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 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: 510-219-562 272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: NOT SO SILENT NIGHT - concert Date(s) _____ 8 17 Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗂 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes XI No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual Β. Identify one of the following: of Ticket(s)/ (Last, First) Passes Jennifer Milne To promote attendance at a county sponsored 4 event in order to maximize potential county

			revenue for concession and parking sales
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	12/14/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

A Public Document

_	erenar recie Even	to and mekeur	455 DIS		A	Fublic Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)	<u></u>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Lee Ann Fergerson, Ticket /	Administrator			Amondmont (Must G	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				гомае Ехріалавол іл Рад 3.)
	510-219-562 272-6691	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 🗌	Face Value of	Each Ticket/Pass \$ $\frac{30}{2}$)5.55
	Event Description: Raiders			Date(s) <u>12</u>	, 17 , 17	
		Provide Title/ Explan	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes 🛛	🛛 No 🗌	If no: RAIDER		······································
	Mas ticket distribution made	ot the behadt of a	m m	If yes: Hagger	Name of Source ty, Scott	
	Was ticket distribution made of agency official?	at the benest Yes	NoL	If yes	Official's Name (Last, First)	·····
-						
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	Use Section B	to identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s) Passes	/ Describe th	ne public purpose made pur	suant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s) Passes	I.	Identify one of the f	ollowing:
	Mangabay, Burke		4	ev	promote attendance a vent in order to maxim evenue for concessior	
					nonial Role 🛄 Other L king "Ceremonial Role" or "Other" des	I Income L
	C. Name of Outside O (include address and		Number of Ticket(s) Passes	/ Describe th	ne public purpose made pur	suant to the agency's policy
_						

4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	12/14/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

				A Public Documen	
1. Agency Name			Date Stamp	California 802	
Alameda County			1 A	Form 002	
Division, Department, or Region (If Applica	able)		1	For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)			4		
Briana Brown					
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
	own2@acgov.org		Date of Original Filing		
2. Function or Event Information			(Month, Day, Year)		
Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$ -	200	
Ala c ai				10 11 10	
Event Description		Date(s)		12 9 1/	
Ticket(s)/Pass(es) provided by agency?		If no: Grold	len State W	Arrians	
newer(s) assies provided by agency?	Yes 🗌 No 🛛	II no. <u></u>	Name of S	ource	
Was ticket distribution made at the behes	t No 🗌 Yes 🛛	If ves: Carso	on, Keith - Supervisor	District 5	
of agency official?			Official's Name	(Last, First)	
3. Recipients					
 Use Section A to identify the agency's department 		n 6 to identify an individe	• Use Section C to iden	ntify an outside organization.	
A. Name of Anapex. Department of Ubit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy		
	Number of				
B. (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	vina:	
Loo Loo Munic					
		Ceremonial Role	Other 🔀		
Landon Hunt	11		Other X ial Role" or "Other" describe below:		
Landon Huilt	Ц				
	Ц	If checking "Ceremon	ial Role" or "Other" describe below:	Income	
Cameron Louie		If checking "Ceremoni Ceremonial Role	al Role" or "Other" describe below:	Income	
	4	If checking "Ceremoni Ceremonial Role	ial Role" or "Other" describe below:	Income	
Cameron Louie	4	If checking "Ceremoni Ceremonial Role	al Role" or "Other" describe below:		
Cameron Louie	Line Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremoni	ial Role" or "Other" describe below:		
Cameron Louie	۲ Number of	If checking "Ceremon Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below:		
Cameron Louie	Line Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremoni	ial Role" or "Other" describe below:		
Cameron Louie	Line Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremoni	ial Role" or "Other" describe below:		
Cameron Louie	Line Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremoni	ial Role" or "Other" describe below:		
Cameron Louie	Line Number of Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremoni	ial Role" or "Other" describe below:	Income	

 Briana Brown
 Supervisor's Assistant
 12/31/17

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

Comment: _

		Ket/Pass	Distributions		A Public Document	
1. Agency Name		Date Stamp	California 802			
Alameda County						
Division, Department, or Regio	n (If Applicable	<i>)</i>		1	For Official Use Only	
Board of Supervisors						
Designated Agency Contact (N	ame, Title)			4		
Briana Brown						
	E-mail		<u> </u>	Amendment (Must p	rovide explanation in Part 3.)	
	briana.browi	n2@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Inform	ation			· · · · · · · · · · · · · · · · · · ·	S of 55	
Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	305	
Event Description Fockball	Provide Title/Expl	anation	Date(s)	213/17	12, 17,17	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No) 🛛 If no: 🕘 🔘	Name of So		
Was ticket distribution made at	the behest	No 🗌 Yes	Carso	on, Keith - Supervisor		
of agency official?				Official's Name (I	Last, First)	
3. Recipients						
Use Section A to identify the agency's	department or	Contraction of the second second	stion B to identify an individ	el. • Use Section C to Ident	tify an outside organization.	
A. Name of Agency Gecamped	Southan	Number of Ticket(s)/ Pass(es)	(s)/ Describe the public purpose made pursuant to the agency's polic			
0		6.4	1	ounty employee for		
1505 P5_		HAP		nplary service to the		
			public or to end development;	courage stan		
B. (Name of Individual) (Last. First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
Daniel Horiz	h.			Other 🛛	Income	
Donald Highter	er :	4		al Role" or "Other" describe bolow		
		TRP	To promote attendanc	e at a County sponsore	d ar	
		114	event or event held at o maximize potential			
			barking and concession	on sales;	Income	
C. Name of Outside Organiz	ation	Number of				
(include address and descr		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
4 Varification						
4. Verification	ions 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.	
1		Briana Br		Punominaria Analatant	va la lia	

Form 802 For Official Use Only
Form
(Must provide explanation in Part 3.)
iling:
1106)
ss \$400
Ζ
e of Source
Visor District 5 Name (Last, First)
to identify an outside organization,
rsuant to the agency's policy
following:
onsored in order rom
rsuant to the agency's policy
u,

-				Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name,Title)		·			
		(******)					
	Briana Brown				Amendment (Must pro	vide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	(510)272-6695 briana.brown2@acgov.org				Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor					201.80	
	Does the agency have a ticke	et policy?	Face Value of	of Each Ticket/Pass \$	304.00		
	Event Description Baskot	Provide Title/Exp	- 1 29 17	12, 30, 17			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: 670	den Steve Wa	riors	
	Was ticket distribution made	at the behest		Carso	on, Keith - Supervisor D	istrict 5	
	of agency official?				Official's Name (La	st, First)	
3	Recipients					· · · · · · · · · · · · · · · · · · ·	
0.	• Use Section A to identify the agence	y's department or		ction B.to Identify an Individ	• Use Section C to identify	an outside organization.	
	A. Nels of Aschev Department of Dals		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)	To promote attendar	nce at a County sponsore	d	
	Saran Me Curt	hu-		-event or event held a	ent held at a County facility in order		
	saran car	(J	4	to maximize potentia	I County revenue from sales;	Income	
			+PP				
	Keith Curson		194				
	neith cuisai		ú			Income	
			4		ht of facilities or events		
			+PP		ed County funding or		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	— support;		e agency's policy	
			1 (135(65)				
4	Verification						

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	12/3/17
V	Signature of Agency Head or Designee	Print Name	Title	(Mohth, Day, Year)
	20 0	-		

in the second						
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form OOZ For Official Use Only		
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail		<u> </u>		rovide explanation in Part 3.)
	(510) 272-6693	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ 🛓	304.80 ticket/\$30 park
	Event Description Basketbal	Game		Date(s) 11	, 13 , 17	
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided b	Yes 🗌 🛛 No	If no: Golde	n State Warriors		
	Mos tiskot distribution made		Chan		urce	
	Was ticket distribution made a of agency official?	No 🗌 Yes	If yes: Chan	Official's Name (Last, First)	
2	Recipients			2-21		
0.	Use Section A to identify the agence	y's department o	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	B. Name of Individu	al	Number of			
	D. (Lust. First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Vidano, John		2+p		Other D nial Role" or "Other" describe below: anceevent held at a	Income
				facilitymaximize	potential County reven	ueconcession sales
			2+p	Ceremonial Role If checking "Ceremor	Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy
					·	
1	Verification /			<u> </u>		
.		ulations 18944.1 ai	nd 18942. I have ve	erified that the distribution set :	forth above, is in accordance wi	th the requirements.
			Sarah Oo	ddie	Supervisor's Assistan	t 12.01.2017
	Signature of Agency Head or Designed	9	Print Nam		Title	(Month, Day, Year)
	Comment:					

					and the second	aune Boodmone	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form OOZ			
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (/	Vame, Title)			-		
	Sarah Oddie						
	Area Code/Phone Number	E-mail			Amendment (Must pr		
	(510) 272-6693 sarah.oddie		@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	nation			9 12 53 5 My 4 9	205 55 ticket/25 parts	
	Does the agency have a ticket	policy?	Yes 🗵 No		of Each Ticket/Pass \$305.55 ticket/35 park		
	Event Description Football ga			Date(s)2	2 <u>03</u> 17	//	
	t.	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no: Oakla	nd Raiders Name of Sol		
	Was ticket distribution made at the behest No Type X If yes						
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: _				Official's Name (L	.ast, First)	
2	Recipients					<u>ರಿಕ್ಷಿಗೆ ನಿರ್ದೇಶಕಿಗಳು ಪ್ರಕಾರ ಅ</u>	
0.	Use Section A to identify the agency	ual. • Use Section C to ident	tify an outside organization.				
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Describe the pul		blic purpose made pursuant to the agency's policy		
			Pass(es)				
		ann a' Ghrann Mérina i an ta					
	B. Name of Individua	Number of					
	D. (Last. First)		Ticket(s)/ Pass(es)	Identify one of the foll		owing:	
				Ceremonial Role If checking "Ceremon	Other International Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	ublic purpose made pursuant to the agency's policy		
	EBAYC, 2025 E 12th St, Oa 94606	akland, CA	2+1park	To reward a schoo to the community	l or nonprofit organizat	tion for its contributions	
	Nonprofit community buildin organization	g					
4.	Verification					9 (1) 	
	l ha 🤤 🤧 gu	lations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	th the requirements.	
	_,	<u></u>	Sarah Oo	ddie	Supervisor's Assistant		
	Signature of Agoney Head or Designee		Print Nam	1e	Title	(Month, Day, Year)	
	Operation						
	Comment:						

A Dublis D

1. Agency Name			Distributions	Date Stamp	California OOO
Alameda County		Date Stamp	Form 802		
Division, Department, or Regio	n (If Applicable)	-	For Official Use Only		
Board of Supervisors					
Designated Agency Contact (N	ame Title)		-		
Sarah Oddie Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	=-man sarah.oddie@	Dacgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	ation	• 6 (1) 9 9 .			
Does the agency have a ticket	policy?	Yes 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$ _	305.55 ticket/35 park
Event Description Football gai	Event Description Football game			2 , 17 , 17	//
	Provide Title/Explanation				
Ticket(s)/Pass(es) provided by agency? Yes D No 🛛			If no: Oakla	nd Raiders Name of So	
			Chan		burce
Was ticket distribution made at of agency official?	the benest	No 🗌 Yes	If yes: Chan	Official's Name ((Last, First)
2 Decinicato	-1-				
 Recipients Use Section A to identify the agency' 	s department or L	ınit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Departmen		Number of Describe the pu		blic purpose made pursuan	
		Ticket(s)/ Pass(es)			
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		1 435(65)	Ceremonial Role	Other	Income
Gordon, James		2+1park	-	nial Role" or "Other" describe below:	
		Z ipark		anceevent held at a potential County rever	County nueconcession sales
		2+1park	Ceremonial Role If checking "Ceremor	Dther nial Role" or "Other" describe below:	Income
C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
Filipino Advocates for Justice # 309, Oakland, CA 94607	e,310 8th St	2	To reward a schoo to the community	l or nonprofit organiza	ation for its contributions
Social services nonprofit					
4. Verification	ntions 18944.1 and	18942. I have ve	prified that the distribution set	forth above, is in accordance w	ith the requirements.

	Sarah Oddie	Supervisor's Assistant	01.02.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

A Public Document 1. Agency Name California Q02 Date Stamp

	Alameda County					Form 002
	Division, Department, or Reg	j ion (If Applicabl		For Official Use Only		
	Board of Supervisors				· ·	
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie				Amendment (Must pro	wide exploration in Red 2.1
	Area Code/Phone Number	E-mail				vide explanation in Fan 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		Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$	04.80 ticket/\$30 park
	Event DescriptionBasketbal	l Game		Date(s) 12	2 , 11 , 17	/
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🖾	If no: <u>Golder</u>	n State Warriors Name of Sour	ce
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🛛	If yes: <u>Chan</u>	, Wilma Official's Name (La	ast, First)
3.	Recipients		. H L .	a I		Central 11 - An

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
Kakishiba, David	2+1park	Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue		
	2+1park	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		

4. Verification

I hav

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	01.02.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

A Public Document

Barrie Tra						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					1 onm
	Division, Department, or Reg	ion (If Applicabl	e)	······································	-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	304.80 ticket/\$30 park
	Event Description Basketbal	Game			2 <u>, 11 , 17</u>	//
	Event Description	Provide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no. Golde	en State Warriors	
		y agonoy.			Name of So	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Char	n, Wilma	
_	of agency official?				Official's Name (I	Last, First)
3.	Recipients					
	Use Section A to identify the agence	cy's department or		tion B to identify an individ	dual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income
	Dean, Velma		2	Ū.	onial Role" or "Other" describe below:	
					potential County rever	eld at a County facility in nue
				Ceremonial Role		income
			2		onial Role" or "Other" describe below:	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	Verification		C 5.5			

I have Gead and understand PPPC 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	01.02.2018
✓ Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 park Does the agency have a ticket policy? Yes 🛛 No 🗌 Basketball Game 12 14 17 Event Description Date(s) _ Provide Title/Explanation If no: Golden State Warriors

Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛

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

3. Recipients

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

If yes: <u>Chan, Wilma</u>

Yes 🗌 No 🛛

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:		
Woldesenbet, Makda	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue		
Tam, Judy	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

Verification 4. I ha

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

<u> </u>	Sarah Oddie	Supervisor's Assistant	01.02.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

.

Name of Source

Official's Name (Last, First)

•				Date Stamp	California 802
•		Alameda County			Form UUL
	ivision, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)	4			
Sarah Oddie					
rea Code/Phone Number	E-mail				provide explanation in Part 3.)
510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
unction or Event Inform	nation				204 80 tickot/\$20 park
Does the agency have a ticke	t policy?	Yes 🔀 🛛 No			\$304.00 licker\$30 park
Event Description Basketball			Date(s)	2 <u>, 20 , 17</u>	///
	Provide Title/Exp	olanation			
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 🛛 No		Name of State VVarriors	ource
Vas ticket distribution made a	t the behest		Char		
of agency official?				Official's Name	(Last, First)
Recipients					nt state and state
	y's department o	r unit. • Use Sec	tion B to identify an individ	iual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy
		Pass(es)			
D Nome of Individue		Number of			
3. (Last First)	ai	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role	Other	Income
Gebhardt, Rebecca		2			
, and the second s	605-1811 F	-			
		2			
		Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
		Pass(es)			······································
		2+1park		ol or nonprofit organiza	ition for its contributions
	trict				g a
	lations 18944 1 =	nd 18942 have ve	erified that the distribution set	forth above is in accordance w	ith the requirements
n nega	1010/13 10344.1 0				
V Signature of Agency Head or Designee				Supervisor's Assistar	1t 01.02.2018 (Month, Day, Year)
					(, boy, rodr)
Comment:	- · · ·		· · · · · · · · · · · · · · · · · · ·		FPPC Form 802 (4/12
	Function or Event Information on Event Information on Easter Stress Sevent Description Basketball Ticket(s)/Pass(es) provided by Vas ticket distribution made a of agency official? Recipients Use Section A to identify the agency A. Name of Agency, Department Bebhardt, Rebecca C. Name of Outside Organ (include address and des) San Leandro Education Foundation Support nonprofit Leandro Unified School Dis Verification ' <	Function or Event Information Does the agency have a ticket policy? Event Description Basketball Game Provide Title/Ex, Ticket(s)/Pass(es) provided by agency? Vas ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or Unit B. Name of Individual (Last First) Gebhardt, Rebecca C. Name of Outside Organization (include address and description) San Leandro Education Foundation, 14735 Juniper St, San Leandro, CA Education support nonprofit to San Leandro Unified School District Verification ' ' ' ' Signature of Agency Head or Designee	Function or Event Information Does the agency have a ticket policy? Yes ⊠ No Event Description Basketball Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No Vas ticket distribution made at the behest of agency official? No □ Yes No □ Yes 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 the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to i	Function or Event Information Does the agency have a ticket policy? Yes X No Face Value Does the agency have a ticket policy? Yes X No Face Value Event Description Basketball Game Date(s) 1 Provide Title/Explanation Date(s) 1 Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golde Vas ticket distribution made at the behest of agency official? No Yes X If yes: Char Recipients Use Section A to identify the agency's department or unit • Use Section B to identify an individe A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the pu B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the pu B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the pu B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the pu B. Name of Outside Organization To promote attence order to maximize Ceremonial Role If checking "Ceremonial Role if checking "Ceremonial Role if checking "Ceremonial Role if checking "Ceremonial Role if checking "Ceremonial Role if checking "Ceremonial Role if checking "Ce	Function or Event Information boose the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$ event Description Basketball Game Date(s) 12 _20 _17 invent Description Basketball Game Date(s) 12 _20 _17 Ticket(s)/Pass(es) provided by agency? Yes Xes No Xes If no: Golden State Warriors Name of State Vas ticket distribution made at the behest of agency official? No Yes Xes If yes: Chan, Wilma Official's Name Vas ticket distribution made at the behest of agency official? No Yes Xes If yes: Chan, Wilma Official's Name Vas Section A to identify the agency's department or unit. •Use Section B to identify an individual. •Use Section C to identify an individ

A Public Document

1. A	Agency Name				Date Stamp	California 802
	Alameda County					Form 802
	ivision, Department, or Regi	on (If Applicable)			For Official Use Only
F	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
c	Sarah Oddie					
	rea 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. F	unction or Event Inform	nation				
D	oes the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	304.80 ticket/\$30 park
-	Event Description Basketball Game Date(s)			29, 17	//	
E	Event Description Date(s) Date(s)					
т	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder			n State Warriors		
V					nce	
	of agency official?	it the benest	No 🗌 Yes	If yes: <u>Chan</u>	Official's Name (L	.ast, First)
1	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
-			Number of			
5	B. Name of Individua (Lest. First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
(Cravalho, Christopher			Ceremonial Role If checking "Ceremor	Other Dial Role" or "Other" describe below:	Income
			4+1park		ance at a(n) event h potential County reven	eld at a County facility in ue
-			4+1park	Ceremonial Role If checking "Ceremor	Other describe below:	Income
Ċ	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
-						1
4 . /	Verification h PC Regu	lations 18944.1 and	l 18942. I have ve	erified that the distribution set :	forth above, is in accordance wi	th the requirements.

	Sarah Oddie	Supervisor's Assistant	01.02.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
J			

Comment: ____

Signature of Agency Head or Designee

Comment: _

A Public Document

_			2 is a lot of to		A Fublic Document
1.	Agency Name	an particular and the shift from the same		Date Stamp	California 802
	Alameda County				Form
	Division, Department, or Region (If Applicable))		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			1	
	Sarah Oddie				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693 sarah.oddie@	Dacgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information		and a second		
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	304.80 ticket/\$30 park
	Event Description Basketball Game		Date(s)1		//
	Provide Title/Expla	ination	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	en State Warriors	
				Name of Sou	rce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Char	n, VVIIMA Official's Name (L	ast First
			<u> </u>	Omeiar 3 Mame (E	asi, i iisij
3.	• Use Section A to identify the agency's department or u	mit a Lloo Sor	tion R to identify an individ	lual Llas Section C to identi	for an entroide energiantian
		Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	B. Name of Individual	Number of			
	b. (Last First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Chuyan Andropo		Ceremonial Role		Income
	Cluver, Andreas	2+1park	-	nial Role" or "Other" describe below:	ald at a County facility in
				potential County reven	eld at a County facility in ue
			Ceremonial Role	Other D	Income
		2+1park	If checking "Ceremo	nial Role" or "Other" describe below:	_
		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
		· · · ·			
	Verification				
4.		18942. I have ve	erified that the distribution set	forth above, is in accordance with	h the requirements.
		Sarah Oo		Supervisor's Assistant	
	Signature of Agency Head or Designee	Print Narr		Title	(Month, Day, Year)

(Month, Day, Year)

A Public Document

						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Region (If Applicable)					Torm
						For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Sarah Oddie					
	Area Code/Phone Number	Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation		1.5-1.45 26-26-26-16-16-16-16-16-16-16-16-16-16-16-16-16	and a typict and an article style in the second style in the secon	
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	304.80 ticket/\$30 park
	Event Description Basketbal	Game			2 , 30 , 17	
	Event Description	Provide Title/Ex	planation	Date(s)	/	///
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		en State Warriors	
	、 <i>/</i> 、 / I				Name of Sol	irce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Cha	n, VVIIma Official's Name (L	ast Eirst)
_	en (Section and Section and Se	18 L	-		Ondars Name (L	
3.	Recipients					
	Use Section A to identify the agence		Number of			
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant	to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the followi	ng.
			Pass(es)		— —	
	Doutherd, Clarissa			Ceremonial Role	e L Other L onial Role" or "Other" describe below:	Income
			2	-	nunity volunteer for his	or her service to the
				public	•	
		· · ·		Ceremonial Role	Other	Income
			2	If checking "Cerem	onial Role" or "Other" describe below:	
			-			
			Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/	Describe the pu	ublic purpose made pursuant	to the agency's policy
			Pass(es)			
					· · · · · · · · · · · · · · · · · · ·	
9 R		<u>a</u> a				
4.	Verification	ulationa 100 4 1 1 -	nd 19010 1 hours	willed that the distuit wise	t forth above in it according to "	h the requirements
	l have gi	มสแบกร 18944.1 ล			t forth above, is in accordance wit	
	<u> </u>		Sarah Oo		Supervisor's Assistant	
	Signature of Agency Head or Designe	e	Print Nam	10	Title	(Month, Day, Year)

Comment: _____

Agency Report of: Events and Ticket/Pass Distributions С anial Dala

eremonial Role Events and Tic	Neurass I	JISTIIDUTIONS		A Public Document
Agency Name	the second s	Date Stamp	California 802	
Alameda County				
Division, Department, or Region (If Applicable	-	For Official Use Only		
Board of Supervisors				
Designated Agency Contact (Name, Title)	-			
Sarah Oddie				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6693 sarah.oddie(@acgov.org		Date of Original Filing: _	(Month, Day, Year)
Function or Event Information	1-1			00.0001
Does the agency have a ticket policy?	Yes 🛛 No [of Each Ticket/Pass \$	
Event Description Not So Silent Night		Date(s) 12	2 <u>08 17</u>	
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🕻	If no: Golde	en State Warriors Name of Sou	
				11 UC
Was ticket distribution made at the behest of agency official?	No 🗌 Yes [If yes: Char	Official's Name (L	.ast, First)
	a destations for	in I		
• Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of		blic purpose made pursuant	
A. Name of Agency, Department of Onit	Ticket(s)/ Pass(es)			• • • •
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ina:
D. (Last. First)	Pass(es)			
Danish, Cole		Ceremonial Role	Other D onial Role" or "Other" describe below:	Income
Danish, Cole	4			eld at a County facility in
			potential County rever	
	4	Ceremonial Role If checking "Ceremo	Other Danial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuant	to the agency's policy
1. Verification				n a ta je navnih ster i ta data s
I have tions 18944.1 ar	nd 18942. I have ve	erified that the distribution se	t forth above, is in accordance w	ith the requirements.
1	Sarah O	ddie	Supervisor's Assistan	t 01.02.2018
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)

		Date Stamp	California 802	
Alameda County			Form OOZ For Official Use Only	
Division, Department, or Region (If Applicable) Board of Supervisors				
			ovide explanation in Part 3.1	
@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
			\$200.00	
Yes 🛛 No [φ200.00	
	Date(s)2	2 , 09 , 17	//	
anation				
Yes 🗌 No [If no: Golde	Name of Sou	Irce	
No 🗔 Vee [Char	, Wilma		
	A If yes:	Official's Name (L	ast, First)	
	20 <u>1</u> 0	1 212 di 10 20 20		
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				
Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy	
Pass(es)				
_				
Number of Ticket(s)/		Identify one of the follow	ing:	
Pass(es)	Occurrential Dala	C Other	Income	
			Income [
Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
Ticket(s)/				
Ticket(s)/ Pass(es)	To reward a schoo		to the agency's policy	
Ticket(s)/ Pass(es)	To reward a schoo			
Ticket(s)/ Pass(es) 4	To reward a schoo to the community		tion for its contributions	
Ticket(s)/ Pass(es) 4 nd 18942. I have ve	To reward a school to the community enfied that the distribution set	ol or nonprofit organiza	tion for its contributions	
Ticket(s)/ Pass(es) 4	To reward a schoo to the community enfied that the distribution set	ol or nonprofit organiza	tion for its contributions	
	@acgov.org Yes ⊠ No [^{anation} Yes □ No [No □ Yes unit. • Use Sec Number of Ticket(s)/ Pass(es)	@acgov.org Yes I No Face Value of Date(s)) Amendment (Must product of Original Filing:	

eremonial Role Even				and the second s	
Agency Name	Second P	Date Stamp	California 802		
Alameda County					
Division, Department, or Reg	Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Sarah Oddie				Amondmont (44)	ist provide explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filir	ng:(Month, Day, Year)
Function or Event Info	rmation				\$400.00
Does the agency have a tick	et policy?	Yes 🔀 🛛 No 🛛		ue of Each Ticket/Pass S	
Event Description Jay Z			Date(s)	12 , 16 , 17	//
	Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No 🛛	If no: <u>Go</u>	Iden State Warriors	of Source
					or Source
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes:	nan, Wilma Official's Nar	me (Last, First)
		1 PAR			
• Use Section A to Identify the agen	ou's department o	r unit e Lleo Sor	tion B to identify an inc	lividual. • Use Section C to i	identify an outside organization.
A. Name of Agency, Departm		Number of Ticket(s)/		public purpose made pursu	
B. Name of Individ	uai	Number of Ticket(s)/ Pass(es)		identify one of the fo	llowing:
	uai	Ticket(s)/	To promote atte	Role Other Other remonial Role" or "Other" describe be	income [e/ow: It a County
Last. First)	ual	Ticket(s)/ Pass(es)	If checking "Ce To promote atte facilitymaxim	Role Dother D remonial Role" or "Other" describe be endanceevent held a ze potential County re	income Now: It a County Venueconcession sales
Last. First)	uai	Ticket(s)/ Pass(es) 2	If checking "Ce To promote atte facilitymaxim Ceremonial F	Role Dother D remonial Role" or "Other" describe be endanceevent held a ze potential County re	Income (Note a County Venueconcession sales Income
Brekke-Miesner, Lukas	ual	Ticket(s)/ Pass(es)	If checking "Ce To promote atte facilitymaxim Ceremonial F If checking "Ce To promote atte	Role D Other c c c c c c c c c c c c c c c c c c c	income [e/ow: it a County venueconcession sales income]
Brekke-Miesner, Lukas	anization	Ticket(s)/ Pass(es) 2	If checking "Ce To promote atte facilitymaxim Ceremonial F If checking "Ce To promote atte facilitymaxim	Role D Other c c c c c c c c c c c c c c c c c c c	Income (elow: at a County venueconcession sales Income (elow: at a County venueconcession sales
Brekke-Miesner, Lukas Lam, Marianne	anization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ce To promote atte facilitymaxim Ceremonial F If checking "Ce To promote atte facilitymaxim	Role D ther remonial Role" or "Other" describe be endanceevent held a ize potential County re Role Other remonial Role" or "Other" describe be endanceevent held a ize potential County re	Income (elow: at a County venueconcession sales Income (elow: at a County venueconcession sales
D. (Last. First) Brekke-Miesner, Lukas Lam, Marianne C. Name of Outside Org (include address and d	anization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ce To promote atte facilitymaxim Ceremonial F If checking "Ce To promote atte facilitymaxim	Role D ther remonial Role" or "Other" describe be endanceevent held a ize potential County re Role Other remonial Role" or "Other" describe be endanceevent held a ize potential County re	Income Now: It a County Venueconcession sales Income Now: It a County Venueconcession sales
Brekke-Miesner, Lukas Lam, Marianne	anization escription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ce To promote atte facilitymaxim Ceremonial F <i>If checking "Ce</i> To promote atte facilitymaxim Describe the	Role D ther remonial Role" or "Other" describe be endanceevent held a ize potential County re Role Other remonial Role" or "Other" describe be endanceevent held a ize potential County re	Income (www. It a County venueconcession sales Income (alow: It a County venueconcession sales uant to the agency's policy
D. (Last. First) Brekke-Miesner, Lukas Lam, Marianne C. Name of Outside Org (include address and d	anization escription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ce To promote atte facilitymaxim Ceremonial F If checking "Ce To promote atte facilitymaxim Describe the	Role D ther contract of the second anceevent held a lize potential County response of the second anceevent held a lize potential County response of the second anceevent held a lize potential County response made purs	Income (

C	eremonial Role Events and Lick	et/Pass	Distributions		A Public Document		
1.	Agency Name			Date Stamp	California 802		
	Alameda County				Form OUZ		
	Division, Department, or Region (If Applicable)	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 pr	ovide explanation in Part 3.)		
		atu@aaaau		Date of Original Filing: _			
_	(510) 272-6692 Gabriela.Chri	sty@acgov.			(Month, Day, Year)		
2.	Function or Event Information				304.80		
		Yes 🛛 No 🗌		of Each Ticket/Pass \$			
	Event Description GS Warriors vs. Portland		5 Date(s)2	2 <u>11 17</u>	/		
	Ticket(s)/Pass(es) provided by agency?	Arriors Name of Sou	rce				
	Was ticket distribution made at the behest No I Yes I If yes: Valle, of agency official?			, Richard- Supervisor E Official's Name (L	District 2 ast, First)		
3.	Recipients						
	Use Section A to identify the agency's department or unit. Use Section B to identify an individ						
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
			Ceremonial Role If checking "Ceremon	Other D	Income		
			Ceremonial Role If checking "Ceremon	Other Other describe below:	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	Alameda Labor Council 7750 Pardee Ln Ste 110, Oakland, CA 94621	4	 To reward a nonp community 	profit organization for its	s contributions to the		
	is a union of unions, uniting workers from manufacturing, education, transportation,		healthcare, private	and public sector.			
4.	Varification						
	I h equilations 18944.1 and t	18942. I have ven	ified that the distribution set f	orth above, is in accordance with	the requirements		
	•				i inc requirementa.		
		Gabriela Ch		Supervisor's Assistant	12/12/2014		

Comment: _____

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 304.80/30 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ -Yes 🛛 No 🗆 Event Description _____GS Warriors vs. Dallas Mav Date(s) ____/_ 14 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 🛛 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 В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

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
Tear	nsters 3 San Matter MELSANBH	$\frac{4}{1}$	 To reward a nonprofit organization for its contributions to the community
gnowin RKing	gunin if more than izk beapis mnoughout		Nothern calistandy tugether for economic progress and fairness on he top.
4 Veri	fication		

4. Verification

WU

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

	Gabriela Christy	Supervisor's Assistant	121917
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment			

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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. Memphis Grizzlies Date(s) _____ 20 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 🛛 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 B. Name of Individual identify one of the following: Ticket(s)/

(Last, First)	Pass(es)	, and the second s
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Tickət(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
NAACP - Hayward South Alameda County 1218 B St, Hayward, CA 94541	411	 To reward a nonprofit organization for its contributions to the community
Our mission is to create a new community where youth participate in		defining personal, educational and professional goals and achieve them through life changing programs, projects, group

4. Verification

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

Gabriela Christy Print Name atain of Ageney Fread of Designee

Supervisor's Assistant Title

(Month. Day

Comment: _

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 304.80/30 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ -Yes 🛛 No 🗆 Event Description GS Warriors vs. Charlotte Hornets 12 , 29 17 Date(s) 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 🗵 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last First) Pass(es) Ceremonial Role Other Income Austria, Mangee If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public Ceremonial Role Other 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

1 5000 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	12/19/17
- esignee	Print Name	· Title	(Month, Day, Year)

Comment: _

1. Agency Name Date Stamp Childonia 8002 Alameda County Dute Stamp Childonia 8002 Division, Department, or Region (// Applicable) Control 1000 For Oficial 0000 Board of Supervisors Date Stamp Childonia 8002 Date Stamp Childonia 8002 For Oficial 0000 Gabriela Christy Amendment (Must provide explemators in Pari 3) Date of Original Filling:(Month, Day, Venn) 2. Function or Event Information Does the agency have a licker bolory? Yes Si No Face Value of Each Ticker/Pass \$	C	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
Per Official Use Only Per Official Per Official Use Only Per Off	1.	Agency Name			Date Stamp	California 802
Board of Supervisors Board of Supervisors Besignated Agency Contact (Name, Title) Gabriela Christy Area code/Phone Number (510) 272-6692 Control or Event Information Does the agency have a ticket policy? Year Code/Phone Number (510) 272-6692 Protection or Event Information Does the agency have a ticket policy? Year Description Centrol or Sevent Information Does the agency have a ticket policy? Year Description Status Proved Title/Explanation Ticket(5)/Pass(es) provide By agency? Year Description Was ticket distribution made at the behest vote Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's policy Pass(es) B. Name of individual (include address and description) Mumber of income Pass(es) B. Name of individual (include address and description) Mumber of income Pass(es) B. Name of individual (include address and d		Alameda County			6	Form 002
Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (\$10) 272-6692 Carriela Christy Des the agency have a ticket policy? Yes [S] No Des the agency have a ticket policy? Yes [S] No Event Description GS Warriors vs. Denver Nuggets Provide Title-Explanation Date (s) 12 _ 23 _ 17 _ / _ / Provide Title-Explanation Date (s) Pass(es) provided by agency? Yes [S] No Sticket distribution made at the behest of agency official? Recipients		Division, Department, or Region (If Applicable))		-	For Official Use Only
Gabriela Christy Amendment (Must provide explanation in Parl 3.) Area Code/Phone Number (510) 272-6692 Gabriela Christy@acgov.org Date of Original Filing: (Must provide explanation in Parl 3.) 2. Function or Event Information Does the agency have a ticket policy? Yes ID Face Value of Each Ticket/Pass \$ 304.80/30 Event Description GS Warriors vs. Deriver Nuggets Provide TitleExplanation Date (s) 12 23 17		Board of Supervisors				
Area Code/Phone Number (510) 272-6892 E-mail Gabriela Christy@acgov.org Date of Original Filing: //Month, Day, Year? 2. Function or Event Information Does the agency have a ticket policy? Yes Ø No Provide TitleExplanation Face Value of Each Ticket/Pass \$ 004.80/30 Event Description GS Warriors vs. Denver Nuggets Provide TitleExplanation Date (s) 12 23 17 / Ticket(s)/Pass(es) provided by agency? Yes Ø No Ø If no: GS Warriors Name of Source Was ticket distribution made at the behest of agency official? No Ø Yes Ø If no: GS Warriors * 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 Tesket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual & data free Number of Tesket(s) Cetemonial Role		Designated Agency Contact (Name, Title)	esignated Agency Contact (Name, Title)			
Area Code/Prone Number (\$10) 272-6892 Date of Original Filing:		Gabriela Christy				
Image: Control of Event Information (Membrade Price 2000) (Membrade Price 2000) Does the agency have a ticket policy? Yes IN 0 Face Value of Each Ticket/Pass \$		Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
2. Function or Event Information Dees the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$		(510) 272-6692 Gabriela.Chr	isty@acgov	.org	Date of Original Filing: .	(Month, Day, Year)
B. Name of individual gase, Frag Number of Tecket(s) Describe the public purpose made pursuant to the agency's policy B. Name of individual gase, Frag Number of Tecket(s) Describe the public purpose made pursuant to the agency's policy B. Name of individual gase, Frag Number of Tecket(s) Ceremonial Role	2.	Function or Event Information			· · · · · · · · · · · · · · · · · · ·	(
Ticket(s)/Pass(es) provided by agency? Yes I No I if no: GS Warriors Was ticket distribution made at the behest No I Yes I if yes: Valle, Richard- Supervisor District 2 Official? 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 Tecket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (ask rais) Number of Tecket(s)/ Pass(es) Identify one of the following: # Data Mathematical Commonial Role Other I Income Information		Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	304.80/30
Ticket(s)/Pass(es) provided by agency? Yes I No I if no: GS Warriors Was ticket distribution made at the behest No I Yes I if yes: Valle, Richard- Supervisor District 2 Official? 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 Tecket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (ask rais) Number of Tecket(s)/ Pass(es) Identify one of the following: # Data Mathematical Commonial Role Other I Income Information		Event Description GS Warriors vs. Denver	Nuggets	Data(s) 12	2 , 23 , 17	, ,
Name of Source Name of Source Was ticket distribution made at the behest of agency official? No □ Yes ☑ If yes: Valle, Richard- Supervisor District 2 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 Toket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (main frag) Number of Toket(s)/ Pass(es) Identify one of the following: Pass(es) Income B. Name of Individual (main frag) Number of Toket(s)/ Pass(es) Identify one of the following: Pass(es) Income B. Name of Individual (main frag) Number of Toket(s)/ Pass(es) Ceremonial Role □ Other □ Income Income B. Mark of Individual (main frag) Number of Toket(s)/ Pass(es) Ceremonial Role □ Other □ Income Income B. Mark of Outside Organization (include address and description) Number of Toket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Image: regioner Image: regioner Image: regioner Image: regioner Image: regioner Supervisor's Assistant Image: regioner		Provide Title/Expla	nation			//
Was ticket distribution made at the behest of agency official? No Yes X If yes: Valle, Richard- Supervisor District 2 Official? Official? 3. Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an Individual. • Use Section C to Identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (name ray) Number of Ticket(s)/ Pass(es) Describe the following: Income Income B. Name of Individual (name ray) Number of Ticket(s)/ Pass(es) Identify one of the following: Income Income B. Name of Individual (name ray) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income B. Name of Individual (name ray) Totket(s)/ Pass(es) Ceremonial Role Other Income Income B. Name of Outside Organization (include address and description) Mumber of Ticket(s)/ Pass(es) Income Income Income J. Verification Incole and the second part of the agency's policy Income Income Income Image: A status of the agency is policy Second description Second description of the agency's policy Income Image: A status of the agency is policy		Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: GS W	arriors	
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) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Astr. Fee) Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Astr. Fee) Number of Ticket(s) Identify one of the following: B. Name of Individual (Astr. Fee) Pass(es) Identify one of the following: B. Name of Individual (Astr. Fee) Pass(es) Identify one of the following: B. Name of Individual (Astr. Fee) Pass(es) Identify one of the following: B. Mame of Individual (Astr. Fee) Pass(es) Identify one of the following: B. Mame of Individual (Astr. Fee) Pass(es) Identify one of the following: B. Mame of Individual (Astr. Fee) Pass(es) Identify one of the following: B. Mame of Individual (Section		M/oo ticket distribution mode at the hole of	_			
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 Lecks(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Tecks(s) B. Name of Outside Organization Income			No 🗌 Yes	If yes: Valle	Official's Name (I	ast. First)
 Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) B. Name of Individual (aut. frex) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public of the following: Describe the public of the following: Describe the public of the following: Pass(es) Describe the public of the following: Pass(es) Describe the public of the following: Describe the public Other	2					······
A. Name of Agency, Department or Unit Number of Tricket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (data frag) Number of Tricket(s) Identify one of the following: B. Name of Individual (data frag) Number of Tricket(s) Identify one of the following: B. Name of Individual (data frag) Number of Tricket(s) Identify one of the following: B. Name of Individual (data frag) Number of Tricket(s) Identify one of the following: B. Name of Individual (data frag) Number of Tricket(s) Identify one of the following: B. Name of Individual (data frag) Number of Tricket(s) Ceremonial Role Other Income B. Name of Outside Organization (include address and description) Number of Tricket(s) Describe the public purpose made pursuant to the agency's policy Monte of Outside Organization (include address and description) Number of Tricket(s) Describe the public purpose made pursuant to the agency's policy 4. Verification Staget 1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.	J.	•	ınit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
B. Name of Individual (Law. Free) Number of Ticket(s) Identify one of the following: B. Name of Individual (Law. Free) Number of Ticket(s) Identify one of the following: B. Name of Individual (Law. Free) Ceremonial Role Other Income If checking "Caramonial Role" or "Other describe below: B. Name of Individual (Law. Free) All I Ceremonial Role Other Income If checking "Caramonial Role" or "Other describe below: B. MUNROCE, Gillbacket All I Ceremonial Role Other Income If checking "Ceremonial Role" or "Other describe below: MUNROCE, Gillbacket All I If checking "Ceremonial Role" or "Other describe below: Income If checking "Ceremonial Role" or "Other describe below: MUNROCE, Gillbacket All I V II C. Name of Outside Organization (include address and description) Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy I. Statust and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Image:		A	Number of			
B. Name of individual (Lasi, Frei) Ticket(s)/ Pass(es) Identify one of the following: B. (Lasi, Frei) Pass(es) Income Income B. B. (Lasi, Frei) Income Income B. B. Ceremonial Role Other Income Income B. B. All I Ceremonial Role Other Income Income B. Mamber Of Individual All I Ceremonial Role Other Income Income B. Mamber Of Example All I Ceremonial Role Other Income Income Income Matheway G. Ceremonial Role Other Income Inco		A. Name of Agency, Department of Onit		Describe the put	inc purpose made pursuant to the agency's policy	
B. Name of individual (Lasi, Frei) Ticket(s)/ Pass(es) Identify one of the following: B. (Lasi, Frei) Pass(es) Income Income B. B. (Lasi, Frei) Income Income B. B. Ceremonial Role Other Income Income B. B. All I Ceremonial Role Other Income Income B. Mamber Of Individual All I Ceremonial Role Other Income Income B. Mamber Of Example All I Ceremonial Role Other Income Income Income Matheway G. Ceremonial Role Other Income Inco						
B. Name of individual (Lasi, Frei) Ticket(s)/ Pass(es) Identify one of the following: B. (Lasi, Frei) Pass(es) Income Income B. B. (Lasi, Frei) Income Income B. B. Ceremonial Role Other Income Income B. B. All I Ceremonial Role Other Income Income B. Mamber Of Individual All I Ceremonial Role Other Income Income B. Mamber Of Example All I Ceremonial Role Other Income Income Income Matheway G. Ceremonial Role Other Income Inco			<u> </u>			
B. Name of individual (Lasi, Frei) Ticket(s)/ Pass(es) Identify one of the following: B. (Lasi, Frei) Pass(es) Income Income B. B. (Lasi, Frei) Income Income B. B. Ceremonial Role Other Income Income B. B. All I Ceremonial Role Other Income Income B. Mamber Of Individual All I Ceremonial Role Other Income Income B. Mamber Of Example All I Ceremonial Role Other Income Income Income Matheway G. Ceremonial Role Other Income Inco						
B. Name of individual (Lasi, Frei) Ticket(s)/ Pass(es) Identify one of the following: B. (Lasi, Frei) Pass(es) Income Income B. B. (Lasi, Frei) Income Income B. B. Ceremonial Role Other Income Income B. B. All I Ceremonial Role Other Income Income B. Mamber Of Individual All I Ceremonial Role Other Income Income B. Mamber Of Example All I Ceremonial Role Other Income Income Income Matheway G. Ceremonial Role Other Income Inco		-	Number of			
Ali Ceremonial Role Other Income BrankWietZ, EllEN Ali Income Income WenkEdZ, EllEN Ali Income Income MonkEdDE, Gilber Ali Ceremonial Role Other Income MonkedDE, Gilber Ali Ceremonial Role Other Income MonkedDE, Gilber Ali Income of Income Income If checking "Ceremonial Role" or "Other" describe below: Income Income If checking "Ceremonial Role" or "Other" describe below: Income Income If checking "Ceremonial Role" or "Other" describe below: Income Income If checking "Ceremonial Role" or "Other" describe below: Income Income If checking "Ceremonial Role" or "Other" describe below: Income Income If checking "Ceremonial Role" or "Other" describe below: Income Income If checking "Ceremonial Role" or "Other" describe below: Income Income Income Income Income Income Income Income Income Income Incolumn Income Income Income		B. Name of Individual (Lasi, First)	Ticket(s)/		Identify one of the followi	ng:
BrankWierz, EllEN 4/1 It checking "Geremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public Income MenROE, Gilbeer 4/1 It checking "Geremonial Role" or "Other" describe below: It checking "Ceremonial Role" or "Other" describe below: Income MenROE, Gilbeer 4/1 It checking "Ceremonial Role" or "Other" describe below: It checking "Ceremonial Role" or "Other" describe below: It It checking "Ceremonial Role" or "Other" describe below: It It checking "Ceremonial Role" or "Other" describe below: It It checking "Ceremonial Role" or "Other" describe below: It It checking "Ceremonial Role" or "Other" describe below: It It checking "Ceremonial Role" or "Other" describe below: It It checking "Ceremonial Role" or "Other" describe below: It It checking "Ceremonial Role" or "Other" describe below: It It checking "Ceremonial Role" or "Other" describe below: It It checking "Ceremonial Role" or "Other" describe below: It It checking "Ceremonial Role" or "Other" describe below: It It checking "Ceremonial Role" or "Other" describe below: It It checking "Ceremonial Role" or "Other" des			1	Ceremonial Role	Other	
Image: public public Income Montpote Gabriela Christy Ceremonial Role Other Income Montpote Gabriela Christy Supervisor's Assistant Image: public Income		REPANIET LIGN/	41			
MUNRDE, Gilbert 4/1 Ceremonial Role Other Income MUNRDE, Gilbert 4/1 1 1 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 s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Income Gabriela Christy Supervisor's Assistant 12/19/17		prantoviciz genero	'/'		community volunteer for his or her service to	
MUNDER, Gilburt 4/1 If checking "Ceremonial Role" or "Other" describe below: U 11 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 Iha s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Gabriela Christy Supervisor's Assistant 12/19/1-7					<u></u>	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 4. Verification I ha s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Gabriela Christy Supervisor's Assistant Image: Content of the content of t		CTU OT	11			income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 4. Verification I ha s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Gabriela Christy Supervisor's Assistant Image: Content of the content of t		MONROE, GILDER	411			<i>t</i> 1
A verification Ina Ina S 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Gabriela Christy Supervisor's Assistant IQ 19 17		·	• ()			17
(Include address and description) Pass(es) Pass(es) A. Verification //ha s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Gabriela Christy Supervisor's Assistant //2/19/17		C. Name of Outside Organization		Describe the pub		to the energy is a line
I ha s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.		(include address and description)		Describe the pub	inc purpose made pursuant	to the agency's policy
I ha s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.						
I ha s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.						
I ha s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.						
I ha s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.						
Gabriela Christy Supervisor's Assistant 12/19/17	4.	Verification	L			
			18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)			Gabriela C	hristy	Supervisor's Assistant	12/19/17
		- Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
ARO, MIKE	411	Ceremonial Role Other Income Income I If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his or her service to the public
Koffen, staren	4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
ARONJACO B	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Valle Picharp	2/1	Ceremonial Role Other Income Income I If checking "Ceremonial Role" or "Other" describe below: TO OBTAIN OTENSIGNED OF FACILITES CY EVENTS MOT WATC VELLEVA CANY FUNDLING OF SYPPER
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

	Agency Name Alameda County Division, Department, or Reg	ion (If Applicabl	Date Stamp	California Form 802 For Official Use Only		
	Board of Supervisors Designated Agency Contact (
	Gabriela Christy Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)			
	(510) 272-6692	Gabriela.Ch	nristy@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform Does the agency have a ticke Event Description GS Warrio			of Each Ticket/Pass \$304.80/30		
	Ticket(s)/Pass(es) provided b	Yes No 🛛 If no: GS Wa		Arriors	201729	
	Was ticket distribution made at the behest of agency official?				Name of Source e, Richard- Supervisor District 2 Official's Name (Last, First)	
3.	 Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organized or the section B to identify an individual. 					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's pol		t to the agency's policy
	B. Name of Individual (Last First) MUNOZ, CHRISTIAN Filmone, ERIN		Number of Ticket(s)/		Identify one of the following:	
			Pass(es)	If checking "Ceremon	Other is a Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
4.	Verification	8944.1 ar			orth above, is in accordance w	ith the requirements.
		-	Gabriela C Print Nam		Supervisor's Assistar	t <u>1219117</u> (Month, Dby, Year)



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Johnsen, Darnell		Ceremonial Role Other Income Income I Income - If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his or her service to the public
Filmuno, ADDICUS		Ceremonial Role Other I Income Income Income If checking "Ceremonial Role" or "Other" describe below:
Archeleta ragvel		Ceremonial Role Other income Income If checking "Ceremonial Role" or "Other" describe below:
Valle, Richard		Ceremonial Role Other Income Income I If checking "Ceremonial Role" or "Other" describe below: TO OBTAIN OVER GUT of GUT ITHES OF MANTS WOT WWE PERFERENCE CLEAR TO FUNDING OR OPPOPT
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

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. Memphis Grizzlies 30 Date(s) ____12 17 1 Provide Title/Explanation If no: _GS Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If ves: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🕅 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Lasi First) Pass(es) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) New Haven Schools Foundation P.O. - To reward a school or nonprofit organization for its contributions Box 1574 Union City, CA 94587 to the community is a 501(c)(3) nonprofit corporation supporting academic programs, and enriching the educational dedicated to funding scholarships. experience to help students succeed in life. 4. Verification 1 h ons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Gabriela Christy Supervisor's Assistant Signature of Agency Head or Designee Print Name (Month, Day, Year) Title

Comment: _

_	A AND ADDRESS ADDRESS A						
1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	002
	Division, Department, or Reg	ion (If Applicab	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Gabriela Christy				D (A)		
	Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6692	Gabriela.CI	nristy@acgov.org		Date of Original Filing:	(Month, Day, Yea	ır)
2.	Function or Event Infor	mation			•		
	Does the agency have a ticke	Yes 🗵 No 🗌	Yes 🗵 No 🗌 🛛 Face Value o		of Each Ticket/Pass \$ 305.55		
	Event Description Oakland Raiders vs. New York Giants Provide Title/Explanation			Date(s)	2 03 17	/	./
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			lf no: <u>Oakla</u>	nd Athletics Name of Sou	ırce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor [Official's Name (L	District 2 .ast, First)	

3. Recipients

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

B. Name of Individual (Lest. First) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Iter in the interview of the control of the contro of the contro of the control of the control of the contr	the agency's policy	
	Income	
Ceremonial Role Dther Dther I Other Ceremonial Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the	the agency's policy	
Chabot College 25555 Hesperian Blvd, Hayward, CA 94545 - To reward a school or nonprofit organization to the community	 To reward a school or nonprofit organization for its contributions to the community 	
Chabot College is a learning-centered and academic excellence, committed to creation stitution with a culture of thoughtfulness community of life-long learners.	and academic excellence, committed to creating a vibrant community of life-long learners.	

4. Verification

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

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

A Public Document

Comment: _

· · · ·						A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County			12 (1999) (1997)			
	Division, Department, or Region	n (If Applicable)	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Na	ame, Title)					
	Gabriela Christy				Amondmont (Must av		
	Area Code/Phone Number E	-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Chri	isty@acgov.	org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	ation		005 55/05			
	Does the agency have a ticket p	•	Yes 🛛 No 🛛		of Each Ticket/Pass \$	305.55/35	
	Event Description Oakland Rai	iders vs. Dall	as Cowboys	Date(s) 12	2 , 17 , 17		
	F	Provide Title/Expla					
	Ticket(s)/Pass(es) provided by a	Yes 🗌 No 🕻	If no: Oaklar	nd Athletics			
	Was ticket distribution made at t		Valle				
	of agency official?	the benest	No 🗌 Yes 🕻	If yes: Valle	, Richard- Supervisor E Official's Name (L	ast, First)	
_					· · · · · · · · · · · · · · · · · · ·		
э.	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			
			Number of				
	B. Name of Individual (Lest. First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
					Other D		
				Ceremonial Role If checking "Ceremor	Other D		
	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 poli		to the agency's policy	
	Jewish Family & CS East Bay Shattuck Ave #210, Berkeley		2/1	 To reward a school or nonprofit organization for its contribu to the community 		ation for its contributions	
	Rooted in Jewish values and historical experiences, and inspired by the strength				munities we serve, JFC dividuals and families I		
_	Verification						
4.							
4.			18942. I have ve	rified that the distribution set i	forth above, is in accordance with	h the requirements.	
4.			18942. I have ver Gabriela Cl Print Name	hristy	forth above, is in accordance with Supervisor's Assistant Title		

U	eremonial Role Even	is and ne	keurass	Distributions		A Public Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County			Form OUZ				
	Division, Department, or Reg	Division, Department, or Region (If Applicable)				For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	Name, Title)						
		. ,						
	Gabriela Christy Area Code/Phone Number	Email			Amendment (Must)	provide explanation in Part 3.)		
	(510) 272-6692	E-mail Gabriela.Ch	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information							
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	200				
	Event Description Not So Sil	ent Night	<u>, 08 , 17</u>	12 , 09 , 17				
		Provide Title/Expl	anation	Date(s)	la e	······································		
	Ticket(s)/Pass(es) provided b	y agency?	arriors					
					Name of Sc			
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2		
_	of agency official?				Official's Name (Last, First)		
3.	Recipients							
	Use Section A to identify the agence	y's department or	ual. • Use Section C to iden	tify an outside organization.				
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/		identify one of the follow	ing:		
	(Last, First)		Pass(es)					
	Rogers, Samantha		1	Ceremonial Role	Other describe below;	Income		
			4	_		is or her service to the		
				public	indinity volunteer for h			
	· · · · · · · · · · · · · · · · · · ·			Ceremonial Role	Other	Income		
	Burciaga, Priscilla		4	If checking "Ceremon	ial Role" or "Other" describe below:			
			1		munity volunteer for h	is or her service to the		
				public				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		t to the agency's policy		
4.	Verification							
	17	'ations 18944.1 and	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements.		
				la statu.	Over the day of the day of the	· inlight		

	Gabriela Christy	Supervisor's Assistant	1419117
Construction of the state of providing	Print Name	Title	(Month, Day, Year)

Comment: _____

.

Selenionial Note Lyents and The	NEUF ass	Distributions		A Public Document			
1. Agency Name			Date Stamp	California 802			
Alameda County		, contra					
Division, Department, or Region (If Applicable		For Official Use Only					
Board of Supervisors	Board of Supervisors						
Designated Agency Contact (Name, Title)			-				
Gabriela Christy							
Area Code/Phone Number E-mail		· · ·	Amendment (Must)	provide explanation in Part 3.)			
(510) 272-6692 Gabriela Ch	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information							
Does the agency have a ticket policy?	of Each Ticket/Pass \$ _	400					
Event Description Jay Z 4:44 Provide Title/Exp	Does the agency have a ticket policy? Yes X No T Face Value of the second point of the sec						
Ticket(s)/Pass(es) provided by agency?							
Was ticket distribution made at the behest of agency official?	Name of So , Richard- Supervisor Official's Name	District 2					
 Recipients Use Section A to identify the agency's department or Name of Agency, Department or Unit 	Number of		ual. • Use Section C to iden	-			
	Ticket(s)/ Pass(es)						
B. Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)		identify one of the follow	ving:			
Sims, Candace		Ceremonial Role	Other Inial Role" or "Other" describe below:	Income			
4		- To reward a community volunteer for her service to the public					
	-	Ceremonial Role If checking "Ceremon	Other D	Income			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	plic purpose made pursuar	it to the agency's policy			

4. Verification

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

my -	Gabriela Christy	Supervisor's Assistant	12/19/17
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: __