurrage Staff development     If Checking Teamconul Role or Other Occurrage Staff development     If Checking Teamconul Role or Other Occurrage Staff development     If Checking Teamconul Role or Other Occurrage Staff development     If Checking Teamconul Role or Ot						
C. Berno of Outside Organization:     Mumber of     If Content and Role      If Content and Role      C. Berno of Outside Organization:     Mumber of     If Content and Role      Content		at the behest	No 🗌 Yes 🛛	If yes: Carso	on, Keith- Supervisor	District 5
Verification     Verification     Verification     Verification     Verification     Verification     Verification     Verification     Verification     C     Verification     Verification     C     Verification     Ver						
A.       Manage of Agency, Department of Unit       Ticket(sy Pass(es)       Describe the public purpose made pursuant to the agency's policy         Bos       D5       4       For Reward a County employee for his or her exemplary service to the public         Bos       D5       4       or rewards at County employee for his or her exemplary service to the public         Bos       D5       4       or encourage staff development;         B.       Mame of Individual       Number of Ticket(s)       Identify one of the following:         B.       Mame of Outside Organization       Number of Ticket(s)       Identify one of the following:         C.       Mame of Outside Organization       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         C.       Mame of Outside Organization       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Verification       A       Urations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Briana Brown       Supervisor's Assistant       1//30//17		cy's department o	runit.) <b>Allee</b> Seci	ion B to identify an individ	• Use Section C to ider	ntify an outside organization.
Cost	A. (Name of Agency, Departm	nent or Unit	Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
Boos       H       It of encourage staff development;         B.       Iteme of Individual       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If chec	Bos D5		4	Ji ner exempla	IV service to the pu	ublia
D.       Ticket(sy) (Lad. Red)       Ticket(sy) Pass(es)       Identify one of the following:         Image: Control of the contro of the control of the control of the control o	Bos D5		4	)r to encourage	e staff developmen	t;
		(et al.	Ticket(s)/		Identify one of the follow	/ing:
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  association  Verification  ulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.  Briana Brown Supervisor's Assistant  1/30/17						Income
C. (Include address and description)     Ticket(s)/ Pass(es)     Describe the public purpose made pursuant to the agency's policy     description     ulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.     Briana Brown     Supervisor's Assistant     U/30//7						Income
ulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.           Briana Brown         Supervisor's Assistant         1//30//7	C. Name of Outside Orga (Include address and de	nization) scription)	Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy
ulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.           Briana Brown         Supervisor's Assistant         1//30//7						
ulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.          Briana Brown       Supervisor's Assistant       11/30/17         Signalure of Agency Head or Designee       Briana Brown       Supervisor's Assistant       11/30/17	Verified					
Signature of Agency Head or Designee Briana Brown Supervisor's Assistant 1/30//7		ulations 18944.1 an	d 18942. I have verif	fied that the distribution set fo	orth above, is in accordance wi	th the requirements.
(iwonar, Day, Year)			Briana Brov		Supervisor's Assistant	1/30/17
					1110	(wonth, Day, Year)

# Agency Report of: Ceremonial Role E

C	eremonial Role Even	ts and lic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				0	Form <b>OUZ</b>
	Division, Department, or Reg	ion (If Applicable	)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
		, - ,				
	Gabriela Christy Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
_	(510) 272-6692	Gabriela.Ch	risty@acgov	.org	Date of Original Filing: .	(Month, Day, Year)
2	Function or Event Infor	mation				004 00400
	Does the agency have a ticke		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	304.80/30
	Event Description GS Warriors vs. Miami Heat Date(s) Date(s)				, 06 , 17	1 1
		Provide Title/Expl		//		
	Ticket(s)/Pass(es) provided b	Yes 🗌 No	If no: GS W	arriors		
	163				Name of Sou	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor [	District 2
					Official's Name (L	.ast, First)
3.	Recipients					
	Use Section A to identify the agend	y's department or	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the followi	<b>DQ</b>
	(Last, First)		Pass(es)			
	Gonzalez, Yesina			Ceremonial Role		Income
			4.		ial Role" or "Other" describe below: munity volunteer for he	ar convice to the nublic
						er service to the public
				Ceremonial Role If checking "Ceremon	Other describe below:	Income
		4.4	Number of			
		C. Name of Outside Organization (include address and description)		Describe the pub	lic purpose made pursuant	to the agency's policy
					1	
4.	Verification	······	<u> </u>	· · · · · · · · · · · · · · · · · · ·	·	
	1/	s 18944.1 and	l 18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.
	<u>N</u>	- * Ba	Gabriela C	hristy	Supervisor's Assistant	12/07/17

Print Name

(Month, Day, Year)

Title

♥ Signature of Agency Head or Designee

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Gabriela Christy			ide europeration in Data 21		
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov.org		Date of Original Filing: -	(Month, Day, Year)
2.	Function or Event Infor	mation				204 90/\$20
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌		f Each Ticket/Pass \$	
	Event Description <u>GS Warriors vs. Chicago B</u> Provide Title/Explanat Ticket(s)/Pass(es) provided by agency? Ye			Date(s)1	<u>, 24 , 17</u>	//
			Yes□ No⊠ If no: GS W		arriors Name of Source	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: <u>Valle</u> ,	Richard- Supervisor E Official's Name (L	District 2 ast, First)
3.	• Use Section A to identify the agend	y's department o	r unit. • Use Section B	to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	·····			·····		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
				Ceremonial Role	Other 🔀	Income
				Ceremonial Role	Other	Income

If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) - To reward a nonprofit organization for its contributions to the SAVE 4 1900 Mowry Ave #201, Fremont, CA 945 community knowledge and support needed to break the cycle of domestic SAVE's mission is to strengthen every individual and family we serve with the violence and build healthier lives

### Verification 4.

 . I have verified that the distribution	set forth above, is in accordan	ce with the requirements
		•

			1
	Gabriela Christy	Supervisor's Assistant	12 05 2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regio	on (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame. Title)				
		,				
	Gabriela Christy		Amendment (Must	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	at Casa	0.57	Date of Original Filing:	
_	(510) 272-6692	Gabriela.Chri	sty@acgov.			(Month, Day, Year)
2.	Function or Event Inform					304.80
	Does the agency have a ticket		Yes 🛛 No 🛛		of Each Ticket/Pass \$ _	
	Event Description GS Warrior	rs vs. Minnesc		olvDate(s)1	0817	//
		Provide Title/Expla	nation	00.14		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 🛛 No 🕻	If no: GS Wa	Name of Se	ource
	Men lieket distribution mode of	t the beheat		- Valle		
	Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes 🛛	X If yes:	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				tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's			nt to the agency's policy
				·····		
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	wing
	(Läst, Firet)		Pass(es)			
				Ceremonial Role	Dther X nial Role" or "Other" describe below	
				in one only coronial		
				Ceremonial Role	Other	Income
				If checking "Ceremo	nial Role" or "Other" describe below	ς.
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	League Of Volunteers 8440 Newark, CA 94560	) Central Ave,	2/1	– To reward a onp community	rofit organization for i	ts contributions to the
	to promote volunteerism ar the quality of life in the cities				ewark, California and ens and those in need	
4	Verification			L		

4. Verification

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

Gabriela Christy Print Name

C.a.... Commend

onth, Day<mark>l</mark> Year)

Supervisor's Assistant

Title

0		Neurass	Distributions		A Public Documen
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)				
	Gabriela Christy				
	Area Code/Phone Number E-mail			Amendment (Must pl	,
	(510) 272-6692 Gabriela.Chr	isty@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 Face Value of Face Value	of Each Ticket/Pass \$	304.80
	Event Description GS Warriors vs. Minneso Provide Title/Expla		olvDate(s)11	, 08 , 17	//
		Yes 🗌 No [	GS W	arriors	
			Name of Sou		
	Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor [	
	of agency official?			Official's Name (L	.ast, First)
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)		lic purpose made pursuant	
	B. Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Other 🔀	Income
				Other D	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Serra Center 2610 Central Avenue, Suite 120 Union City, CA 94587	2	<ul> <li>To reward a nonp community</li> </ul>	profit organization for it	s contributions to the
	o provide dignity, respect and choice for persons with developmental disabilities				
A	Verification	·			

### 4 Vernic

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

Gabriela Christy Supervisor's Assistant 2 Signature of Agency freed of Designee Print Name Title (Month, Day Year)

Comment: \_

_						AT ubile Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicabl	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			-	
	Gabriela Christy					
	Area Code/Phone Number	E-mail			. Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	nristy@acgov	r.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation			· · · · · · · · · · · · · · · · · · ·	
	Does the agency have a ticket		Yes 🔀 🛛 No	-	of Each Ticket/Pass \$ _	
	Event Description GS Warrio	rs vs. Orland	o Magic	Date(s) 11	, 13 , 17	//
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗋 No	If no: GS Wa	arriors Name of So	
	Was ticket distribution made a		valle	Richard- Supervisor I		
	of agency official?	t the beneat	No 🗌 Yes	If yes:	Official's Name (I	Last, First)
3.	Recipients					
	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy	
			Pass(es)			
	B. Name of Individual		Number of			
	D. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other 🔀	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	
					ial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Sobolorobin Inc. 22100 Drive		F d55(e5)			
	Scholarship Inc. 22100 Princ Hayward,Ca	ceton St.	411	<ul> <li>I o reward a nonp</li> <li>community</li> </ul>	profit organization for it	s contributions to the
	Scholarships Inc. is a public Hayward, California. In 1964			its exempt organiz \$46.2 k in annual in	ation status from the l	RS and now brings in
4	Verification					
Τ.		ັ)ກຣ 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
			Gabriela C		Supervisor's Assistant	1-1-1-
	Signature of Agency Head or Designee	) — — — — — — — — — — — — — — — — — — —	Print Nam		Title	(Month, Day, Year)
						- · · · · ·
	Comment:					

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 304.80/\$30 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗌 Event Description GS Warriors vs. Sacramento Kings Date(s) \_\_\_\_\_ 27 17 Provide Title/Explanation If no: <u>GS</u> 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 Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Pass(es)	Identify one of the following:
	Ceremonial Role Dother Sole Income Income If checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Cother Contraction Income Income
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
41	<ul> <li>To reward a nonprofit organization for its contributions to the community</li> </ul>
bu	forms of art in the entire Hayward California region – part of the San Francisco Greater Bay Area.
	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Quarter of         Ticket(s)/         Pass(es)         Quarter of         Ticket(s)/         Pass(es)

1h~	to robal and understand EDDO Desuits	"ons 1	3944.1 and 18942. I have verified that the distribu	tion set forth above, is in accordance with the re	equirements.
_'		ana ****	Gabriela Christy	Supervisor's Assistant	12/05/17
	♥gnature of Agency Flead_or-D€signee		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) 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 305.55/35 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🛛 No 🗌 Event Description Oakland Raiders vs. Denver Broncos Date(s) \_\_\_\_\_\_ 26 17 Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 Official's Name (Last, First) of agency official?

### 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Lindsey, Tommie	3/1	Ceremonial Role Cother Conternation Ceremonial Role Conternation of "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: — To reward a community volunteer for his service to the public
		Ceremonial Role Other I Income 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
Varification		

# 4. Verification

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

	Gabriela Christy	Supervisor's Assistant	12/05/17
Signature of Agency Head or pesignee	Print Name	Title	(Month, Day, Year)
Comment:			

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

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Gabriela Christy **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 600 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes 🛛 No 🗌 Event Description Bruno Mars Date(s) <u>11 / 3</u> / 17 Provide Title/Explanation If no: GS Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es)

B. Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Austria, Mangee	4	Ceremonial Role Cother Control Income Income If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for her service to the public
		Ceremonial Role Other I Income Income I Income I Income II Income III Income III Income II Income II Income II Income II Incom
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

	 Gabriela Christy	bution set forth above, is in accordance with the Supervisor's Assistant	R105/17
_ 	 Print Name	Title	(Month, Day, Year)
Comment:			EPPC Form 802 (4/12)

A Public Document

_						AT abile boountent
1.	Agency Name				Date Stamp	
	Alameda County					Form 002
	Division, Department, or Regi	ion (If Applicabi		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			4	
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692		nristy@acgov	.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				(Wohin, Day, Tear)
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	150
	Halsev				, 7 , 17	
	Event Description Halsey	Provide Title/Exp	planation	Date(s)		//
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	If no: GS W	arriors	
		,			Name of Sou	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle,	, Richard- Supervisor E Official's Name (L	District 2
_	of agency official?				Official's Name (L	ast, First)
	Use Section A to identify the agency's department or     A. Name of Agency, Department or Unit		r unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ident	
	B. Name of Individua (Last First)	al	Number of Ticket(s)/		Identify one of the followi	ng
			Pass(es)			
	Cruz, Brian		R	-	U Other 🛛 ial Role" or "Other" describe below: munity volunteer for hi	Income
	Nguyen, Long		Q	_	Other D vial Role" or "Other" describe below: munity volunteer for his	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
_						

4. Verification
These med and understand EPPC Populations 18944.1 and 18942. These verified that the distribution set forth above, is in accordance with the requirements.

	California (Contraction Contraction Contraction)		i 1
<u> </u>	Gabriela Christy	Supervisor's Assistant	12/05/17
- Organizate of Agency freed of Bestigner	Print Name	Title	(Month, Day, Year)

Comment: \_

**A Public Document** 

_						AT ubite Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors				ч 	
	Designated Agency Contact (	Name, Title)		<u> </u>	-	
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
_	(510) 272-6692	Gabriela.Ch	iristy@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	100		
	Event Description Ana Gabriel Date(s) Date(s)				, 10 , 17	//
		Provide Title/Exp	lanation	Date(3)	/	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: GS W	arriors	
					Name of So	
	Was ticket distribution made at the behest No □ Yes ⊠ If yes: Valle, of agency official?			, Richard- Supervisor	District 2	
_						
3.	Recipients					
	Use Section A to identify the agency's department or unit.     Use Section B to identify an individ					
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	_		Number of			
	B. Name of Individua (Lasi First)	1	Ticket(s)/		Identify one of the follow	ing:
			Pass(es)	Ceremonial Role	Other 🔀	
	Tananalle	a /	1.		ial Role" or "Other" describe below;	
	Fana, Mandle	$\sim$	4	- To reward a com	munity volunteer for hi	is service to the public
			(			•
				Ceremonial Role	Other	
				If checking "Ceremon	ial Role" or "Other" describe below:	
			Number of			
	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
			F d35(65)			
			T I			
			-}			

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

,		ballon set form above, is in accordance with the r	equirements.
	Gabriela Christy	Supervisor's Assistant	12/05/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
•			

A Bublio Doo

		Date Stamp	California Form For Official U	
			For Official U	ise Only
		Amendment (Must pr	ovide explanation in F	<sup>2</sup> art 3.)
acgov.o	ra	Date of Original Filing: _		
			(Month, Day, Year,	)
No 🗖	Face Value o	f Each Ticket/Pass \$		150
	Date(s)		//	/
	If no: GS Wa	arriors		
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠				
Yes 🛛	If ves. Valle,	Richard- Supervisor D	District 2	
	n yee	Official's Name (L	ast, First)	
er of et(s)/ s(es)		al. • Use Section C to identi lic purpose made pursuant f		
per of et(s)/		Identify one of the followit	ng:	
,(00)	Ceremonial Role	Other 🔀		
	-			
	<ul> <li>To reward a comi</li> </ul>	munity volunteer for his	s service to the	) public
			·····	Income
er of et(s)/ e(es)	Describe the pub	lic purpose made pursuant f	to the agency's pol	licy
I				
	er of t(s)/	et(s)/ (es) Ceremonial Role If checking "Ceremon — To reward a com Ceremonial Role If checking "Ceremon f checking "Ceremon ber of t(s)/ Describe the pub	et(s)/ ((es)       Identify one of the following Ceremonial Role I Other I I If checking "Ceremonial Role" or "Other" describe below: — To reward a community volunteer for his Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: Per of t(s)/	Identify one of the following:         identify one of the following:         Ceremonial Role       Other         If checking "Ceremonial Role" or "Other" describe below:         - To reward a community volunteer for his service to the         Ceremonial Role       Other         If checking "Ceremonial Role" or "Other" describe below:         Ceremonial Role       Other         If checking "Ceremonial Role" or "Other" describe below:         If checking "Ceremonial Role" or "Other" describe below:         Per of       Describe the public purpose made pursuant to the agency's pole

## 4. Verification

| 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 2 Ĺ Signature of Agency Head or Designee Print Name Title

Dav

Comment: \_

**A Public Document** 

						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region (	If Applicable	)	·····		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name	e, Title)				
	Gabriela Christy					
	Area Code/Phone Number E-n	nail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6692 Ga	briela.Chr	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informat	ion				
	Does the agency have a ticket pol	icy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	100
	Event Description Intel Extreme I	Masters		Deta(x) 11	, <u>18 , 17</u>	11 , 19 , 17
	Prov	vide Title/Expla	anation	Date(s)		
	Ticket(s)/Pass(es) provided by age	ency?	Yes 🗌 No	If no: GS Wa	arriors	
					Name of Sc	
	Was ticket distribution made at the of agency official?	e behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2
_	Recipients				Official's Name (	Last, First)
	Use Section A to identify the agency's department or     A. Name of Agency, Department or Unit		unit. • Use Sec Number of Ticket(s)/ Pass(es)		al. • Use Section C to iden lic purpose made pursuant	
	B. Name of Individual (Last First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role If checking "Ceremon	Other X ial Role" or "Other" describe below:	Income
					Other D	Income
	C. Name of Outside Organizatio (include address and description		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Fremont Family Resource Cente Liberty St, Fremont, CA 94538	er 39155	B	<ul> <li>To reward a nonp community</li> </ul>	profit organization for i	ts contributions to the
	The Fremont FRC is a welcomir where families and individuals a	ng place re nurtur			ovided quality service emselves and others.	es to build on their own
4.	Verification	: 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.

# Gabriela Christy Supervisor's Assistant 12/05/17-Print Name Title (Morthi, Day, Year)

Comment: \_

**A Public Document** 

_						AT ublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable	<i>;)</i>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov	.org	Date of Original Filing: -	(Month, Day, Year)
2.	Function or Event Infor	mation		<u> </u>		
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	
	Event Description Guns N Re	oses		Date(s) 11	, 21 , 17	//
		Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: GS Wa	Arriors Name of Sou	
	Mee ticket distribution was do					
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Val of agency official?				Richard- Supervisor E	ast. First)
2	Recipients					
э.	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identi	ifv an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)				lic purpose made pursuant	
	B. Name of Individua (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other 🔀	
	Machinel Spann R		1	_	ial Role" or "Other" describe below:	
	McGarby, Regnia		7	<ul> <li>To reward a com public</li> </ul>	munity volunteer for his	s or her service to the
				Ceremonial Role If checking "Ceremon	Other describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4.	Verification				·	

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	12/05/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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 (510) 272-6692 Date of Original Filing: Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 150 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes 🛛 No 🗆 Event Description Trans- Siberian Orchestra Date(s) 11 30 17 Provide Title/Explanation If no: GS Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If ves: <u>Valle</u>, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗋 Yes 🔀 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Lasi, First) Pass(es) Other 🔀 Ceremonial Role Income Kreitz, Roberta If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

### 4. Verification

I have head 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>	Gabriela Christy	Supervisor's Assistant	12/05/17-
$\vee$	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

i.

A Public Document

-						A Public Documen
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ
	Division, Department, or Reg	on (If Applicable	e)			Tor Gridiar Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693		@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation			· · · · · · · ·	
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	305.55 ticket/35 park
	Event Description Football ga	ame		D-4-(-) 1'	1 , 26 , 17	/
	Event Description	Provide Title/Exp	lanation	Date(s)	//	]
	Ticket(s)/Pass(es) provided b	v agency?		If no: Oakla	nd Raiders	
	norel(s)/Pass(es) provided b	y agency :	Yes 🗌 No [	<u>x</u> 11110.	Name of Sc	ource
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Char	i, Wilma	
	of agency official?				Official's Name (	Last, First)
		Use Section A to identify the agency's department or uni			ual. • Use Section C to iden blic purpose made pursuan	
			Number of			
	B. Name of Individua (Last. First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Clemons, Estelle		3+1park		Other D nial Role" or "Other" describe below: nunity volunteer for his	Income
			3+1park	Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pu	blīc purpose made pursuan	t to the agency's policy

	Sarah Oddie	Supervisor's Assistant	12.01.2017
Signature & Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

A Public Document

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 I       Face Value of Each Ticket/Pass \$	(Month, Day, Year) \$600
Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number (510) 272-6693         E-mail (510) 272-6693         Sarah. oddie@acgov.org         Destination Does the agency have a ticket policy? Yes ⊠ No □         Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □         Fuent Description         Buno Mars         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠         If no:       Golden State Warriors Name of So         Was ticket distribution made at the behest of agency official?       No □ Yes ⊠         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to iden         A.       Name of Agency, Department or Unit       Number of Ticket(s)/       Describe the public purpose made pursuant         Pass(es)       Identify one of the follow	For Official Use Only provide explanation in Part 3.) (Month, Day, Year) \$600
Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes IN NO       Face Value of Each Ticket/Pass \$	provide explanation in Part 3.) (Month, Day, Year) \$600
Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes INO Face Value of Each Ticket/Pass \$	(Month, Day, Year) \$600
Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes INO Face Value of Each Ticket/Pass \$	(Month, Day, Year) \$600
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 I       Face Value of Each Ticket/Pass \$	(Month, Day, Year) \$600
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 I       Face Value of Each Ticket/Pass \$	(Month, Day, Year) \$600
2. Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Each Ticket/Pass \$	(Month, Day, Year) \$600
Does the agency have a ticket policy?       Yes X No Face Value of Each Ticket/Pass \$	\$600
Event Description       Bruno Mars       Date(s)       11       03       17         Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Golden State Warriors Name of So         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Chan, Wilma         3. Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an Individual.       • Use Section C to identify an Individual.       • Use Section C to identify an Individual.         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant         B.       Name of Individual       Number of Ticket(s)/       Identify one of the follow	
Ticket(s)/Pass(es) provided by agency?       Yes □       No ⊠       If no:       Golden State Warriors Name of So         Was ticket distribution made at the behest of agency official?       No □       Yes ⊠       If yes:       Chan, Wilma         3. Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to iden         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant         B.       Name of Individual       Number of Ticket(s)/       Identify one of the follow	//
Ticket(s)/Pass(es) provided by agency?       Yes □       No ⊠       If no:       Golden State Warriors Name of So         Was ticket distribution made at the behest of agency official?       No □       Yes ⊠       If yes:       Chan, Wilma         3. Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to iden         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant         B.       Name of Individual       Number of Ticket(s)/       Identify one of the follow	
Was ticket distribution made at the behest of agency official?       No □ Yes ⊠       If yes: Chan, Wilma         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to iden         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant         B. Name of Individual       Number of Ticket(s)/       Identify one of the follow	
Was ticket distribution made at the behest of agency official?       No □ Yes ⊠       If yes: Chan, Wilma         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to iden         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant         B. Name of Individual       Number of Ticket(s)/       Identify one of the follow	
of agency official?       Official's Name (.         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to iden         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant         B.       Name of Individual       Number of Ticket(s)/       Identify one of the follow	ource
3. Recipients  • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to iden  A. Name of Agency, Department or Unit  B. Name of Individual  Number of Ticket(s)/ Identify one of the follow	(Last First)
• Use Section A to identify the agency's department or unit.     • Use Section B to identify an individual.     • Use Section C to iden     A. Name of Agency, Department or Unit     Number of     Ticket(s)/     Pass(es)     B. Name of Individual     Number of     Ticket(s)/     Identify one of the follow	Laot, instj ಕಲ್ಪೇಟ್ ತಹಿ ಕೀರ್ ಸಿನ್ ಸಂಹಿತ್ಯ ಪ್ರ
A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant         B.       Name of Individual       Number of Ticket(s)/       Identify one of the follow	
B.     Name of Individual     Number of Ticket(s)/     Identify one of the follow	
B. Name of Individual Number of Ticket(s)/ Identify one of the follow	t to the agency's policy
	ving:
Pass(es)	
Prince, Garrett Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:	Income
4 To promote attendance at a(n) event h order to maximize potential County rever	neld at a County facility ir
4 Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant	t to the agency's policy
4. Verification I have read and understand EBPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with a source of the source of	ith the requirements.

۱	Sarah Oddie	Supervisor's Assistant	12.01.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_

1.	Agency Name	2 🚍 🚐 , ÇA 📩		Date Stamp	California 802
	Alameda County				Form OUL
	Division, Department, or Region (If Applicable)		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Sarah Oddie			Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number E-mail	······································			
	(510) 272-6693 sarah.oddie@	)acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information				¢150
	Does the agency have a ticket policy?	Yes 🗵 🛛 No 🗌	] Face Value of	of Each Ticket/Pass \$	\$150
	Event Description Halsey		Date(s)1^	1 <u>, 07 , 17</u>	///
	Provide Title/Explar	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🗵	If no: Golde	n State Warriors	urce.
	Was ticket distribution made at the behest		If yes: Char		
	of agency official?	No 🗌 Yes 🗵	If yes:	Official's Name (L	.ast, First)
3	Recipients				100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100
υ.	Use Section A to identify the agency's department or us	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pul	olic purpose made pursuant	to the agency's policy
		Pass(es)			
				<u>_</u>	
		Number of	and the second		
	B. Name of Individual	Ticket(s)/ Pass(es)	Identify one of the following:		
		1 444 (447)	Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
			Ceremonial Role If checking "Ceremon	Differ Di	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	Barbara Lee Center for Health & Wellness,2251 Bancroft Av,San Leandro	4	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions
	Youth organization in SL providing acad., health, counseling, rec activities				
4	Verification			9 C1600 93 C0 C ( ) 0.	
	<i>h</i> ations 18944.1 and 18942. I have verified that the distribution se			forth above, is in accordance wi	th the requirements.
		Sarah Ode	die	Supervisor's Assistan	t 12.01.2017
	Signature of Agency Head or Designee	Print Name	· · · · · · · · · · · · · · · · · · ·	Title	(Month, Day, Year)
	Comment:				FPPC Form 802 (4/12

. Agency Name	<u>, a c</u> , <u>c</u> , a		Date Stamp	California 802		
Alameda County				Form 002		
Division, Department, or Region (If Applicabl	e)		1	For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Name, Title)			-			
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)		
. Function or Event Information	9 tg - 40t		0	- (		
Does the agency have a ticket policy?	Yes 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$	\$100		
Event Description Intel Extreme Masters		Date(s) 11	1 , 18 , 17	1 1		
Provide Title/Exp	planation					
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No [	If no: Golde	n State Warriors			
				irce		
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Char	Official's Name (L	.ast, First)		
the second s						
* Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
A. Name of Agency, Department or Unit	Number of		blic purpose made pursuant			
Ft. Hune of Agency, Department of ann	Ticket(s)/ Pass(es)					
	Number of					
B. Name of Individual (Last. First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	1 433(63)	Ceremonial Role	Other	Income		
		If checking "Ceremo	nial Role" or "Other" describe below:			
		Ceremonial Role If checking "Ceremo	Differ Donial Role" or "Other" describe below:	Income		
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy		
(include address and description)	Pass(es)					
Alameda High School, 2201 Encinal	4		ol or nonprofit organizat	tion for its contributions		
Ave., Alameda, CA 94501	4	to the community				
Public high school in Alameda						
4. Verification						
l ulations 18944.1 a			forth above, is in accordance wi			
	Sarah O		Supervisor's Assistan			
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)		
Comment:						
			FPPC Toll-Free Helpline:	FPPC Form 802 (4/1 866/ASK-FPPC (866/275-777		

						and the second se	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUL	
	Division, Department, or Region	(If Applicable)			1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Nat	me, Title)					
	Sarah Oddie						
		-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693 s	arah.oddie@	Dacgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Information	ation	á í .	44 °\$`A 💛 🖂 🖓 .			
	Does the agency have a ticket p		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	\$300	
	- Guns N' Ros				, 21 , 17		
	Event Description Guns N' Ros	rovide Title/Expla	anation	Date(s)		//	
	Ticket(s)/Pass(es) provided by a	aencv?	Yes 🗌 No	If no: Golden State Warriors			
					Name of Sol	Irce	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Char		, Wilma Official's Name (I	and First)			
19 21	of agency official?				Unicial S Name (L	ast, First)	
	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	Use Section A to identify the agency's department or unit.     Use S     Number o						
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	the second s					·	
			Number of			·····	
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
			1 435(63)	Ceremonial Role	Other	Income	
					nial Role" or "Other" describe below:	-	
	····						
				Ceremonial Role	hial Role" or "Other" describe below:	Income	
				in checking bereine.			
	C Name of Outside Organiza	ation	Number of	Departies the sec	11-		
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
	(include address and descr	iption)	Ticket(s)/ Pass(es)				
		iption) Food Bank,	Ticket(s)/			to the agency's policy tion for its contributions	
	(include address and descr Alameda County Community 7900 Edgewater Dr, Oakland,	iption) Food Bank, CA 94621	Ticket(s)/ Pass(es)	To reward a schoo			
	(include address and descr Alameda County Community	Food Bank, CA 94621 meals to	Ticket(s)/ Pass(es) 4	To reward a schoo			
4.	(include address and descr Alameda County Community 7900 Edgewater Dr, Oakland, Food bank providing food and	Food Bank, CA 94621 meals to	Ticket(s)/ Pass(es) 4	To reward a schoo			
4.	(include address and descr Alameda County Community 7900 Edgewater Dr, Oakland, Food bank providing food and low-income residents in Alam	iption) Food Bank, CA 94621 I meals to eda County	Ticket(s)/ Pass(es) 4	To reward a schoo to the community		tion for its contributions	

1.	Agency Name	1	1-202 (CL 2- 2	Date Stamp	California 802	
	Alameda County		Form OUZ			
	Division, Department, or Region (If Applica	1	For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1		
	Sarah Oddie					
	Area Code/Phone Number E-mail				provide explanation in Part 3.)	
	(510) 272-6693 sarah.odd	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Information		<u> </u>		¢150	
	Does the agency have a ticket policy?	of Each Ticket/Pass \$ _				
	Event Description Trans-Siberian Orche		Date(s)	1 <u>, 30 , 17</u>	///	
	Provide Title/E	xplanation				
	Ticket(s)/Pass(es) provided by agency?	n State Warriors Name of So	burce			
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Cha			n, Wilma		
	of agency official?		ш пусэ	Official's Name	(Last, First)	
3.	Recipients			a jan parta and a second s	te gat generativ d'anna anna anna an ta	
	• Use Section A to identify the agency's department	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 public purpose made pursuant to the agency's policy			
	B. Name of Individual iLast. First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
				_	Income	
	Arden, Lori	2	-	nial Role" or "Other" describe below: lance event held at a		
				To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales		
			Ceremonial Role	Other	Income	
		2	If checking "Ceremo	ecking "Ceremonial Role" or "Other" describe below:		
		-				
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy	
	SOS-Meals on Wheels, 2235 Polvoros Ave #260, San Leandro, CA 94577	a 2	To reward a schoo to the community	ol or nonprofit organiza	ation for its contributions	
	Provides meals to low-income seniors Alameda County	in				
4.	Verification			an a	9 = 02 LEON	
		Sarah O		Supervisor's Assistar		
	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)	
	Comment:					
					FPPC Form 802 (4/12	

1	Agency Name	- 28 F. I 1991-	as- <del>a</del> t - <del>a</del> th		Date Stamp	California Q02	
	Alameda County		Bate etamp	Form 802			
	Division, Department, or Reg	ion (If Applicable	e)		-	For Official Use Only	
			- /				
	Board of Supervisors Designated Agency Contact (	Nomo Títle)	4				
	•	ivame, nue)					
	Sarah Oddie		Amendment (Must	t provide explanation in Part 3.)			
	Area Code/Phone Number	E-mail	-		Date of Original Filing	r:	
			@acgov.org			(Month, Day, Year)	
	Function or Event Infor				f Each Ticket/Deec f	\$304.80 ticket/\$30 park	
	Does the agency have a ticke		Yes 🔀 🛛 No 🛛				
	Event Description Basketbal			Date(s)	1 , 06 , 17	//	
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided b	Yes 🔲 No [		n State Warriors	Source		
	Was ticket distribution made a	at the hehest		If yes: Char	n, Wilma		
	of agency official?	at the benest	No 🗌 Yes [		Official's Name	e (Last, First)	
2	Recipients						
J.	<b>Recipients</b> • 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)/	Describe the pul	cribe the public purpose made pursuant to the agency's polic		
			Pass(es)				
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:	
	<u></u>			Ceremonial Role	Other	Income	
	Irmer, David		2+p	If checking "Ceremonial Role" or "Other" describe below:			
			Σ'P			held at a County facility in	
					potential County rev		
				Ceremonial Role	Dther mial Role" or "Other" describe below	w:	
			2+p	, i i i i i i i i i i i i i i i i i i i			
	C. Name of Outside Orga		Number of Ticket(s)/ Describe the p		public purpose made pursuant to the agency's policy		
	(include address and de	scription)	Pass(es)				
		<u>.</u>					
		9 EP				a (b., store - stara), a Maaroo a La S	
4.	Verification				forth above is in a second as	with the requirements	
	Th. C Reg	ulations 18944.1 ai			forth above, is in accordance		
	_		Sarah Oo		Supervisor's Assista		
	Signature of Agency Head or Designe	e	Print Nam	ne	Title	(Month, Day, Year)	
	Commont						
	Comment:					EBBC Earm 802 /4/12	

Comment: \_

	no una m		Biotingatione		A Public Document
Agency Name	a ( <u>, an-66 % (, e</u> l) <u>Elle anno</u> (			Date Stamp	California 802
Alameda County					Form -
Division, Department, or Re	gion (If Applicabl	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	. (Name, Title)			-	
Sarah Oddie		·			
Area Code/Phone Number	E-mail			Amendment (Must pro-	vide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Info	rmation	Real an in			
Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$	\$304.80 ticket
				1 , 06 , 17	
Event Description Basketba	Provide Title/Exp	planation	Date(s)		//
Ticket(s)/Pass(es) provided	hy agency?	Yes 🗌 No	If no. Golde	en State Warriors	
	by agoney.			Name of Sour	ce
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Char	n, Wilma	· · · · · · · · · · · · · · · · · · ·
of agency official?				Official's Name (La	st, First)
. Recipients					
<ul> <li>Use Section A to identify the ager</li> </ul>	icy's department o	r unit. • Use Sec Number of	tion B to identify an individ	Iual. • Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the agency		
арадаларын улар алар алар алар алар алар алар алар				· · · · · · · · · · · · · · · · · · ·	
B. Name of Individ	lual	Number of Ticket(s)/		Identify one of the followin	g:
		Pass(es)	Ceremonial Role	Other	Income
Ong, Jennifer				nial Role" or "Other" describe below:	income L
		2		nunity volunteer for his o	r her service to the
			public		
			Ceremonial Role		Income
		2	If checking "Ceremo	onial Role" or "Other" describe below:	
C. Name of Outside Org	anization	Number of			
(include address and d		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	o the agency's policy
. Verification	at the first a start and	2 0 1 70 0	an, par 100 et		୧୦ ୪ ଅନ୍ୟାନୀ ଅନ୍ୟାନ କାରଣଣ
	gulations 18944.1 ar	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance with	the requirements.
		Sarah O	ddie	Supervisor's Assistant	12.01.2017
Signature of Agency Head or Design			7e	Title	(Month, Day, Year)

. . .

				A Public Documen
gency Name	Date Stamp	California 802		
ameda County		0	_	For Official Use Only
vision, Department, or Region (				
oard of Supervisors				
signated Agency Contact (Nam	-			
arah Oddie				
ea Code/Phone Number E-n	-il		Amendment (Must pr	rovide explanation in Part 3.)
	ah.oddie@acgov.org		Date of Original Filing: .	(Month, Day, Year)
unction or Event Informat		#004.00 tislast		
pes the agency have a ticket po	cy? Yes⊠ No	] Face Value	of Each Ticket/Pass \$ _	\$304.80 ticket
Basketball Ga			1 , 08 , 17	( )
/ent Description	de Title/Explanation	Date(s)	/	/
eket(e)/Dece(ee) provided by ee	2 V C N	If no. Golde	en State Warriors	
cket(s)/Pass(es) provided by ag	ncy? Yes 🗋 No	•	Name of Sol	urce
Was ticket distribution made at the behest		If yes: Char	n, Wilma	
of agency official?	behest No 🗌 Yes		Official's Name (Last, First)	
Name of Individual	Number of			
(Last First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
camacho, Josie	2	To promote attend	Other D Dinial Role" or "Other" describe below: danceevent held at a potential County reven	
. 0 -	2	Ceremonial Role If checking "Ceremo	Other Dinial Role" or "Other" describe below:	Income
Name of Outside Organizati (include address and descrip		Describe the pu	iblic purpose made pursuant	to the agency's policy
			és; a ;	े <b>बध्र ३ ६ ५ व</b> र्षे स्ट्रांट कार्यस्य कार्यस्य
Verification	18944.1 and 18942. I have v	fied that the distribution set	t forth above, is in accordance wi	ith the rec

	Sarah Oddie	Supervisor's Assistant	12.01.2017
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_
**A Public Document** 

1.	Agency Name			10 10 10 10 10 10 10 10 10 10 10 10 10 1	Date Stamp	California 002
	Alameda County			Form 802		
	Division, Department, or Region	(If Applicable	<i>)</i>			For Official Use Only
	Board of Supervisors		-			
	Designated Agency Contact (Na	me,Title)				
	Sarah Oddie					
	Area Code/Phone Number E-mail				Amendment (Must pro	ovide explanation in Part 3.)
			@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Informa	ation		<u>5 5 a</u> . 9-		
	Does the agency have a ticket p	olicy?	Yes 🛛 No [	_ Face Value	of Each Ticket/Pass \$	804.80 ticket/\$30 park
				Date(s)		
	Event Description	rovide Title/Expl	lanation			//
	Ticket(s)/Pass(es) provided by a	igency?	Yes 🗌 No [	If no: Golde	n State Warriors	
					Name of Sou	rce
	Was ticket distribution made at the behest No Yes If of agency official?			If yes: <u>Char</u>	Official's Name (La	ast, First)
-				Provide the former		Carente dia ci -
3.	<ul><li>Recipients</li><li>Use Section A to identify the agency's</li></ul>	department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to identi	fy an outside organization.
	A Number of			Describe the public purpose made pursuant to the agency's policy		
			Pass(es)			
			Number of			
	B. Name of Individual (Last First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	
				If checking "Ceremo	nial Role" or "Other" describe below:	
	• • • • • • • • • • • • • • • • • • •			Ceremonial Role	Other	income
					nial Role" or "Other" describe below:	
				•	····	
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
			Pass(es)	_		
	Asian Health Services, 818 Webster St,			To reward a school or nonprofit organization for its contribution to the community		
		reuster St,	2+p	to the community		
	Oakland, CA 94607		2+p	to the community		
		ommunity	2+p	to the community		

# Sarah Oddie Supervisor's Assistant 12.01.2017 If gnature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: .

_						in asite Boodinent	
1.	Agency Name	, <u>1</u> , 2, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Date Stamp	California 802			
	Alameda County					Form GOZ For Official Use Only	
	Division, Department, or Reg	ion (If Applicabl	e)			For Onicia: Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Sarah Oddie						
	Area Code/Phone Number	E-mail		<u> </u>	Amendment (Must p	<b>Amendment</b> (Must provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie	@acgov.org	And a second	Date of Original Filing:	(Month, Day, Year)	
	Function or Event Infor	mation					
	Does the agency have a ticke		Yes 🛛 No	Face Value o		304.80 ticket/\$30 park	
	Event DescriptionBasketbal	Game		Date(s) 11	<u>, 13 , 17</u>	//	
		Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:				n State Warriors		
					Name of Sc	ource	
	Was ticket distribution made a of agency official?	Was ticket distribution made at the behest No 🗌 Yes 🖾 If yes: Char			, vviima Official's Name (	Last. First)	
_				(0) 0			
3.	• Use Section A to identify the agence	v's donartmont o	runit – Uso Soc	tion B to identify an individ	ust • Use Section C to iden	tify an outside organization	
			Number of		And the second s		
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy	
	B. Name of Individual (Last. First)		Number of Ticket(s)/		Identify one of the following:		
			Pass(es)	Ceremonial Role	Other	Income	
	Barros, Keith				nial Role" or "Other" describe below:		
			2	To reward a comm public	unity volunteer for his	or her service to the	
	······································			Ceremonial Role	Other	Income	
			2	If checking "Ceremor	nial Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's polic		t to the agency's policy	
			Pass(es)				
4.	Verification	ulations 19044 1 or	ad 18042 / bays up	rified that the distribution set	forth above, is in accordance w	with the requirements	
	r Keyi						
	Spnature of Agency Head or Designe	e	Sarah Oo		Supervisor's Assistar	12.01.2017 (Month, Day, Year)	
	<ul> <li>Opinatare or Agency mead or Designe</li> </ul>	~	r un Nath		me	(monut, Day, real)	
	Comment:			1.52			

A Public Document

						A Fublic Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	ion (If Applicable	ə)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	4			
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ .	\$304.80 ticket/\$30 park
	Europh Basketbal	l Game	_		1 , 24 , 17	
	Event Description Basketball Game Provide Title/Explanation			Date(s)	/ /	······································
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: Golde	n State Warriors	
		y agoney.			Name of S	Source
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Char	n, Wilma Official's Name	
	of agency official?		Lange Commence		Official's Name	e (Last, First)
3.	Recipients					
	Use Section A to identify the agend	cy's department or		tion B to identify an individ	lual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	B. Name of Individu	Number of Ticket(s)/		Identify one of the follo	wina	
	(Last First)		Pass(es)		fuction of the following of the followin	
	Eriodmon Mork			Ceremonial Role		Income
	Friedman, Mark		2		nial Role" or "Other" describe belov lanceevent held at a	
						enueconcession sales
			2	Ceremonial Role If checking "Ceremo	Other Other nial Role" or "Other" describe below	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
4.	Verification	ulations 18944.1 ar	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.
			Sarah O	ddie	Supervisor's Assista	nt 12 01 2017

-	Sarah Oddie	Supervisor's Assistant	12.01.2017
Signature de Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

	Agency Name				Date Stamp	California 802
	Alameda County					Form OOL
	Division, Department, or Regi	on (If Applicabl	e)	and a second second of the second		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sarah Oddie			t provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	;(Month, Day, Year)
	Function or Event Inform	mation				\$204 80 ticket/\$20 perts
	Does the agency have a ticke	· •	Yes 🔀 🛛 No	Face Value of	of Each Ticket/Pass \$ .	\$304.80 ticket/\$30 park
	Event DescriptionBasketball	Game		Date(s)1^	2417	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 🛛 No 🛛	If no: Golde	n State Warriors	Pauraa
	and the first of the state of the			— Char		Source
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Char	Official's Name	e (Last, First)
_						
÷.	• Use Section A to identify the agence	v's department o	runit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
	-		Number of			
	A. Name of Agency, Departme	ent of Onit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to the agency's policy	
	B. Name of Individua (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:
	(Last First)	al	Ticket(s)/	Ceremonial Role	Other	
	B. Name of Individua (Last First) Rupp, Candy	al	Ticket(s)/	If checking "Ceremo To promote attend	Other Other Control of the service	
	(Last First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend	Other D nial Role" or "Other" describe below anceevent held at a potential County reve	income w a County
	(Last First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role	Other D nial Role" or "Other" describe below anceevent held at a potential County reve	Income a County enueconcession sales
	(Last First)	nization	Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other Other Other' describe below anceevent held at a potential County rever Other Other	Income [ w a County enueconcession sales Income [
	(Last First) Rupp, Candy	nization	Ticket(s)/ Pass(es) 2+p 2+p Number of	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other	Income w a County enueconcession sales Income
1.	C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other	Income a County a County enueconcession sales Income and the agency's policy
H.	C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) 2+p 2+p Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other	Income  a County enueconcession sales Income  w w w w w w w w w w w w w w w w w w w

A Public Document

			and the second se			
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable	e)		1 T	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	-			
	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	nation		2		<b>P</b>
	Does the agency have a ticket	t policy?	Yes 🛛 No [		of Each Ticket/Pass \$ _	304.80 ticket/\$30 park
	Event Description Basketball	Game		— — 11	, 27 , 17	]
	Event Description	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No [	If no: Golde	n State Warriors	
		, agonoy.	Name of Sol	irce		
	Was ticket distribution made a	it the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (L	
_	of agency official?				Official's Name (L	.ast, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or		tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit Tick		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individua (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	Mana Dana			Ceremonial Role		Income
	Wong, Benny		2		nial Role" or "Other" describe below:	County
					anceevent held at a potential County reven	
				Ceremonial Role	Other	
					nial Role" or "Other" describe below:	income _
			2			
		a .	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
	······································		1 000(00)			

I have read)and understand FAPC 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	12.01.2017
7	Print Name	Title	(Month, Day, Year)

Comment: \_

1.	Agency Name		Date Stamp	California 802		
	Alameda County Division, Department, or Reg	ion //f Analizati	(0)		-	For Official Use Only
	Division, Department, or Reg	ιοη (πΑρριίζαοι				
	Board of Supervisors					
	Designated Agency Contact (	(Name, Title)				
	Sarah Oddie		Amendment (Must pro	ovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	~		Pote of Original Filing	
-	(510) 272-6693		@acgov.org	<u> </u>	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor		_		of Each Ticket/Pass \$	304.80 ticket/\$30 park
	Does the agency have a ticke		Yes 🛛 No			
	Event Description Basketbal	I Game Provide Title/Exp	planation	Date(s)	1 , 27 , 17	///
	Ticket(s)/Pass(es) provided b	Trovide ThierExp	Yes 🗌 No	Ist If no: Golde	en State Warriors	
		y agonoy.			Name of Sou	rce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Char	n, Wilma Official's Name (L	ast, First)
3.	<b>Recipients</b> • Use Section A to identify the agence	y's department o	r unit. • Use Sec	ction B to identify an indivic	dual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	B. Name of Individu	Number of Ticket(s)/		Identify one of the following	na.	
	(Lest First)		Pass(es)			
	Hirota, Sherry			Ceremonial Role	Donial Role" or "Other" describe below:	Income
	rinola, oriony		2+p	-	idanceevent held at a County	
				facilitymaximize	potential County revenue	ueconcession sales
			2+p	Ceremonial Role If checking "Ceremo	Other Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy
4.	Verification					······································
	Thay The second se	ions 18944.1 ai	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance with	h the requirements.
		·····	Sarah O	ddie	Supervisor's Assistant	12.01.2017
	Signature of Agency Head or Designed	e	Print Nan	ne	Title	(Month, Day, Year)
	Comment:					
					FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OVZ For Official Use Only
	Division, Department, or Region (If A)	pplicable)			Tor Onicial Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, The Contact (Name,	-			
	Sarah Oddie			Amendment (Must prov	ide explanation in Part 3 )
	Area Code/Phone Number E-mail			<b>Amendment</b> (Must provide explanation in Part 3.)	
	(510) 272-6693 sarah	.oddie@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	n		¢3(	14.80 ticket/\$30 park
	Does the agency have a ticket policy			of Each Ticket/Pass \$ _ <del>\$30</del>	
	Event Description Basketball Game		Date(s)	1 , 11 , 17	//
	Provide	Title/Explanation			
	Ticket(s)/Pass(es) provided by agend	cy? Yes 🗌 No 🛙	If no: _Golde	n State Warriors	<u> </u>
	Mosticket distribution mode at the b	abaat y 🗖 y 🖪	Char		0
	Was ticket distribution made at the bo of agency official?	ehest No 🗌 Yes 🛛	If yes: Char	Official's Name (Las	it, First)
3.	Recipients	and the second secon			
	Use Section A to identify the agency's depart	ual. • Use Section C to identify	an outside organization.		
	A. Name of Agency, Department or Un	rien-e(e).	Describe the pul	ublic purpose made pursuant to the agency's policy	
		Pass(es)			
				······	
	B. Name of Individual	Number of Ticket(s)/	Identify one of the following:		1:
	(Last First)	Pass(es)			
	Wright, Erin		Ceremonial Role	D Other nial Role" or "Other" describe below:	Income
	Landon, Joe	2+p		danceevent held at a County potential County revenueconcession sales	
	Anderson, Carl				
			Ceremonial Role	Other	Income
		2+p	If checking "Ceremo	nial Role" or "Other" describe below:	
		2.6			
		Number of			
	C. Name of Outside Organization (include address and description	) Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	the agency's policy
					<u>.                                    </u>
Ā	Verification				
ч.		8944.1 and 18942. I have ve	rified that the distribution set	forth above, is in accordance with t	the requirements.
		Sarah Od	ldie	Supervisor's Assistant	12.01.2017
	Z Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
	Comment:				FPPC Form 802 (4/12

			Data Clamp	California 0.00
		California Form 802		
n (If Applicabl	e)			For Official Use Only
ame Title)				
,				· ·
E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must provide explanation in Part 3.)	
sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
ation		9. 8) E3 34.4, 5•.	-0 <u>16. 0. 1. 0. 4 5 69</u> .	<u>1.0</u>
policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	304.80 ticket/\$30 park
				1 1
Provide Title/Exp	planation			//
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: G			n State Warriors	
				nce
uie penest	No∐ Yes	If yes: Onan	Official's Name (L	.ast, First)
s department o	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
t or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
	Number of			
	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	2	To promote attend	anceevent held at a	
	-	Ceremonial Role	Other	Income
Chang, Emily C. Name of Outside Organization (include address and description)			nial Role" or "Other" describe below: nunity volunteer for his or her service to the	
		Describe the put	Describe the public purpose made pursuant to the agency's policy	
ntions 18944.1 ai	nd 18942. I have ve	erified that the distribution set t	forth above, is in accordance wit	h the requirements.
ations 18944.1 at	nd 18942. I have ve Sarah O		forth above, is in accordance wit Supervisor's Assistant	
	lame, Title) E-mail sarah.oddie nation policy? Game Provide Title/Exp agency? the behest s department on t or Unit	E-mail sarah.oddie@acgov.org nation policy? Yes ⊠ No Game Provide Title/Explanation agency? Yes □ No the behest No □ Yes s department or unit. • Use Sec nt or Unit Number of Ticket(s)/ Pass(es) 2 2 2 zation Number of Ticket(s)/	Parme, Title)         E-mail         sarah.oddie@acgov.org         nation         policy?       Yes ⊠ No □       Face Value of Game         Provide Title/Explanation         agency?       Yes □       No ⊠       If no: Golde         the behest       No □       Yes ⊠       If yes: Chan         's department or unit.       • Use Section B to identify an individe         the or Unit       Number of Ticket(s)/       Describe the put         Pass(es)       Ceremonial Role       If checking "Ceremon         2       Ceremonial Role       If checking "Ceremon	Iame, Title)

						California 002	
. /	Agency Name		Agency Name				
,	Alameda County					Form 002	
Ī	Division, Department, or Regi	ion (If Applicabl	e)			For Official Use Only	
I	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
:	Sarah Oddie						
_	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
	Function or Event Infor		<u> </u>		994		
0	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	304.80 ticket/\$30 park	
	Event Description Basketball	Game			1 , 11 , 17	//	
t	Event Description	Provide Title/Exp	blanation	Date(s)	]		
-	Ticket(s)/Pass(es) provided by agency?		Yes 🗌 No	If no: Golde	en State Warriors		
	neket(s)/r ass(cs) provided by agency :				Name of So	purce	
١	Was ticket distribution made at the behest		No 🗌 Yes	If yes: Char	ר, Wilma <i>Cfficial's Name (</i>	(Look Eirot)	
	of agency official?		محد فراج ا		Cfficiar's Name (	Last, First)	
	Recipients						
1	Use Section A to identify the agence	y's department o	runit. • Use Sec Number of	tion B to identify an individ	Iual. • Use Section C to iden	itify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy	
-							
-	B. Name of Individua (Last First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
-	(Last First)	al	Ticket(s)/ Pass(es)	Ceremonial Role		ring:	
-	B. Name of Individua (Last First) McCormick, Mike	al	Ticket(s)/	If checking "Ceremo To promote attenc	Other	Income	
-	(Last First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attenc	Other D nial Role" or "Other" describe below: lanceevent held at a potential County reven	Income	
-	(Last First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attence facilitymaximize Ceremonial Role	Other D nial Role" or "Other" describe below: lanceevent held at a potential County reven	County	
	(Last First)	nization	Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other D inial Role" or "Other" describe below: lanceevent held at a potential County reven Other D	Income	
	(Last First) McCormick, Mike	nization	Ticket(s)/ Pass(es) 3 3 Number of	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other inial Role" or "Other" describe below: lanceevent held at a potential County reven Other inial Role" or "Other" describe below:	Income	
-	(Last First) McCormick, Mike C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other inial Role" or "Other" describe below: lanceevent held at a potential County reven Other inial Role" or "Other" describe below:	Income	
-	(Last First) McCormick, Mike C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) 3 3 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attence facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other  Inial Role" or "Other" describe below: Ianceevent held at a potential County reven Other Other Inial Role" or "Other" describe below: blic purpose made pursuant	Income	

. . . . .

1	Agency Name	=			Date Stamp	California 002
	Alameda County		Date Stamp	Form 802		
	Division, Department, or Reg	on (If Applicabl	-	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation	31937		* 8 (H)	<u> </u>
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	304.80 ticket/\$30 park
	Event Description Basketbal	Game		Date(s) 1'	1 , 11 , 17	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golde			n State Warriors Name of Sou		
					rce	
	of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (L	ast, First)
3.	Recipients	4.A	a to the first of the second			
Ο.	Use Section A to identify the agence	y's department or	ual. • Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last. First) Wang, Chris		Number of Ticket(s)/ Pass(es)		onial Role" or "Other" describe below: danceevent held at a County potential County revenueconcession sales	
			3+р	To promote attend		
			3+p	Ceremonial Role If checking "Ceremon		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
_		1 <b>1</b> 5 - 1210 - 10			-1	
4.	Verification	ns 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance with	h the reauirements.
			Sarah Oo		Supervisor's Assistant	
	/		Print Nam	10	Title	(Month, Day, Year)
•	Comment:					

Ceremonial Role Events	s and licket/Pa	ass Distr	ibutions	/	A Public Document
1. Agency Name				Date Stamp	California Q02
Alameda County					Form OUZ
Division, Department, or Regio	n (if applicable)				For Official Use Only
Board of Supervisors, District	4				
Designated Agency Contact (N	ame, Title)	·····			
Nathan A. Miley					
Area Code/Phone Number	E-mail	94 Jan 19 Jan		[_] Amenament (Musi	Provide Explanation in Part 3.)
(510) 272-6694	district4@acgov.org			Date of Original Filing	:(month, day, year)
2. Function or Event Inform	ation				
Does the agency have a ticke	et policy? Yes 🔀	] No⊡ F	ace Value of I	Each Ticket/Pass \$ .	300
Event Description: Bruno Mar	rs Concert	[	Date(s) <u>11</u>		///
Ticket(s)/Pass(es) provided b	Provide Title/ Explan		f no. Oakland	Coliseum Authority	
nekel(3)/1 ass(es) provided b	y agency: res L			Name of Source	
Was ticket distribution made a of agency official?	at the behest Yes 🖄	SINo□ <sup>li</sup>	f yes: <u>Miley, N</u>	athan Official's Name (Last, Firs	t)
A. Name of Agency, Depart	tment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
B. Name of Indivi (Last, First,		Number of Ticket(s)/ Passes		Identify one of the	a following:
Miley, Nathan		1	To promote		Income describe below: nty sponsored event or order to maximize revenue
Alexander, Toni		1	To promote a	nonial Role Other ing "Ceremonial Role" or "Other attendance at a Cou a County facility in	Income In
C. Name of Outside Org		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
Meals on Wheels of Alamed Box 14002, Oakland, CA 94		2	To promote a event held a	attendance at a Cou t a County facility to	nty sponsored event or maximize revenue

#### 4. Verification

	Nathan A Miley	Supervisor	12/13/17
Signäture of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

# Agancy Panart of

1	Agency Name		an di selitari Finangan Jeni Kasilia		Date Stamp	California
••	Alameda County				Date Stamp	Form 802
	Division, Department, or Regio	n (if applicable)				For Official Use Only
		, , ,				
	Board of Supervisors, District Designated Agency Contact (A					
		iame, i itie)				
	Nathan A. Miley				Amendment (Musi	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6694	district4@acgov.org	]		Date of Original Filing	(month, day, year)
2.	Function or Event Inform	nation				MALL ON
	Does the agency have a ticke	et policy? Yes 🕻	No 🗖	Face Value of	Each Ticket/Pass \$ .	(704.00
	Event Description: Warriors			Date(s)	, 6 , 17	
		Provide Title/ Explar	nation			<u> </u>
	Ticket(s)/Pass(es) provided b	by agency? Yes [	] No 🛛	If no: Oakland	Coliseum Authority	
				lf yes: <u>Miley, N</u>	Name of Source	
	Was ticket distribution made	at the behest Yes	No 🗌	If yes: whicy, it	Official's Name (Last, Firs	<i>t</i> )
	of agency official?					
	A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
	B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the	e following:
	Muhammad, Ansar		4		nonial Role Dother king "Ceremonial Role" or "Other" Community Voluntee	describe below: of for his or her service to
				1	nonial Role D Other king "Ceremonial Role" or "Other"	
	C. Name of Outside Or (include address and o		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy

#### 4. Verification

	Nathan A Miley	Supervisor	12/13/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Concernance			
Comment:			

Ceremonial Role Events and Ticket/Pa	ass Dist	ributions		A Public Document
1. Agency Name			Date Stamp	California Form 802
Alameda County				Form 002
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisors, District 4				
Designated Agency Contact (Name, Title)				
Nathan A. Miley			Amondmont ///	
Area Code/Phone Number E-mail				ust Provide Explanation in Part 3.)
(510) 272-6694 district4@acgov.org			Date of Original Fili	ng:(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes 🛛	🛾 No 🗖	Face Value of	Each Ticket/Pass \$	<u> </u>
Event Description: Halsey Concert		Date(s) <u>11</u>		/
Provide Title/ Explana Ticket(s)/Pass(es) provided by agency? Yes	No 🛛	If no: Oakland	Coliseum Authority	,
Mos ticket distribution made at the babast of T	<b>.</b>	If yes. Miley, N	Name of Source lathan	
Was ticket distribution made at the behest Yes区 of agency official?	No 🗌	n yes	athan Official's Name (Last, Fi	irst)
<ul> <li>Recipients         <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>U</li> </ul> </li> <li>A. Name of Agency, Department or Unit</li> </ul>	Jse Section B t Number of Ticket(s)/ Passes			dentify an outside organization. pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of t	the following:
Armstrong, Erin	2	To reward a	king "Ceremonial Role" or "Othe County employee	er DINCOME Income C er describe below: for his or her exemplary urage staf development
			nonial Role DOthe king "Ceremonial Role" or "Othe	er 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
	ST STRACTOR OF STRACTOR STRACTOR			

#### 4. Verification

	Nathan A Miley	Supervisor	12/13/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

C	eremonial Role Even	ts and Ticket/P	ass Dist	ributions	Д	<b>Vertice Document</b>
1.	Agency Name			Date Stamp	California 802	
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, Distrie	ct 4				
	Designated Agency Contact (Name, Title)				· ·	
	Nathan A. Miley				Amondmont (Aduct	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Fronde Explanation in Fait 3.)
	(510) 272-6694	district4@acgov.org	3		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	na na kutokonski takonska najvoro	ng n		201 21
	Does the agency have a tick	ket policy? Yes [	No 🗆	Face Value of	Each Ticket/Pass \$ _	<u>. 204, 01</u>
	Event Description: Warriors			Date(s)1	<u>, 8 , 17</u>	///
	Tielot(e)/Deee(ee) even ided	Provide Title/ Explai			Coliseum Authority	
	Ticket(s)/Pass(es) provided	by agency? Yes [		If no: <u>Outland</u>	Name of Source	
	Was ticket distribution made	e at the behest Yes I		If yes: Miley, N	Nathan	
	of agency official?				Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the ager	icy's department or unit.	Number	l l l l l l l l l l l l l l l l l l l	dual. • Use Section C to Iden	inty an outside organization.
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/	Describe t	he public purpose made pu	rsuant to the agency's policy
			Passes			
	The second s					<u></u>
			Number			
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		Identify one of the	following:
	Rodriguez, Coco			Cerei	monial Role 🔲 🛛 Other [	
	-		4	To reward a	cking "Ceremonial Role" or "Other" o a community volunteer	for his or her service to
				the public		
			,	Cere	monial Role 🗌 Other [	
				lf chea	cking "Ceremonial Role" or "Other" o	lescribe below:
	Name of Outside O	rapizatan	Number			
	C. (include address and		of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy
4.	Verification				nan namu tana tana tanàn mina mandritry ny kaodiminina dia mandritry dia kaodim-paositra dia mandritry mpi	

	Nathan A Miley	Supervisor	12/13/17
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
/			
Comment:			

Ceremonial Role Events and Ticket	/Pass Dist	ributions	Α	Public Document
1. Agency Name	an a		Date Stamp	California 802
Alameda County				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisors, District 4				
Designated Agency Contact (Name, Title)				
Nathan A. Miley			Amendment (Must D	rovide Explanation in Part 3.)
Area Code/Phone Number E-mail				rovide Explanation in Part 3.)
(510) 272-6694 district4@acgov.	.org		Date of Original Filing: .	(month, day, year)
2. Function or Event Information				2011 20
Does the agency have a ticket policy? Ye	es 🖾 No 🗖	Face Value of	Each Ticket/Pass \$ 🔟	N7.W
Event Description: Warriors	valanation	Date(s)	<u>, 11 , 17</u>	///
Provide Title/ Ex Ticket(s)/Pass(es) provided by agency? Ye	es 🗋 No 🔀	If no: Oakland	Coliseum Authority	
		lf yes: <u>Miley, N</u>	Name of Source Iathan	
Was ticket distribution made at the behest Ye of agency official?	es 🖄 No 🗋	n yes,	Official's Name (Last, First)	
<ul> <li>Use Section A to identify the agency's department or unit</li> <li>A. Name of Agency, Department or Unit</li> <li>Miley, Christopher</li> </ul>	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur attendance at a Count	suant to the agency's policy y sponsored event or
	4	event held a	t a county facility in or	der to maximize revenue
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
			nonial Role 🗋 Other 🗌	
			nonial Role D Other C	-
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
	1 Barrado Maria da Barrado Maria da Mar		n maanaan ay ka	

#### 4. Verification

	Nathan A Miley	Supervisor	12/13/17
Signature of Agency Read of Designee	Print Name	Title	(month, day, year)
Comment:	an a		

Ceremonial Role Events and Licker	l/Pass Dist	ributions	APL	uplic Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisors, District 4				
Designated Agency Contact (Name, Title)				
Nathan A. Miley			Amendment (Must Provio	In Evaluation in Dart 21
Area Code/Phone Number E-mail		NEW POPULE RELIES REPAREMENTS OF THE CONTRACT		e Explanation in Part 3.)
(510) 272-6694 district4@acgov	.org		Date of Original Filing:	(month, day, year)
2. Function or Event Information			$\mathcal{T}$	M QG
Does the agency have a ticket policy? Ye	es 🖾 No 🗖	Face Value of	Each Ticket/Pass \$	14. 1 <u>50</u>
Event Description: Warriors		Date(s)	<u>, 13 , 17</u>	/
Provide Title/ E. Ticket(s)/Pass(es) provided by agency? Ye	xplanation es 🔲 No 🔀	If no: Oakland	Coliseum Authority	
			Name of Source	
Was ticket distribution made at the behest $\gamma_{0}$ of agency official?	es 🖄 No 🗖	If yes: <u>Miley, N</u>	Official's Name (Last, First)	<u></u>
• Use Section A to identify the agency's department or unit	Number of Ticket(s) Passes	· · ·	e public purpose made pursual	
B. Name of Individual (Last, First)	Number of Ticket(s) Passes	/	Identify one of the follow	wing:
Peters, Andrew	4	To promote	nonial Role 🔀 Other 🗌 Wing "Ceremonial Role" or "Other" describe attendance at a County s t a county facility in order	
			nonial Role D Other D	Income 🗌 9 below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s) Passes	/ Describe th	e public purpose made pursuar	nt to the agency's policy

### 4. Verification

	Nathan A Miley	Supervisor	12/13/17
Signature of Agency fread of Designee	Print Name	Title	(month, day, year)
Comment:			

## **Agency Report of:** E

<b>Ceremonial Role Events and Ticket/Pass Distributions</b>					A Public Documer		
1.	I. Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	ion (if applicable)			For Official Use Only		
	Board of Supervisors, Distrie	ct 4					
	Designated Agency Contact	(Name, Title)					
	Nathan A. Miley				Amondmont (Must Dr	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail		Svide Explanation in Part 3.)			
	(510) 272-6694	district4@acgov.org	9		Date of Original Filing:	(month, day, year)	
2.	Function or Event Information						
	Does the agency have a tic	ket policy? Yes 🛛	🛛 No 🗀	Face Value of	Each Ticket/Pass \$	J	
	Event Description: Fall Out Boy Concert Date(s)				<u>, 14 , 17</u>	//	
	Ticket(s)/Pass(es) provided	Provide Title/ Explar by agency? Yes [	] No 🖾	lf no: <u>Oakland</u>	Coliseum Authority		
	Man tiglest distribution made		201	If yos. Miley, N	Name of Source yes: Miley, Nathan Official's Name (Last, First)		
	Was ticket distribution made of agency official?	at the benest Yes	n yes	Official's Name (Last, First)	a de la defanta de la constanta de la constante		
3.	Recipients         • Use Section A to identify the ager         • Data Section A to identify the ager         A.         Name of Agency, Depart	<u> </u>	Use Section B to Number of Ticket(s)/ Passes		lual. • Use Section C to identi		
	B. Name of Ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
	Miley, Chris		4	To promote	nonial Role Other king "Ceremonial Role" or "Other attendance at a County t a county facility to ma		
					nonial Role D Other desking "Ceremonial Role" or "Other" desk		
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
-							

#### 4. Verification

	Nathan A Miley	Supervisor	12/13/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

$\mathbf{v}$	eremonial Role Even	is and nickeur	ass Distr	ipuuons		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	ion (if applicable)			· ·	For Official Use Only
	Board of Supervisors, Distric	ot 4				
	Designated Agency Contact (	Name, Title)				
	Nathan A. Miley					
	Area Code/Phone Number	E-mail			Amenament (Mu	st Provide Explanation in Part 3.)
	(510) 272-6694	district4@acgov.org	]		Date of Original Filin	g:(month, day, year)
2. Function or Event Information						<u></u>
	Does the agency have a tick	et policy? Yes 🛛	No 🗆 🛛	Face Value of	Each Ticket/Pass \$	300
	Event Description: Guns N'	Roses Concert Provide Title/ Explan		Date(s) <u>11</u>	<u>, 21 , 17</u>	//
	Ticket(s)/Pass(es) provided			f no: <u>Oakland</u>	Coliseum Authority	
					Name of Source	
	Was ticket distribution made	at the behest Yes	No 🗆 🛛	f yes: <u>Miley, N</u>	Official's Name (Last, Fir	rst)
•	of agency official?				<b>,</b> <i>, , , , , , , , , ,</i>	,
	• Use Section A to identify the agen A. Name of Agency, Depa		Number of Ticket(s)/ Passes	1		pursuant to the agency's policy
	B. Name of Indi	vidual	Number		Identify one of ti	
	B. (Last, Fir.		of Ticket(s)/ Passes		identity one of th	ie ionowing.
	Cox, Lori		2	To reward a		r ☐ Income ☐ <sup>™</sup> describe below: or his or her exemplary irage staff development
	Washington, Tanya		2	To reward a	nonial Role DOthen King "Ceremonial Role" or "Othen COUNTY employee fo e public or to encou	r ☐ Income ☐ or his or her exemplary rage staff development
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy

#### 4. Verification

	Nathan A Miley	Supervisor	12/13/17
Signature of Agency Head or Designer	Print Name	Title	(month, day, year)
Comment:			

<u> </u>	eremonial Role Event	s and licket/Pa	ass Dist	ributions	A	Public Document
1.	Agency Name Alameda County				Date Stamp	California 802
	Division, Department, or Regio	on (if applicable)				For Official Use Only
	Board of Supervisors, District	t 4				
	Designated Agency Contact (A	lame, Title)				
	Nathan A. Miley		Amendment (Must 6	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				Torde Explanation in Fait 5.)
	(510) 272-6694	district4@acgov.org	J		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation	Ara da da da la canada ana da mana da	201 00		
	Does the agency have a ticke	et policy? Yes 🛛	🛛 No 🗖	Face Value of	Each Ticket/Pass \$	<u>. 704. DU</u>
	Event Description: Warriors	Provide Title/ Explan		Date(s)	<u>, 24 , 17</u>	
	Ticket(s)/Pass(es) provided b			If no: Oakland	Coliseum Authority	<u></u>
	Million Mi			lf yes: <u>Miley, N</u>	Name of Source lathan	
	Was ticket distribution made of agency official?	at the benest. Yes 2	No 🗌	n yes	Official's Name (Last, First)	
3.	• Use Section A to identify the agenc		Use Section B Number of Ticket(s) Passes			tify an outside organization. rsuant to the agency's policy
	B. Name of Indiv (Last, First		Number of Ticket(s) Passes	<i>I</i>	Identify one of the	following:
	Taylor, Elaine		4	To promote		Income Income scribe below: ty sponsored event or der to increase revenue
					nonial Role DOther C	
	C. Name of Outside Org (include address and d		Number of Ticket(s) Passes	/ Describe th	e public purpose made pu	rsuant to the agency's policy
-0001020						

#### 4. Verification

	Nathan A Miley	Supervisor	12/13/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:		·	

Ceremonial Role Events and Ticket/Pass Distributions					A Public Documen		
1.	Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors, Distrie	ct 4					
	Designated Agency Contact	(Name, Title)					
	Nathan A. Miley		Amendment (Must	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail	,			ronge Explanation in Fait 3.)	
	(510) 272-6694	district4@acgov.or	rg		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation	sta ny Barnini di Konstany di Angela ang	ne este minorial. Estas densi la secreta professi de ancienta da aspecta da sec		200 60	
	Does the agency have a tic	ket policy? Yes	Each Ticket/Pass \$	202.22			
	Event Description: Raiders		<u>, 26 , 17</u>	///			
	Provide Title/ Explanation				Coliseum Authority	· · · · · · · · · · · · · · · · · · ·	
	Miloy				Name of Source Nathan		
	Was ticket distribution made of agency official?	e at the behest Yes	🖄 No 🗌	n yes: <u></u> , ,	Official's Name (Last, First)		
	• Use Section A to Identify the agency's department or unit. • U A. Name of Agency, Department or Unit		• Use Section B to Number of Ticket(s)/ Passes			ntify an outside organization. Irsuant to the agency's policy	
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the	following:	
	Snyder, Ron		4	Cerer To reward a the puiblic	monial Role	Income <i>lescribe below:</i> for his or her service to	
					monial Role D Other [ cking "Ceremonial Role" or "Other" d		
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy	
						<u></u>	
001000000							

#### 4. Verification

	Nathan A Miley	Supervisor	12/13/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:		a de la constante de la constan L	

cicilionial ivoic seen	is and never	ass Dis	linutions		A Public Document
Agency Name			Date Stamp	California 802	
Alameda County					
Division, Department, or Reg	ion (if applicable)			For Official Use Only	
Board of Supervisors, District 4					
Designated Agency Contact	(Name, Title)	, jana,			
Nathan A. Miley					
Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
(510) 272-6694	district4@acgov.org	9		Date of Original Filing:	(month, day, year)
Function or Event Infor	mation		All Control of Control Control of		2011 Da
Does the agency have a ticl	ket policy? Yes [	Each Ticket/Pass \$ _	$(2)$ $(\gamma(\gamma))$		
Event Description: Warriors			Date(s) <u>11</u>	<u>, 27 , 17</u>	//
			If no: <u>Oakland</u>		
				Name of Source Iathan	
Was ticket distribution made of agency official?	e at the behest Yes [	🖄 No 🗋	If yes: miley, the	Official's Name (Last, First)	)
•		Number	)/ Describe th To reward a	e public purpose made pu County employee for	rsuant to the agency's policy r his or her exemplary
Real Provide Annual Contraction Contractio		Number of Ticket(s Passes	Ceren		
			Ceren If chec.	nonial Role 🔲 Other [ king "Ceremonial Role" or "Other" d	iescribe below:
		rasses			
	Agency Name         Alameda County         Division, Department, or Reg         Board of Supervisors, District         Designated Agency Contact (Nathan A. Miley         Area Code/Phone Number         (510) 272-6694         Function or Event Inform         Does the agency have a tick         Event Description:         Warriors         Ticket(s)/Pass(es) provided         Was ticket distribution made         of agency official?         Recipients         • Use Section A to identify the agen         Hopkins, Willie         B.       Name of Agency, Department         Name of Indi         (Last, Fired)	Agency Name         Alameda County         Division, Department, or Region (if applicable)         Board of Supervisors, District 4         Designated Agency Contact (Name, Title)         Nathan A. Miley         Area Code/Phone Number         (510) 272-6694         Event Description:         Warriors         Event Description:         Warriors         Provide Title/ Explant         Ticket(s)/Pass(es) provided by agency?         Yes [         Of agency official?         Recipients         • Use Section A to identify the agency's department or unit.         Hopkins, Willie         B.         Name of Individual (Last, First)	Algency Name         Alameda County         Division, Department, or Region (if applicable)         Board of Supervisors, District 4         Designated Agency Contact (Name, Title)         Nathan A. Miley         Area Code/Phone Number         (510) 272-6694         Event Opes the agency have a ticket policy?         Yes X       No I         Event Description:         Warriors         Provide Title/ Explanation         Ticket(s)/Pass(es) provided by agency?       Yes No X         Was ticket distribution made at the behest Yes X       No I         of agency official?       Number         A.       Name of Agency, Department or Unit       Number         A.       Name of Individual       of Ticket(s         Itelast, First)       Operation       Number         B.       Name of Individual       Number         Itelast, First)       Passes       Passes	Alameda County         Division, Department, or Region (if applicable)         Board of Supervisors, District 4         Designated Agency Contact (Name, Title)         Nathan A. Miley         Area Code/Phone Number         [510] 272-6694         Destination         Does the agency have a ticket policy?         Yes ⊠ No □         Function or Event Information         Does the agency have a ticket policy?         Yes ⊠ No □         Fixed(s)/Pass(es) provided by agency?         Yes ⊠ No □         If no: Oakland         Was ticket distribution made at the behest Yes ⊠ No □         If yes: Miley, N         of agency official?         Recipients         • Use Section A to identify the agency's department or unit.         • Use Section A to identify the agency's department or Unit         A         Mame of Agency, Department or Unit         Number         Hopkins, Willie         4         Service to th         B.       Name of Individual         (Last, First)       Number         Passes         Cereen         If cheet(s)/         Describe th         Passes         Cereen	Agency Name       Date Stamp         Alameda County       Division, Department, or Region (If applicable)         Board of Supervisors, District 4       Designated Agency Contact (Name, Title)         Nathan A. Miley       Amendment (Must         Area Code/Phone Number       E-mail         (510) 272-6694       district4@acgov.org         Function or Event Information       Date of Original Filling         Does the agency have a ticket policy?       Yes 🛛 No 🗌 Face Value of Each Ticket/Pass \$         Event Description:       Warriors         Provide Title/ Explanation       Date(s) _ 11 _ 27 17         Ticket(s)/Pass(es) provided by agency?       Yes 🖾 No 🖾 If no: Oakland Collseum Authority         Name of Agency, Department or unit.       * Use Section A to identify the agency's department or unit.       * Use Section A to identify the agency's department or unit.       * Use Section A to identify one of the public purpose made purpasse         A.       Name of Agency, Department or Unit       Number of Ticket(g)       Describe the public purpose made purpasse         B.       Name of Individual (Last, First)       Number of Ticket(g)       Identify one of the full county employee for service to the public or to encource of the checking "Garemonial Role if" or "Other 's service to the public or to encource of the checking "Garemonial Role if" or "Other 's service to the public or to encource of the checking "Garemonial Role if" or "Other 's service to the public

#### 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 discuirements

/	Nathan A Miley	Supervisor	12/13/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
(			
Comment:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

. . .

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name	Date Stamp	California 802			
Alameda County	Alameda County				
Division, Department, or Region (If Applicabl	Division, Department, or Region (If Applicable)				
Board of Supervisors					
Designated Agency Contact (Name, Title)					
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 Information				2 11 QZ	
Does the agency have a ticket policy?	f Each Ticket/Pass \$ _	304.80			
Event Description Basketball	, 27, 17	//			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golden	State Warriors	Durce	
Was ticket distribution made at the behest	No 🗋 Yes	Carso	n, Keith- Supervisor		
of agency official?	Official's Name	(Last, First)			
3. Recipients •(Use Section A to Identify the agency's department or A. (Name of Agency, Department or Unit)	unit.) (• Use Sec Number of Ticket(s)/ Pass(es)		al.) • Use Section C to ider ic purpose made pursuan		
$P \subset \Phi$			County employee		
GJDH	2	1	his or her exemplary service to the public or to encourage staff		
	2	developmen	-		
BOD D5	6		1		
B. (Name of Individual)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
			A Other describe below:	Income	
		Ceremonial Role [	Other  Other  I Role" or *Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuan	t to the agency's policy	
		· · · ·			

#### 4. Verification

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

Signature of Agency Head or Designee

Briana Brown Print Name

Supervisor's Assistant Title

(Month, Day,

Comment: .

	NOUT 433	Distributions	-	A Public Document
1. Agency Name			Date Stamp	California Form 802
Alameda County	Alameda County			
Division, Department, or Region (If Applicable,	)	80	-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Briana Brown				
Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)
5102726695 briana.brown	2@00000		Date of Original Filing:	
2. Function or Event Information		Jig	]	(Month, Day, Year)
<b>B 4 1 4 1 4 1 4</b>				$(\rho \Omega)$
	Yes 🛛 No		of Each Ticket/Pass \$	<u>u v</u>
Event Description Bruno Mars	<u>&gt;</u>	Date(s) <u>     </u>	<u>,3,17</u>	/
Provide Title/Expla	anation		- Ot-t- M/	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sour	¢ρ
Was ticket distribution made at the behest		Carso	on, Keith- Supervisor Di	
of agency official?	of agency official?			st, First)
3. Recipients				
•Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	ction B to identify an individu Describe the pub	ual.) • Use Section C to identif	
B. (Name of Individual)	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	9 <b>.</b> 
Maria Carson	4	If checking "Ceremoni To promote atte event or event	Other     Other     Other     or     Other     describe below:     endance at a County spo     held at a County facility in     translite	a ordou
		parking and cor	lential County revenue fr	OM Income
C. Name of Outside Organization ((include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
4. Verification				

	34.26.16 10011	in and ree is mare vermed that the dist	noution set form above, is in accordance with the r	equirements.
Ļ		Briana Brown	Supervisor's Assistant	11/30/17
V	Signature of Agency Head or Decignee	Print Name	Title	(Month, Day, Year)
_				

## Agency Report of:

	eremonial Role Even					A Public Documer
1.	Agency Name				Date Stamp	California 802
	Alameda County			an a		Form For Official Use Only
	Division, Department, or Regi	on (If Applicabl	e)			r of Official Ose Offiy
	Board of Supervisors					
	Designated Agency Contact (	Name,Title)			~	
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	5102726695	briana.brow	n2@acgov.d	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				1
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	190
		ey/ Part Provide Title/Exp	Y-MH J	Date(s)	17,17	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sc	Durce
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Carso	on, Keith- Supervisor   Official's Name (	District 5 (Last, First)
3.	Recipients •(Use Section A to identify the agency	's department or	unit.) (• Use Se	ction B to identify an individu	al.) ● Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	
	Bos De		4	or her exemp	County employee for lary service to the ge staff developme	public
	B. (Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
					Other al Role" or "Other" describe below:	Income [
					Other	Income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
						·

| have real antwinderstand EPPCH2 gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

			, , , , , , , , , , , , , , , , , , , ,	an ormorrior
• , ,		Briana Brown	Supervisor's Assistant	11/30/17
V	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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

A Public Document

1.	Agency Name			Date Stamp	California 002
	Alameda County				Form OUZ
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Briana Brown				
	Area Code/Phone Number E-mail			. 🔲 Amendment (Mustip	provide explanation in Part 3.)
	5102726695 briana.brown	2@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				- 192-
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	150-
	Event Description Fall OUL Boy Provide Title/Explain		Date(s) )	,14,17	///
		Yes 🗌 No	If no: Golder	n State Warriors	
	Was ticket distribution made at the behest		Carso	on, Keith- Supervisor I	
	of agency official?	No 🗌 Yes	IX If yes:	Official's Name (	Last, First)
3.	Recipients •(Use Section A to identify the agency's department or u	-16 / 11-2 02	alle - Dia Jaha Mara India Ida		
		Number of	ction B to identify an individu		tify 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
			To reward a	County employee	for his
	BOS D5	2	or her exemp	plary service to the	public
				age staff developm	ent;
	B. (Name of Individual) (Lost, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	Ing:
		2			Income
	maya Govers			ial Role" or "Other" describe below:	
			To promote atten	dance at a County spo dd at a County facility i	nsored a order
			to maximize pote	ntial County revenue fr	om Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
4.	Verification	18942. I have ve	erified that the distribution set fr	orth above, is in accordance wi	ith the requirements.

		Briana Brown	Supervisor's Assistant	11/30/1/
$\mathbf{\nu}$	Signalure of Agency Head on pesignee	Print Name	Title	(Month, Day, Year)
Cor	mment:			

				A Public Document
			Date Stamp	California 802
n (If Applicable)	)			For Official Use Only
ame, Title)			-	
-mail			_ L Amendment (Must µ	provide explanation in Part 3.)
oriana.brown	2@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
ation				C (C)
olicy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	300
	302		10, 17	
	nation			
agency?	Yes 🗍 No	IX If no: Golde	n State Warriors	
			Name of Sc	
he behest	No 🗌 Yes	If yes: Carse	on, Keith- Supervisor I	District 5
			Onicial S Manie (	Lasi, Filsij
denartment or u	nit (e Lico So	ction B to identify an individ	ual a Uso Sootion C to idea	
	Number of	a an		
огонц	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
nis	11	Ceremonial Role	Other	
	9		,	ntv
		sponsore	d event or event held at	а
		potential	County revenue from	Income
	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
ons 18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.
ons 18944.1 and			orth above, is in accordance wi Supervisor's Assistan	
ons 18944.1 and	18942. I have ve Briana Br Print Nan	own	iorth above, is in accordance wi Supervisor's Assistan Title	
	ame, Title) -mail priana.brown ation policy? Rof provide Title/Expla agency? the behest	i-mail priana.brown2@acgov.c ation policy? Yes ⊠ No <u>W &amp; B</u> <i>Trovide Title/Explanation</i> agency? Yes □ No the behest No □ Yes department or unit.) (• Use Se or Unit) Number of Ticket(s)/ Pass(es) M S U Inton Number of Ticket(s)/ Pass(es)	ame, Tille)         E-mail         priana.brown2@acgov.org         ation         policy?       Yes 🖾 No 🗌 Face Value of Date(s) ⊥⊥         Provide Tille/Explanation       Date(s) ⊥⊥         agency?       Yes 🖾 No 🖾 If no: Golde         the behest       No 🖾 Yes 🖾 No 🖾 If yes: Cars         department or unit.)       e Use Section B to Identify an individ         or Unit       Number of Ticket(s)/ Pass(es)         Mi S $\mathcal{U}$ Vi S $\mathcal{U}$ If checking "Ceremonial Role II checking a potential I parking a potential I         Number of Ticket(s)/       Describe the put	n (If Applicable) ame, Title)

A. AI				A Public Documen
Agency Name			Date Stamp	California 802
Alameda County	- 000 v			Form OUZ For Official Use Only
Division, Department, or Region (If Applicable,	)			
Board of Supervisors				
Designated Agency Contact (Name, Title)	1000 - 1000 - 100 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 -			
Briana Brown				
Area Code/Phone Number E-mail			. L Amendment (Must	provide explanation in Part 3.)
5102726695 briana.brown	2@acgov.	org	Date of Original Filing	(Month, Day, Year)
Function or Event Information				AALL 0
Does the agency have a ticket policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ .	204.00
Event Description Basket-ball Gue	Im.e	Date(s)	, 13 , 17	11,24,17
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of S	ource
Was ticket distribution made at the behest	No 🗌 Yes	Carso	on, Keith- Supervisor	
of agency official?		n yes:	Official's Name	
Recipients •(Use Section A to identify the agency's department or u		ction B to identify an individu	al, ● Use Section C to ide	tlify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	t to the agency's policy
D (Name of Individual)	Number of		N	
B. (Name of Individual)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
(Last, First)	Ticket(s)/		Identify one of the follow	ing:
B. (Name of Individual) (Last. First) Keith Curson	Ticket(s)/	To obtain oversjaht	<u>alah di kuku</u>	Income
(Last, First)	Ticket(s)/ Pass(es)	that have received	of facilities or events	Income
(Last, First)	Ticket(s)/ Pass(es)	To obtain oversight that have received support;	of facilities or events	Income
(Last, First)	Ticket(s)/ Pass(es)	that have received support;	of facilities or events	Income
(Lost First) Keith Curson C. Name of Outside Organization	Ticket(s)/ Pass(es)	that have received support; " onecoming corrention	of facilities or events County funding or	Income
(Lest First) Keith Carson C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	that have received support; " onecoming corrention	of facilities or events County funding or	Income
(Lost First) Keith Curson C. Name of Outside Organization	Number of Ticket(s)/	that have received support; " uncoming coremon Describe the public Fo promote atte	of facilities or events County funding or in not of one double county ic purpose made pursuan ndance at a County sp	Income
(Lest First) Keith CUrson C. Name of Outside Organization (include address and description) City Slieker Farms: Silent Auchon	Ticket(s)/ Pass(es)	that have received support; " creaning ceremon Describe the public Fo promote atte event or event h	of facilities or events County funding or in not of one description ic purpose made pursuan ndance at a County sp eld at a County facility	Income
Lest First) Keith Curson C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	that have received support; " creaning ceremon Describe the public Fo promote atte event or event h	of facilities or events County funding or ic purpose made pursuan indance at a County sp eld at a County facility ential County revenue	Income
C. Name of Outside Organization (include address and description) City Shelfer Farms: Silent Authon CMPONER COMMUNITY & PROVIDE health fresh Sood.	Number of Ticket(s)/	that have received support; " creaning ceremon Describe the public Fo promote atte event or event h	of facilities or events County funding or ic purpose made pursuan indance at a County sp eld at a County facility ential County revenue	Income
C. Name of Outside Organization (include address and description) City Slitter Farms: Silent Authon Empower Community & provide health fresh food. Verification	Ticket(s)/ Pass(es)	that have received support; Describe the public Fo promote atte event or event h o maximize pot	of facilities or events County funding or ic purpose made pursuan ndance at a County sp eld at a County facility ential County revenue cession sales;	Income
C. Name of Outside Organization (include address and description) City Shelfer Farms: Silent Authon CMPONER COMMUNITY & PROVIDE health fresh Sood.	Ticket(s)/ Pass(es)	that have received support; Describe the public Fo promote atte event or event h o maximize pote barking and con	of facilities or events County funding or ic purpose made pursuan ndance at a County sp eld at a County facility ential County revenue cession sales;	Income

	SILGOI MOO			A Public Document
Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicable	le)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Briana Brown				
		1	Amendment (Must pro	vide explanation in Part 3.)
	/n2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				(monin, bay, rear)
	Yes 🕅 No	Face Value of	of Each Ticket/Pass \$	3.05, ~
Endly II D.	ha a	11	26.17	
Event Description	planation	Date(s)		
Ticket(s)/Pass(es) provided by agency?		In If no: Golder	n State Warriors	
			Name of Sour	
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Carso	on, Keith- Supervisor Di	strict 5
of agency official?			Official's Name (La	st, First)
A. (Name of Agency, Department or Unit)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant to	o the agency's policy
D (Manna of Individual)	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	g:
				Income
		Ceremonial Role	Other is a contract of the con	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant to	o the agency's policy
Down syndrome connection of the Bast Buy	4+ pp	event or ever	nt held at a County facility	in order
En Ourag Unlimited Potential in Children & adults with Down sylwrone				
	Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number 5102726695 Function or Event Information Does the agency have a ticket policy? Event Description For ball Gave Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients •(Use Section A to Identify the agency's department of A. Name of Agency, Department or Unit) B. (Name of Individual) (Last, First) C. Name of Outside Organization (include address and description) Dout() SUMMONC COMMENTION	Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Briana Brown         Area Code/Phone Number         5102726695         Function or Event Information         Does the agency have a ticket policy?         Yes ⊠ No         Event Description         FOOL         Division, Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes □ No         Was ticket distribution made at the behest of agency official?         e/Use Section A to Identify the agency's department or unit.         e/Use Section A to Identify the agency's department or unit.         Pass(es)         Pass(es)         B.       (Name of Individual)         (Leat, Frai)       Number of Ticket(s)/Pass(es)         Pass(es)       Ticket(s)/Pass(es)         Pass(es)       Pass(es)         Own Syndhrow-€ (own-ℓ@+ion)       Up +	Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Briana Brown         Area Code/Phone Number         5102726695         Function or Event Information         Does the agency have a ticket policy?         Yes ⊠ No □         Face Value of Event Description         Food Wall         Better Stream         Date(s)         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes □       No □         Yes ∞       No □         Was ticket distribution made at the behest of agency official?       No □         Recipients       •Use Section A to identify the agency's department or unit.       e Use Section B to identify an Individe         •Use Section A to identify the agency's department or unit.       E Use Section B to identify an Individe         Recipients       Ceremonial Role       If checking Ceremon         •Use Section A to identify the agency's department or unit.       E Use Section B to identify an Individe         B.       Name of Individual       Number of Ticket(s)       Describe the put: Pass(es)         Ceremonial Role       If checking Ceremon       If checking Ceremon         If	Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Briana Brown         Area Code/Phone Number         E-mail         5102726695         Does the agency have a ticket policy?         Yes ⊠ No □         Face Value of Each Ticket/Pass \$         Event Description <u>FOOL Wall</u> Best agency have a ticket policy?         Yes ⊠ No □       Face Value of Each Ticket/Pass \$         Event Description <u>FOOL Wall</u> Best agency have a ticket policy?       Yes ⊠ No □         Vas ticket distribution made at the behest no □       Yes ⊠         Name of Source       Nomber of agency official?         Attes Section A to identify the agency's department or unit.       (a tas Section B to identify an individual) = Use Section C to identify an individual) = Use Section C to identify an individual)         A. Name of Agency, Department or Unit       Number of Ticket(s) Pass(es)         B. Name of agency. Department or Unit       Number of Ticket(s) Pass(es)         Ceremonial Role □       Other: □         Use Section C control Role □       Other: □         Use Section C control Role □       Other: □         Use Section C control Role □

#### 4. Verification

I have reen 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	11/30/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

Ceremonial Role Events and Tic	cket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Tomi
Division, Department, or Region (If Applicabl	le)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)	<b></b>	9000 maarin ahaa ahaa ahaa ahaa ahaa ahaa ahaa ah	-	
Briana Brown				
Area Code/Phone Number E-mail		innen av annen Aller an an an an Allerian an Allerian an Allerian an Allerian an Allerian an Allerian an Alleria	Amendment (Must pr	ovide explanation in Part 3.)
5102726695 briana.brow	n2@acgov.@	org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No	Eace Value o	of Each Ticket/Pass \$	304.80
Marian on		11		
Event Description <u>VVANVG</u>	( \ lanation	Date(s)	<u></u> .	/
Ticket(s)/Pass(es) provided by agency?		Golder	n State Warriors	
never(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of Sou	rce
Was ticket distribution made at the behest	No 🗌 Yes	X If ves. Carso	on, Keith- Supervisor D	istrict 5
of agency official?	_	in yoon	Official's Name (L	ast, First)
3. Recipients •Use Section A to identify the agency's department or A. Name of Agency, Department or Unit	unit.) (• Use Se Number of Ticket(s)/	Conspiration of States and the	al.) • Use Section C to identi lic purpose made pursuant f	
	Pass(es)		a second	~~~~ 지난 그는 방안 관람들이 다.
Rout Cooperation DC	15	I avent or event hel	dance at a County spons Id at a County facility in a	ordor
Board of supervisor DS	15	o maximize poter	Itial County revenue from	n
			ssion sales;	1
	Number of		·····	
B. (Name of Individual) (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	<b>ig:</b>
Keith Carson	3		· · ·	Income
115111 ( Cal 2001	2	To obtain oversi	ght of facilities or ever	nts
		that have received support;	ved County funding or	r
		sopport,		
			mand and a set a manual	Income
		If checking "Ceremonia	al Role" or "Other" describe below:	
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
				THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF T
Verification				

#### 4. Verification

Verification

1		Briana Brown	Supervisor's Assistant	1/30/17
$\overline{\mathcal{V}}$	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)