						AT UNIC L	ocument)
1. Agei	ncy Name				Date Stamp	California	802
Alam	eda County				0	Form	
Divisi	on, Department, or Regi	on (If Applicable	ə)			For Official	Use Only
Boar	d of Supervisors						
	nated Agency Contact (Name, Title)			-		
Brian	a Brown						
	Code/Phone Number	E-mail			Amendment (Must p	rovide explanation ir	n Part 3.)
	272-6695		n2@acgov.or	a	Date of Original Filing:		
	ction or Event Infor		0.0	<u> </u>	<u>,</u>	(Month, Day, Ye	ar)
	the agency have a ticke		of Each Ticket/Pass \$ _	100			
		5 10					
Event		Provide Title/Exp	lanation	Date(s)	<u> </u>	/	_/
Ticket	t(s)/Pass(es) provided by	agency2	I don Stake war	nars			
nonce		y agency:	Yes 🗌 No 🛛	_	Name of So		
	icket distribution made a	t the behest	No 🗌 Yes 🛛	If yes: Carso	on, Keith - Supervisor	District 5	
of ag	gency official?				Official's Name (Last, First)	
3. Reci	-						
	Section A to identify the agency		Number of	ion & to identify an individ	• Use Section C to iden	tify an outside orga	inization,
Α.	A. (<u>Ministration of Contractions of Contractions</u> A. (<u>Ministrations</u> A. (<u>Ministrations</u>) (Ministration of Contractions) (Ministration of Contractions) (Ministrations) (Min			Describe the pub	lic purpose made pursuant	to the agency's p	olicy
0			2		a County employee		
KC	Kas DS				mplary service to the public urage staff development;		_
				or to encou	rage stan developn	lent,	
D		D	Number of				
В.	(Name of Individua (Lest, First)	9	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	in the later			Ceremonial Role	Other 🔀	_	
JU	stin Mitchell	N'	2	If checking "Ceremon	ial Role" or "Other" describe below:		
				Fo promoto ()			
			+	ent or event held	lance at a County spons d at a County facility in	sored	
				to maximize poten parking and conce	tial County revenue from	n	Income
C.			Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		olicy	
<u> </u>			+				-
	ication /						

 Briana Brown
 Supervisor's Assistant
 1/30/18

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

A Public Document

1.	Agency Name				Date Stamp	California 002	
	Alameda County					Form OUZ	
	Division, Department, or Regi	i on (If Applicable	ə)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			-		
	Briana Brown Area Code/Phone Number				Amendment (Must pr	ovide explanation in Part 3.)	
		E-mail	-00	-	Date of Original Filing: _		
	(510)272-6695		n2@acgov.or	9	Date of original rining.	(Month, Day, Year)	
2.	Function or Event Inform			2021 80			
	Does the agency have a ticker		Yes 🛛 No 🗌	Face Value c	of Each Ticket/Pass \$	5001.	
	Event Description Basker	Provide Title/Exp		<u>3an/ 10/2018</u>			
	Ticket(s)/Pass(es) provided by	y agency?	Jen Stetle Way Name of Sou	mors			
	Was ticket distribution made a	t the behast					
	of agency official?	it the benest	on, Keith - Supervisor [Official's Name (L				
2	Recipients						
э.	Use Section A to identify the agency	's department or	unit. e Use Secti	ion 8 to identify an incluid.	• Use Section C to identi	ify an outside organization.	
	A. Name of Agency, Pepadane	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
		Pass(es)	To reward a C	ounty employee for	hie		
	Ras ne	4+PP	or her exempla	ary service to the pu	ublic		
	100 05				je staff developmen	t;	
		Number of			·		
	B. (Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:		
	Richard Music			Ceremonial Role	Other 🔀		
	nicitaria 1.0050		4		ial Role" or "Other" describe below:		
			100	To promote attendance at a County sponsored		bred	
				avent or event held	l at a County facility in o	raer	
				o maximize potent	tial County revenue from	Income	
				parking and conce	551011 50105,		
	C Name of Outside Organization		Number of				
	(include address and description)		Ticket(s)/ Pass(es)	Describe the pub	ibe the public purpose made pursuant to the agency's policy		
	_		2				
			2	<u></u>		· · · · · · · · · · · · · · · · · · ·	
4	Verification	· · · · · · · · · · · · · · · · · · ·			····		
-т.	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have veri	fied that the distribution set fo	orth above, is in accordance with	the requirements.	
			Briana Bro		Supervisor's Assistant	1/30/18	
			Diana Di0	****	oubernaor a Wasiargur	(1)	

Print Name

Comment: PP = Parking Pass

₫

Title

30/18

(Month, Day, Year)

H If checking "Ceremonital Role" or "Other" describe below: To promote attendance at a County sponsored avent or event held at a County facility in order on maximize potential County revenue from barking and concession sales; Income C. Name of Outside Organization (include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Andrew Flugget men Foundation Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Andrew Flugget men Foundation To promote attendance at a County sponsored avent or event held at a County facility in order to maximize potential County revenue from parking and concession sales; 4. Verification Inverse read and dirderstand FBPC Reculations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Briana Brown Supervisor's Assistant	Ceremonial Role Events an	d licket/Pass	Distributions		A Public Document		
Alarmeda County Pro Official Use Colv Division, Department, or Region (I/Applicable) Board of Supervisors Designated Agency Contact (Name, Trile) Innendment (Nutrix production in Part 3) Briana Brown Innendment (Nutrix production in Part 3) Area Code/Frome Number E-mail (510)272-8695 Innendment (Nutrix production in Part 3) Dete of Original Filling: (Month, Day, Vest) Z. Function or Event Information Dete of Original Filling: Dees the agency have a ticket policy? Yes IN No Event Description Status of Supervisor 10 Status of Data (Status of Data	1. Agency Name			Date Stamp	California 802		
Bioard of Supervisors Board of Supervisors Designated Agency Contact (Name, 70e) Briana Brown Area Code/Phone Number (510)272-6695 Function or Event Information Dees the agency have a ticket policy? Yes ID No ID Dees the agency have a ticket policy? Provide Information Dees the agency have a ticket policy? Yes ID No ID Ticket(s)/Pass(es) provided by agency? Yes ID Vas ticket distribution made at the behest No ID Yes ID Vas ticket distribution made at the behest No ID Yes ID Vas ticket distribution made at the behest No ID Yes ID No ID Yes ID State of the following: Yes ID Yes ID Name of adverty an outside organization. A. Wasticket distribution made at the behest Yes ID A. Wasticket distribution made at the behest Yes ID Yes ID	Alameda County				ronn		
Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number (510)272-6695 Date of Original Filing: (10)272-6695 Event Description Hardcom or Event Information Des the agency have a ticket policy? Provide Table	Division, Department, or Region (If A	pplicable)			For Official Use Only		
Designated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number (510)272-6695 Date of Original Filing: (10)272-6695 Event Description Hardcom or Event Information Des the agency have a ticket policy? Provide Table	Board of Supervisors	Board of Supervisors					
Area Code/Phone Number (510)272-6695 E-mail briana.brown2@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Event Description Harter Science		ïtle)					
Area Code/Phone Number (510)272-6695 E-mail briana.brown2@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Event Description Harter Science	Briana Brown						
(North Corr, Very) (North, Corr, Very) 2. Function or Event Information Does the agency have a ticket policy? Yes No Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$		1	Ar	nendment (Must pr	ovide explanation in Part 3.)		
2. Function or Event Information Desk the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$	(510)272-6695 brian	a.brown2@acgov.o	rg Date o	of Original Filing: .	(Month Day Year)		
Event Description Hutch and provide Instant of the Event Description Hutch and the Supervised Street St	2. Function or Event Informatio	n	I		(
Provide Index.span=2 Ticket(s)/Pass(es) provided by agency? Yes No If no:	Does the agency have a ticket policy	? Yes 🗙 No	Face Value of Each	Ticket/Pass \$	60		
Ticket(s)/Pass(es) provided by agency? Yes No If no: GOUM Date Using Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Carson, Keith - Supervisor District 5 Official? 3. Recipients -Use Section A to Identify the agency's department or unit: Use Section A to Identify an agency's policy Describe the public purpose made pursuant to the agency's policy B. Number of Tracketsy Indexisy Number of Tracketsy Pass(es) Identify one of the following: Income KcitH_ Wasket County facility one of the following: Income Income Income B. Number of Tracketsy Income Official? Income Income Visition Number of Tracketsy Income Other S Income Income Visition Sector Se	Event Description Harlen Gla	betrottes	1 14	3,18	1,20,1B		
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B. Individual (Last, Finit) Ticket(s)/ Pass(es) Identify one of the following: Katy Wate U Ceremonial Role Other Income Katy Wate U Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: Income Value U If checking "Ceremonial Role" or "Other" describe below: Income Value U If checking "Ceremonial Role" or "Other" describe below: Income Value U If checking "Ceremonial Role" or "Other" describe below: Income Value O promote attendance at a County sponsored avent or event held at County revenue from parking and concession sales; Income Andrew Fluggd man Foundation Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Andrew Fluggd man Foundation U To promote attendance at a County sponsored avent or event held at a County sponsored avent or event held at a County revenue from parking and concession sales; 4. Verification Inverse Income Inverse ad aid understand FEPC Reculations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Briana Brown<	A. Name of Acebicy, Department or Ur	Ticket(s)/	Describe the public purpo	ose made pursuant	to the agency's policy		
Item (inclusion) Pass(es) Item (inclusion) Kat H Wacket H Ceremonial Role Other Image: Income Kat H Wacket H Ceremonial Role Other Image: Income Income H Charles of Control of the rollowing: Income Income Income Income H Charles of Control of the rollowing: Income Income Income Income Income Income Income Income Income Income Income C Number of track(s) Describe the public purpose made pursuant to the agency's policy Income Income Income Income <th>B Name of Individual</th> <th></th> <th></th> <th></th> <th></th>	B Name of Individual						
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Provides resources for unter 4 Fo promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales; A. Verification I have read and understand FBPC 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 Journality of Articular Contents	C. Name of Outside Organization (include address and description	Ticket(s)/	Describe the public purpo	se made pursuant	to the agency's policy		
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Signature of Antony Mad the Designation					1/2 /10		
	Signature of Agency Head or Dasignee	Briana Bri		isor's Assistant	(Month, Day, Year)		
	Comment:						

Alameda County Division, Department, or Region (If Applicable) Board of Supervisors For Official Use On Besignated Agency Contact (Name, Title) Briana Brown Area Code/Phone Number E-mail prince Division, Department, or Region (If Applicable) Board of Supervisors Barna Brown Area Code/Phone Number E-mail prince Division, Department, Division Does the agency have a ticket policy? Yes No Event Description DaskeDvall Provide TitleExplanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes No Vas ticket distribution made at the behest No Yes No Vas ticket distribution made at the behest No Yes No sticket distribution made at the behest No Yes No - Use Section A to Identify the agency's department or unit; Alue Section S to identify an outside organization A. Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other Incore Jame of Individual Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy B. Mame of Indi	U C	eremonial Role Events	and ne	et/mass	Distributions		A Public Document
Alamed County Division, Department, or Region (# Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Amendment (Must provide expanded in First) Area Code/Phone Number E-mail (510)272-6695 briana.brown2@acgov.org 2. Function or Event Information Des the agency have a ticket policy? Dees the agency have a ticket policy? Yes Ø Provide Tifectamentor Ticket(s)/Pass(es) provided by agency? Ticket(s)/Pass(es) provided by agency? Yes Ø Was ticket distribution made at the behest No □ Yes Ø Vast ticket distribution made at the behest No □ Yes Ø 1. Recipients Number of Ticket(s)/Pass(es) provided by agency? Yes Ø 2. Recipients Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy A. #out of findation Number of Ticket(s) Ticket(s) Ticket(s) Date of outside Organization (Income tick and the agency's policy Pass(es) Other IS Income Statement and the agency's policy Pass(es) Operand Extended and the agency's policy Pass(es) Number of Income at a County sponsored servent receives and the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es)	1.	Agency Name				Date Stamp	California 802
Bioard of Supervisors Board of Supervisors Designated genery Contact (Name, Title) Briana Brown Area Code/Phone Number (510)272-6695 Dates of Original Films: (510)272-6695 Dates of Original Films: (S10)272-6695 Event Description Description <		Alameda County					Form SS
Designated Agency Contact (Namo, 7/16) Briana Brown Area Code/Phone Number [(510)272-6695 Date of Original Filing: [250]272-6695 Destignated Agency Contact (Namo, 7/16) Provide TimeExploration Destignated Agency Contact (Namo, 7/16) Ticket(s)/Pass(es) provided by agency? Yes [] No [] Was ticket distribution made at the behest No [] Yes [] -Use Section A to Memily the agency's department or unit, a Destignate to the public purpose made pursuant to the agency's poicy The sector form - Use Section A to Memily the agency's department or unit, a Destignate and Sector form - Describe the public purpose made pursuant to		Division, Department, or Region	n (If Applicable)		<u></u>		For Official Use Only
Briana Brown Amendment: (Must provide explanation in Part 3). Area Code/Phone Number (310)272-6695 briana.brown2@acgov.org Date of Original Filing:		Board of Supervisors					
Area Code/Phone Number (S10)272-6695 E-mail briana.brown2@acgov.org Date of Original Filing: [Month, Day, Year] 2. Function or Event Information Does the agency have a ticket policy? Event Description <u>base Over 1 and Explanation</u> Provide Table Splanation Provide Table Splana		Designated Agency Contact (Na	nme,Title)				
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Event Description	2.	Function or Event Information	ation			-	201180
B. Number of agency is department or unit. Alles Section Bio Island Bio Isl		Does the agency have a ticket p	olicy?	ئـــ \$ f Each Ticket/Pass •	504.		
Was licket distribution made at the behest of agency official? No I Yes I If yes: Carson, Keith - Supervisor District 5 Official? 3. Recipients • Use Section A to Identify the agency's department or unit: subset Section 6 to Identify an outside organization A. Manual of Secret Department or unit: subset Section 6 to Identify an outside organization A. Manual of Secret Department or unit: subset Section 6 to Identify an outside organization A. Manual of Secret Department or unit: subset Section 6 to Identify an outside organization Technology B. Manual of Individual Least Feature Number of Ticket(sy Pass(es) Identify one of the following: Pass(es) James Brown Q Ceremonial Role I of outside Deformed Paster or Other describe below. If the charge Central Role I of the following: Pass(es) Incor If the charge Central Role I of the following: Pass(es) James Brown Q Ceremonial Role I of the following Central Role I of the following: Pass(es) Incor If the charge Central Role I of the following: Pass(es) C. Name of Outside Organization (Icol Bitky MrcAn Number of Ticket(sy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Identify MrcAn Prodynam Sor unlosofted Yes(es) Describe the public purpose made pursuant to the agency's policy Pass(es) C. Name of Outside Organization (Icol Bitky MrcAn Number of Yes(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Identify MrcAn School Z To p		Event Description	rovide Title/Explai				
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B. Ticket(s) (Leat, First) Ticket(s) Pass(es) Identify one of the following: James Brown 4 Ceremonial Role Other Image: Oth		A. Name of Agency Department.	ortion	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Ticket(s) Identify one of the following: James Brown 4 Ceremonial Role Other Image: Ceremonial Role Incominge: Ceremonial Ro		<u>.</u>					
DameS Drown 4 If checking "Ceremonial Role" or "Other" describe below: +PP Fo promote attendance at a County sponsored avent or event held at a County facility in order on maximize potential County revenue from barking and concession sales; C. Name of Outside Organization (include address and description) Incomparison Number of Ticket(s)? Describe the public purpose made pursuant to the agency's policy pass(es) IOO BIK men Program Cor undersented went or event held at a County sponsored youth. Youth. 2 Clare month middle School 2 5750 cdlege Aire Outland 2 Index redef and bard landerstame EBDC Beaulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Briana Brown Supervisor's Assistant		B. Name of Individual (Lest, First)		Ticket(s)/		Identify one of the following	ng:
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 CO Bits Men Mentoring Control of Co		James Brown		4			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 CO Bits men wentoring Describe the public purpose made pursuant to the agency's policy To promote attendance at a County sponsored avent or event held at a County facility in order to maximize potential County revenue from oarking and concession sales; C. Name of Outside Organization (Include address and description) To promote attendance at a County sponsored avent or event held at a County facility in order to maximize potential County revenue from oarking and concession sales; C. A. Verification Z I have read and inderstand EBPC Beculations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Briana Brown Supervisor's Assistant				+PD	To promote atten	dance at a County spon	sored
C. Name of outside organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 100 BIK men mentorns Proform Cor undersend 2 To promote attendance at a County sponsored svent or event held at a County facility in order to maximize potential County revenue from parking and concession sales; 5750 college Ave cuntariant 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 the requirements. Briana Brown Supervisor's Assistant 1/30/1					:o maximize pote	ntial County revenue fro	
Mentanna Proform Corrent of and reserved Z To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from barking and concession sales; Clare month Middle School Z Darking and concession sales; 5750 College Aire Curland Z Darking and concession sales; 4. Verification Inductors 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Briana Brown Supervisor's Assistant 1/30/1		C. Name of Outside Organization (Include address and description)		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
Clare month middle School 2 To Maximize potential County revenue from Darking and concession sales; 5750 college Aire Outland 2 4. Verification There read and Understand EBPC Regulations 18944.1 and 18942. There verified that the distribution set forth above, is in accordance with the requirements. Briana Brown Supervisor's Assistant 1/30//		mentoring program for	2	event or event held	at a County facility in or	dor	
Contraction Insure read and Understand EEEC 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			Chool	7		al County revenue from	
I have read and understand EEEC 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 \lambda 30//	Ę	,750 college Are outland		4		oor salos,	
Briana Brown Supervisor's Assistant 1/30//	4.			·1	_		· · · · · · · · · · · · · · · · · · ·
		have read and Inderstand FEPC Regulation	ons 18944.1 and	18942. I have vei	rified that the distribution set fo	orth above, is in accordance with	n the requirements.
Signature of Agercy Head or Designee Print Name Title (Month, bay, Ye		La la sura sur	. — <u> </u>				130/17
		Signature of Agency Head or Designee	,	Print Name	9	Title	(Month, Day, Year)
Comment:		Comment:					

A Public Document

1. Ager	ncy Name				Date Stamp	California 802
Alam	ieda County					Form 002
	ion, Department, or Regi	on (If Applicable)			For Official Use Only
Board	d of Supervisors					
	inated Agency Contact (Name, Title)				
Gabr	riela Christy					
	Code/Phone Number	E-mail		. – .	Amendment (Must pt	rovide explanation in Part 3.)
(510)) 272-6692	Gabriela.Chi	risty@acgov.	org	Date of Original Filing: .	(Month, Day, Year)
2. Fund	ction or Event Infor	mation	<u> </u>		I	
Does	the agency have a ticke	t policy?	Yes 🛛 No [_ Face Value o	f Each Ticket/Pass \$	100
Event	t Description <u>The Great</u>	Xscape Tour			, 05 , 18	///
Eveni	L Description	Provide Title/Expl	anation	Date(s)		//
Ticket	t(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no:	Name of Sol	
	ticket distribution made a gency official?	at the behest	No 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor I	
3. Reci • Use 9	IPIENTS Section A to identify the agenc	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
Α.	Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
			Pass(es)			
P	Name of Individu	al	Number of			-
В.	(Last. First)	21	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
·				Ceremonial Role		
Thor	mas, Valerie		4	-	nial Role" or "Other" describe below:	
				To reward a comm	unity volunteer for her	service to the public
	•			Ceremonial Role	Other	
				If checking "Ceremon	nial Role" or "Other" describe below:	-
					110	
C.	Name of Outside Organ (include address and deal		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
		,	Pass(es)			
	100 07 00 00 00 00 00 00 00 00 00 00 00 0		-			

4. Verification

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

	Gabriela Christy	Supervisor's Assistant	2/0/2018
Signature of Agency Head of Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

Cere	monial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1. Ag	ency Name				Date Stamp	California 802
Ala	meda County					- Tomme
Divi	sion, Department, or Reg	ion (If Applicable)			For Official Use Only
Bo	ard of Supervisors					
	ignated Agency Contact (Name, Title)				
Ga	briela Christy					
	a Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	0) 272-6692	Gabriela.Chi	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2. Fu	nction or Event Infor	mation				
Doe	es the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	60
E	PBR		_		, 06 , 18	, ,
Eve	ent Description	Provide Title/Expl	anation	Date(s)		//
Ticł	(et(s)/Pass(es) provided b	v agency?	Yes 🔲 No	If no:		
		,			Name of Se	
	s ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2
or	agency official?				Official's Name	(Last, First)
	cipients se Section A to identify the agenc	v'e denartment er	unit a Lleo Soc	tion B to identify an individ	ual a Lico Section C to idea	ntify on outside experimetion
			Number of			
А.	Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
B.	R Name of Individual		Number of Ticket(s)/			vina
	(Last, First)		Pass(es)			,
M	ood, Diane			Ceremonial Role	Other describe below:	
			4			r service to the public
					anity voluneoor for no	
	_			Ceremonial Role If checking "Ceremon	Other D	Income
C.	C. Name of Outside Organization		Number of Ticket(s)/	Describe the put	lic purpose made pursuar	to the second rollow
	(include address and de	scription)	Pass(es)			
4. Ve	rification			1		·····
1		100 14.1 and	d 18942. I have ve	erified that the distribution set 1	forth above, is in accordance w	vith the requirements.
			Gabriela C	hristy	Supervisor's Assistar	nt 2/4/2018
	Signature of Agency Head or Designed	, V —	Print Nam	e	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 Date of Original Filing: (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 60 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$. Yes 🛛 No 🗌 Event Description The Original Harlem Globetrotters 01 13 18 01 20 18 Date(s) _ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other Income 🔲 Ceremonial Role

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 policyC.Name of Outside Organization
(include address and description)Number of
Ticket(s)/
Pass(es)Describe the public purpose made pursuant to the agency's policyChabot College 25555 Hesperian Blvd,
Hayward, CA 945454- To reward a school or nonprofit organization for its contributions
to the communityLeague of Women Voters, Eden Area
P.O. Box 2234 Castro Valley4- To reward a school or nonprofit organization for its contributions
to the community

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	2/20/100
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: __

1 1

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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 Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of Each Ticket/Pass \$ _ Event Description Santa Cruz Warriors Date(s) 01 / 27 / 18 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Lasi, First) Pass(es) Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below; Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

Castro Valley Chamber of Commerce - To reward a school or nonprofit organization for its contributions 4 3160 Castro Valley Blvd #224, Castro Va to the community The mission of the Castro Valley/Eden our community toward sustainable economic growth, to advocate Area Chamber of Commerce is to lead a pro-business climate for our members, to honor the historical

4. Verification

and understand EPBC Populations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement: 1 paus mat

> Gabriela Christy Supervisor's Assistant Print Name

Title

Comment: _

Signature of Agency Head or Designee

A Public Document

1.	Agency Name				Date Stamp	California 000	
	Alameda County					Form OUZ	
	Division, Department, or Regi	ion (If Applicab	le)		-	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.Cl	hristy@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation				(Wohn, Day, Year)	
	Does the agency have a ticke	t policy?	Yes 🖾 No 🗆] Face Value o	of Each Ticket/Pass \$ _	304.80/30	
	Event Description GS Warrio	rs vs. Denve		Date(s)1	I, 08, 18		
	Event Description	Provide Title/Exp		Date(s)		//	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	lf no:	Name of So		
	Mee ticket distribution mode						
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes 🛛	I If yes: <u>Valle</u>	, Richard- Supervisor I Official's Name (I	Last. First)	
2	Recipients				,		
J.	Use Section A to identify the agency	y's department o	r unit. • Use Sectio	on B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme		Number of Ticket(s)/		olic purpose made pursuant		
			Pass(es)		and harborn man barbanin to the adality a holicy		
	B. Name of Individua			Identify one of the following:			
	D. (Lasi, First)	Ticket(s)/ Pass(es)					
	Commeleo lostio				Other	Income	
	Gonzales, Jackie		4		nial Role" or "Other" describe below:		
				- To reward a com	munity volunteer for n	er service to the public	
				Ceremonial Role	Other		
					nial Role" or "Other" describe below:		
			Number of				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
			Pass(es)				
4.	Verification						
4.	I have mediand understand EDBC Degu	lations 18944.1 at	nd 18942. I have verifi	ed that the distribution set f	forth above. is in accordance wit	h the requirements.	
			Gabriela Chr				
	ganature of Agency Head or Designee		Print Name	ioty	Supervisor's Assistant	(Month, Day, Year)	
	•					······································	
	Comment:		·			EBBC Form 902 (4/42)	

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. LA Clippers Date(s) _____/_ 10 18 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: _ 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

A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Castillo, Patricia	4/1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for her service to the public
		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 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

Print Name

Supervisor's Assistant

A Public Document

Comment: _

Signature of Agency Head or Designee

Title

A Public 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 (Na	me, Title)				
	Gabriela Christy					
		-mail	Amendment (Must pi	rovide explanation in Part 3.)		
		Babriela.Chris	sty@acgov.	org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information	ation		004.00/00		
	Does the agency have a ticket p		′es 🛛 🛛 No 🛛		f Each Ticket/Pass \$	
	Event Description GS Warriors	, 10 , 18	//			
	Ticket(s)/Pass(es) provided by a	igency? ץ	∕es□ No[⊠ lf no:	Name of Sol	Irce
					Richard- Supervisor [Official's Name (I	District 2
_						
3.	• Use Section A to identify the agency's	department or un	uit e lleo Soci	tion B to identify an individu	allee Section C to ident	ify an outside organization
	A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)	of Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
				Ceremonial Role If checking "Ceremon	Other describe below:	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	Income
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
	C. Name of Outside Organiza (include address and descri Ohlone College Foundation43 Mission Boulevard Building 20	ption) 600		If checking "Ceremon Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below: Other Other ial Role" or "Other" describe below: lic purpose made pursuant	Income

I have read and understand EPDC 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	2/6/	18
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. Minnesota Timberwolv Date(s) 01 , 25 , 18 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: ___ 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.

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:
Ť		Ceremonial Role Other I Income I Income I Income I Income II Income III Income II Income II Income II Inco
		Ceremonial Role Cother Contraction Income Contracti
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
League of Women VotersP.O. Box 2234 Castro Valley, CA 94546	2/.	 To reward a nonprofit organization for its contributions to the community
Alameda County Democratic Party	2/1	 To reward a nonprofit organization for its contributions to the community

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	2/4/18
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

~ /

1.

	eremonial Role Events and Ticket/P	ass Disti	ibutions	A	Public Document
	Agency Name		,	Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (if applicable)				For Official Use Only
	Board of Supervisors, District 4				
	Designated Agency Contact (Name, Title)		-		
	Nathan Miley, Supervisor	-			Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail				
_	(510) 272-6694 distrct4@acgov.org	l 		Date of Original Filing:	(month, day, year)
2.	Function or Event Information			·	2 6 6 6
	Does the agency have a ticket policy? Yes		Face Value of	Each Ticket/Pass \$ _	<u>505.55</u>
	Event Description: Raiders		Date(s) _ 12	, 3 , 17	
	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided by agency? Yes [No 🔀	If no: Oakland		
	Was ticket distribution made at the behest Yes No D If yes: Miley, N			Name of Source lathan	
	of agency official?		n ycs	Official's Name (Last, First)	
-					
3.	• Use Section A to identify the agency's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to ider	tify an outside organization
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	A LEAST AND STOP D		muant to the agency's policy
		Passes			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pabass		identity one of the	fellowing:
	Stewart, Darryl	2	To reward a	nonial Role Other king "Ceremonial Role" or "Other COUNTY EMPloyee for e public or to encoura	
	Dunlap, Kamika	2	To reward a		ge staff development
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Passes		e public purpose made pu	rsuant to the agency's policy
_					

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

VI VI VI VI	Nathan Miley	Supervisor	01/25/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:V			

	ency Report of: remonial Role Even	ts and Ticket/Pa	ass Distrik	outions		A Public Document
1. / / ī	Agency Name Alameda County Division, Department, or Reg Board of Supervisors, Distri	ion (if applicable)			Date Stamp	California Form 802 For Official Use Only
Ī	Designated Agency Contact	(Name, Title)				
I	Nathan Miley, Supervisor			Amendment (Mu	st Provide Explanation in Part 3.)	
7	Area Code/Phone Number	E-mail				
	(510) 272-6694	distrct4@acgov.org			Date of Original Filin	g:(month, day, year)
	Function or Event Infor Does the agency have a tion Event Description: Warriors Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients • Use Section A to identify the age	ket policy? Yes 2 Provide Title/ Explan by agency? Yes 2 e at the behest Yes 2	Dation D No 🗹 If	ate(s) <u>12</u> no: <u>Golden S</u> yes: <u>Miley, N</u>	State Warriors Name of Source Nathan Official's Name (Last, Fi	/
	A. Name of Agency, De		Number of Ticket(s) Passes			pursuant to the agency's policy
	B. Name of In (Lost, F		Number of Ticket(s) Passes		identify one of i	he following:
	Dunlap, Kamika		4		cking "Ceremonial Role" or "Oth a county employee	er X Income Income er describe below: for his or her exemplary
					monial Role D Oth cking "Ceremonial Role" or "Oth	er income er describe below:
	Name of Outside C. (include address a		Number of Ticket(6)/ Passes	Describe 1	the public purpose made	oursuant to the agency's policy

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

	Nathan Miley	Supervisor	01/25/2018
Signature of Agency Head or/Designee	Print Name	Title	(month, day, year)
(
Comment:		<u></u>	

	gency Report of: eremonial Role Event	ts and Ticket/P	ass Distri	ibutions		A Public Document
	Agency Name Alameda County Division, Department, or Regi	on (if applicable)			Date Stamp	California Form 802 For Official Use Only
	Board of Supervisors, Distric Designated Agency Contact (
	Nathan Miley, Supervisor			,	Amendment (Mu	st Provide Explanation in Part 3.)
	Area Code/Phone Number (510) 272-6694	E-mail distrct4@acgov.org			Date of Original Filin	g:(month, day, year)
2.	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?	Provide Title/ Expla by agency? Yes	nation No 🗹 🛛	Date(s) <u>12</u>	State Warriors	//
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to 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)/ Passos		identify one of t	sə following:
	Jones, LaNiece		4		monial Role Othe cking "Ceremoniel Role" or "Othe a Community Volunte	r Income <i>describe below:</i> er for his or her service to
					monial Role Dothe	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe (he public purpose made	pursuant to the agency's policy
4.	Verification					

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

	Nathan Miley	Supervisor	01/25/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	remonial Role Even Agency Name				Date Stamp	California 002
	Alameda County					Form 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
ł	Board of Supervisors, Distri	ct 4				
	Designated Agency Contact					
I	Nathan Miley, Supervisor				Amendment (Must	Provide Explanation in Part 3.)
7	Area Code/Phone Number	E-mail				Frovide Explanation in Fait 3.)
	(510) 272-6694	distrct4@acgov.org			Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes 🛛	No 🗆 🖡	ace Value of	Each Ticket/Pass \$ _	
	Event Description: Jay Z		D	ate(s) 12	<u>, 16 , 17</u>	
		Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes		no: Oracle A	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	No 🗖 🛛 If	yes: <u>Miley, N</u>	lathan Official's Name (Last, First	0
3.	Recipients • Use Section A to identify the age	ncy's department or unit. • 1	Use Section B to i	dentify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe (ie public purpose made p	neuant to the agency's policy
	R Name of Inc		Humber		Identify one of the	
	B. (Lest, F		of Ticket(s)/ Passes			eronowing:
	Gums, Angelica		2			Income Constraints of her exemplary
	Stewart, Darryl		2	1		Income describe below: this of her exemplary
	C. Name of Outside (include address ar		Number of Ticket(s)/ Passes	Describe 1	ne public purpose maile p	urstant to the agency's policy
						

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

	Nathan Miley	Supervisor	01/25/2018
Signature of Agency 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 Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, District 4

Nathan Miley, Supervisor					
Area Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·		Amendment	(Must Provide Explanation in Part 3.)
(510) 272-6694	distrct4@ad	gov.org	2	Date of Original	Filing:(month, day, year)
2. Function or Event Infor					0 0 0 0
Does the agency have a tic	ket policy?	Yes 🔀 No	Face Valu	e of Each Ticket/Pas	ss \$ 505-52
Event Description: Raiders			Date(s)	12 / 17 / 17	

Event Description:			Date(
Provide 1	Title/ Explanation	on	Dato
Ticket(s)/Pass(es) provided by agency?	Yes 🗖	No 🔀	If no:

Was ticket distribution made at the behest Yes 🗷 No 🗖 of agency official?

Designated Agency Contact (Name, Title)

Oakland Raiders Name of Source If yes: Miley, Nathan

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 Titket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of individual (Last, First)	Number of Ticket(s)/ Payaos	Identify one of the following:
Lias, Renee	2	Ceremonial Role Other Income To promote attendance at a County sponsored event or event held at a county facility in order to max. profit
Ng, Eileen	2	Ceremonial Role Ceremonial Role Other Income Income To promote attendance at a County sponsored event or event held at a county facility in order to max. profit
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Nathan Miley	Supervisor	01/25/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California 1. Agency Name Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley, Supervisor Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6694 distrct4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes 🔀 No 🗖 Event Description: Warriors Date(s) 12 29 Provide Title/ Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🖾 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes X No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Sakala, Jordan To reward a community volunteer for his or her service to 4 the public. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (Include address and description) Passes

4. Verification

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

	Nathan Miley	Supervisor	01/25/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Dist	ributions		A Public Document
	Agency Name				Date Stamp	
	Alameda County				Date Stamp	California Form 802
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
	Board of Supervisors, Distric	,				
	Designated Agency Contact (Name, Title)				1	
	Nathan Miley, Supervisor					
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	(510) 272-6694	distrct4@acgov.org	9		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 f			Each Ticket/Pass \$ 3	04.80	
	Event Description: Warriors	1001				
	Event Description:	Provide Title/ Explai	nation	Date(s) <u>12</u>		/
	Ticket(s)/Pass(es) provided			If no: Golden S	tate Warriors	
			_		Name of Source	
	Was ticket distribution made	at the behest Yes	No If yes: Miley,		Official's Name (Last, First)	
	of agency official?				Oniciai's Name (Last, First)	
	Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes			ntify an outside organization.
	B. Name of India (Last, Fin		Number of Ticket(s)/ Petres		identity one of the	following:
	Sakala, Jordan		4		ionial Role Other in other in other in other in other in other of the other in the other in the other in the other is the	Income Income escribe below: for his or her service to
					onial Role Other Other	
	C. Name of Outside Or (include address and	ganization description)	Number of Ticket(s)/ Passes	Describe th	a bripic bribòsa mage br	revant to the agency's policy
-	Varification					

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 5/2

	Nathan Miley	Supervisor	01/25/2018
Sighature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	2		

	ency Report of: remonial Role Even	ts and Ticket/Pa	ass Distril	butions	A	Public Document
1. A	gency Name				Date Stamp	California 802
	Alameda County Division, Department, or Region (if applicable)					
C						For Official Use Only
E	Board of Supervisors, Distri	ct 4				
1	Designated Agency Contact	(Name, Title)				
Nathan Miley, Supervisor					Amendment (Must	Provide Explanation in Part 3.)
7	Area Code/Phone Number	E-mail				
((510) 272-6694	distrct4@acgov.org			Date of Original Filing	(month, day, year)
2.	Function or Event Info	rmation				04.00
I	Does the agency have a tic	ket policy? Yes 🛛	No DF	ace Value of	Each Ticket/Pass \$ 3	304.80
	Event Description: Warriors	3			<u></u>	1 1
,		Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🗋 No 🖾 🛛 If	no: Golden S	State Warriors	
	Was ticket distribution made at the behest Yes 🖾 No 🔲 If yes: Miley, Nathan					
	of agency official?	e at the benest Yes E		,	Official's Name (Last, First	0
3.	Recipients					
	• Use Section A to identify the agency's department or unit. • Use Section		Use Section B to i	dentify an indivi	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe t	영양 전 영양 전 가슴 것 같아. 영양 것	ursuant to the agency's policy
	R Name of th	Abildual	Number		dentify one of th	
	B. Name of th		of Ticket(s)/ Passes			ronoway.
	Davis, Celeste		2	To promote		Mincome Compared event or
	Cox, Lori	· ·	4	To reward a		theore and the selection of the selectio
	C. Name of Outside (include address a		Number of Ticket(s)/ Passos	Describe	he public purpose made p	ursuant to the agency's policy

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

	Nathan Miley	Supervisor	01/25/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
/			

gency Report of: Seremonial Role Eve	nts and Tickot/	Paca Diat	riku ti omo		
Agency Name	Into and TICKED	rass Dist	ibutions		A Public Document
Alameda County				Date Stamp	California Form 802
Division, Department, or Re				-	
Board of Supervisors, Dist					, For Official Use Only
Designated Agency Contac					
Nathan Miley, Supervisor	(Ivarne, nue)				
Area Code/Phone Number				Amendment (Mus	t Provide Explanation in Part 3.)
	E-mail				
(510) 272-6694	distrct4@acgov.or	rg		Date of Original Filing	(month, day, year)
Function or Event Info	rmation				
Does the agency have a ti	cket policy? Yes	No 🗖	Face Value of	Each Ticket/Pass \$	304.80
Event Description: Warrior					
Lvent Description.	Provide Title/ Exp	lanation	Date(s) <u>12</u>	23 11	/
Ticket(s)/Pass(es) provide			f no: Golden S	state Warriors	
				Name of Source	
Was ticket distribution mad	le at the behest Yes		f yes: <u>Miley, N</u>	lathan	
of agency official?				Official's Name (Last, Firs	1)
Recipients • Use Section A to identify the age A Name of Agency, Department		• Use Section B to Number of Ticket(s)/ Passes		A MARGARE MARGANE	ntify an outside organization. Ursuant to the agency's policy
B. Name of In [Lest, F		Number of Ticket(s)! Passes		Identify one of the	Vollowing:
Alexander, Toni			Carem	ionial Role 🔲 Other	
		6	To promote a	ing "Ceremonial Role," or "Other" attendance at a Cou	
Linton, Donna		4	Cerem To promote a	ing "Ceremonial Role" of "Other and a Court	
Name of Outside	Organization	Number			

	(include address and description)	Passes	Describe the public purpose made pursuant to the agency's policy
4	Verification		
	I have read and understand FPPC Regulations 18944	4	· · · · · · · · · · · · · · · · · · ·

with the requirements. , >/)

	Nathan Miley	Supervisor	01/25/2018
Signature of Agency 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, District 4 Designated Agency Contact (Name, Title) Nathan Miley, Supervisor Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6694 distrct4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Warriors Date(s) ____/_ 25 17 Provide Title/ Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🖾 Name of Source If yes: Miley, Nathan 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Stewart, Darryl	2	Ceremonial Role D Other X Income To reward a county employee for his or her exemplary service to the public or to encourage staff development
Dunalp, Kamika	2	Ceremonial Role Other Income To reward a county employee for his or her exemplary service to the public or to encourage staff development
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Nathan Miley	Supervisor	01/25/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
			· · · · · · · · · · · · · · · · · · ·

_	Ceremonial Role Events and Ticket/Pass Distributions					A Public Document		
1.	Agency Name					Date Stamp	California	and the second second
	Alameda County						Form	802
	Division, Department, or Reg	gion (if applicable)					For Official	Use Only
	Board of Supervisors, Distri	ict 4						
	Designated Agency Contact	Designated Agency Contact (Name, Title)						
	Nathan Miley, Supervisor							
	Area Code/Phone Number E-mail				Amendment (Must P	rovide Explanation in	Part 3.)	
	(510) 272-6694	distrct4@acg	ov.org			Date of Original Filing: .	(month. dav. vea	
2.	Function or Event Infor			,				
	Does the agency have a tic	No 🗖	Face Value of	Each Ticket/Pass \$ 30	4.80			
					Date(s) <u>12</u>			
		Provide Titl	e/ Explanati	ion			<i>//</i>	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🔲	No 🔀	If no: Golden S			
	Was ticket distribution made of agency official?	e at the behest	Yes 🖄	No 🗖	If yes: <u>Miley</u> , N	Name of Source lathan Official's Name (Last, First)		
3.	Recipients							-

Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Jones, LaNiece	4	Ceremonial Role Other Income Income To reward a community volunteer for his or her service to the public.
· · · · · · · · · · · · · · · · · · ·		Ceremonial Role Other Income Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Nathan Miley	Supervisor	01/25/2018
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Ceremonial Role Events	and Ticket/P	ass	Distributions		A Public Document		
1. Agency Name				Date Stamp	California 802		
Alameda County			Form				
Division, Department, or Region	(If Applicable)		For Official Use Only				
Board of Supervisors							
Designated Agency Contact (Nat	me, Title)			х.			
Briana Brown							
	mail			Amendment (Must p	rovide explanation in Part 3.)		
5102726695 b	riana.brown2@ac	gov.o	rg	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information	tion						
Does the agency have a ticket p	olicy? Yes 🛛	No	Face Value c	of Each Ticket/Pass \$ _			
Event Description Warriors			Date(s) 12	2 , 30 , 17	1 1		
Pr	Fronde TherExplanation						
Ticket(s)/Pass(es) provided by a	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Golden State Warriors						
Was tisket distribution made at th	a babaat		_		urce		
Was ticket distribution made at the of agency official?		Yes	X If yes:	Official's Name (Last, First)		
3. Recipients							
Use Section A to identify the agency's	department or unit.	jse Sec	tion Bute identify an individ	• Use Section C to Iden	tify an outside organization.		
A. Name of Agency, Department	Numb	per of	ITRA A A ALL T	lic purpose made pursuant			
	Pass		beschbe the pub	ne puipose made puisuam	to the agency's policy		
B. (Name of Individual)	Numt Ticke	et(s)/		Identify one of the follow	ing:		
	Pass	s(es)	Ceremonial Role	Other			
Brandon Rheemes				ial Role" or "Other" describe below:	income 🛄		
	2	2	To promote attend held at a County fa	ance at a County spo cility in order to maxin	nsored event or event nize potential County rev		
Arnold Perloms			Ceremonial Role	Other ial Role" or "Other" describe below:	Income		
	2	2	To promote attendand County facility in orde	ce at a County sponsore r to maximize potential (d event or event held at a County revenue from parkin		
C. Name of Outside Organizat (Include address and descrip		et(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
4. Verification							
I have read and understand FPPC Reculation	ns 18944.1 and 18942. I	have ver	rified that the distribution set fo	orth above, is in accordance wil	th the requirements. $12 - 3/12$		
1.	Bria	na Bro	own	Supervisor's Assistant	t 12'31'2017		
Signature of Agency Head or Designee	P	rint Name	9	Title	(Month, Day, Year)		

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Dist	ributions	à	Public Document
1.	Agency Name		Date Stamp	California 002		
	County of Alameda			Form OUZ		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)	1			
	Lee Ann Fergerson, Ticket	Administrator		Amendment (Musti	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail] []		
	510-272-6691	Tustarrgaze@gma	il.com		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes 🔀			Face Value of	Each Ticket/Pass \$ _	40.80
	Event Description: Warriors		Date(s) <u>1</u>		//	
		nation	lf no: GSW			
	Ticket(s)/Pass(es) provided	X No 🗌		Name of Source		
	Was ticket distribution made at the behest Yes \Box			If yes: HAGG	ERTY, SCOTT	
	of agency official?				Official's Name (Last, First)	
	Use Section A to identify the ager A. Name of Agency, Depa B. Name of Ind (Last, Fit Ryan Murray Stephen Dillon C. Name of Outside C (include address and	artment or Unit	Use Section B Number of Ticket(s) Passes Number of Ticket(s) Passes 4 Number of Ticket(s) Passes	y Describe ti py To p eve re ucere if chec	Identify one of the Identify one of the romote attendance a ent in order to maxim venue for concession nonial Role ப Other I iking "Ceremonial Role" or "Other" o	rsuant to the agency's policy following: t a county sponsored ize potential county and parking sales

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

	LEE ANN FERGERSON	TICKET ADMINISTRATOR	1/12/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	Δ	Public Document
	Agency Name		Date Stamp	California 802		
	Alameda County		· · .		-	Form OUZ For Official Use Only
	Division, Department, or Reg	ion (if applicable)				To official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, litte)				
	Lee Ann Fergerson Area Code/Phone Number	E-mail	Amendment (Must	Provide Explanation in Part 3.)		
					Date of Original Filing	
_	510-2726691	leeann.fergerson@	acgov.org		Date of Original Pring	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes 🛛 No 📋 Face Value				Each Ticket/Pass \$ 🗧	300.00
				<u>, 21 , 17</u>		
		Provide Title/ Explai	nation			//
	Ticket(s)/Pass(es) provided by agency? Yes 🖾 No 🔲 If no			f no: <u>GSW</u>	N	
	Mos tisket distribution mode	et the behast of the		f yes: <u>Hagg</u> er	Name of Source ty, Scott	
	Was ticket distribution made of agency official?	at the benest Yes	∆ No∐ '	r yes	Official's Name (Last, First,)
	of agency official:					
3.	• Use Section A to identify the agen • A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes	1		ntify an outside organization.
	Deputy Sheriff's Assn.		F 45565	To rewar	d a county employee	for his or hor
	Deputy offering Assn.		4		y service to the publ	
					y service to the public	
		B. Name of Individual (Last, First)			Identify one of the	following:
					nonial Role D Other king "Ceremonial Role" or "Other" o	
					monial Role D Other Other	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pu	ursuant to the agency's policy

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance 2

	Lee Ann Fergerson	Ticket Administrator	01/09/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: Ceremonial Role E	vents and Ticket/F	Pass Distri	butions	AP	ublic Document
1. Agency Name				Date Stamp	California 000
Alameda County Board	of Supervisors				Form 802
Division, Department, or	Region (if applicable)	· ·		ſ	For Official Use Only
Board of Supervisors					
Designated Agency Con	tact (Name, Title)				
Lee Ann Fergerson				Amendment (Must Provi	de Evalenation in Part 3.)
Area Code/Phone Numb	er E-mail				ue Explanation in Part 3.)
510-272-6691	Leeann.fergerson(@acgov.org		Date of Original Filing:	(month, day, year)
2. Function or Event I	nformation				£0 =
Does the agency have	a ticket policy? Yes	⊠ No⊡ F	ace Value of	Each Ticket/Pass \$	100 -
Event Description: Xsc	аре	Г	ate(s) 01	<u>, 15 , 18</u>	1 1
	Provide Title/ Expl				
Ticket(s)/Pass(es) prov	ided by agency? Yes	🖾 No 🗌 🛛 If	no: <u>GSW</u>	Name of Source	<u> </u>
Was ticket distribution (nade at the behest Yes		yes: <u>Hagg</u> ert	ty, Scott	
of agency official?	fidde dt the beliest 168		, <u></u>	Official's Name (Last, First)	
3. Recipients • Use Section A to identify th	e agency's department or unit.	Use Section B to i Number	dentify an individ	ual. • Use Section C to identify	an outside organization.
A. Name of Agency	A. Name of Agency, Department or Unit			e public purpose made pursua	int to the agency's policy
District 5	District 5		To reward a service to the	county employee for his e public.	or her exemplary
		Number			
	B. Name of Individual (Last, First)			Identify one of the follo	owing:
				nonial Role Dother describ ding "Ceremonial Role" or "Other" describ	Income 🗌
			1	nonial Role D Other discrib	Income
	C. Name of Outside Organization (include address and description)		Describe th	e public purpose made pursua	int to the agency's policy

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

	Lee Ann Fergerson	Ticket Administrator	01/05/18
Signature of Agency Head of 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 Regi	on (If Applicable		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 Inform	nation			ମ୍ୟାଳ ପ୍ୟ ଓ ଏମା		
	Does the agency have a ticke	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	- 00		
	Event Description Santa Cruz Warriors v. Austin Spurs				, 28 , 18		
	Provide Title/Explanation			Date(s)		ll	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: Golder	n State Warriors		
				Name of Sou	rce		
	Was ticket distribution made at the behest No 🗌 Yes 🛛			If yes: Chan	, WIIMA Official's Name (L	act First)	
	of agency official? Official's N				Oniciai s Name (L		
3.	Becipients 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 pub	Describe the public purpose made pursuant to the agency's policy		
			Number of				
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the following	ng:	
					Other D ial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	San Leandro Rec+Human S Youth Prgms, 835 E. 14th S		4		anceevent held at a 0 potential County revent		
	Provides recreational oppor youth in City of San Leandr			e. e o i oi <i>e</i> o. <i>e se</i> re			

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	01.31.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

-						A l'ublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				Form 002 For Official Use Only	
	Division, Department, or Reg	ion (If Applicable)			r or Onicial Ose Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie(@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	\$304.80 ticket/\$30 park
					1 1	
	Event Description Basketball Game Date(s) 01 Provide Title/Explanation				//	
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No [M If no: Golder	n State Warriors	
		,			Name of Sc	purce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: <u>Chan</u>	, Wilma	(I 4 Fi 4)
	of agency official?	-		Official's Name (Last, First)	
σ.	• Use Section A to identify the agence A. Name of Agency, Departme		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to Iden	
						······
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
				Ceremonial Role If checking "Ceremon	Other Other describe below:	Income
				Ceremonial Role If checking "Ceremon	Other describe below:	Income
	C. Name of Outside Organ (include address and dea	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	League of Women Voters - P.O. Box 2234, Castro Vall		4+p		ance at a(n) event h potential County reve	neld at a County facility in nue
	Non-partisan voter registrat engagement organization	ion & civic				
4	Verification	<u>्र</u> थ झ	÷	4		e da se

Verification I have read and understand FBPC 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 01.31.2018 Signature of Agency Head or Designee Print Name / Title (Month, Day, Year)

Comment: _

A Public Document

			Date Stamp	California On
				Form 804
ion (If Applicable		For Official Use Only		
(Name, Title)			4	
E mail			Amendment (Must	provide explanation in Part 3.)
	macdov ord		Date of Original Filing	:
the second second		868 S. S.		(Month, Day, Year)
		E Face Value (of Fach Ticket/Pass \$	\$304.80 ticket/\$30 park
•				
Provide Title/Expl	anation	Date(s)		/////
		Golde	n State Warriors	
y agency?	Yes No		Name of S	Source
at the behest	No 🔲 Yes	If yes: Char	i, Wilma	
			Official's Name	(Last, First)
y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
al	Number of			···· · · · · · · · · · · · · · · · · ·
	Ticket(s)/		Identify one of the follo	wing:
	Ticket(s)/ Pass(es)		Identify one of the follo	
		Ceremonial Role	Other	Income
		If checking "Ceremo To promote attend	Other D	Income held at a County facility
	Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Dether D nial Role" or "Other" describe below ance at a(n) event potential County reve	Income held at a County facility enue
nization scription)	Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other	Income held at a County facility enue Income
	Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	Other	Income held at a County facility enue Income
	mation t policy? I Game Provide Title/Expla y agency? at the behest y's department or the or t	E-mail sarah.oddie@acgov.org mation et policy? Yes No I Game Provide Title/Explanation y agency? Yes No at the behest No Yes y's department or unit. • Use Sec ent or Unit Number of Ticket(s)/ Pass(es)	E-mail sarah.oddie@acgov.org mation et policy? Yes 🖾 No 🗌 Face Value of I Game Date(s) Provide Title/Explanation Date(s) y agency? Yes 🖾 No 🖾 If no: Golde at the behest No 🗌 Yes 🖾 If yes: Char y's department or unit. • Use Section B to identify an individe ent or Unit Number of Pass(es) Describe the put	E-mail Amendment (Must sarah.oddie@acgov.org Date of Original Filing mation Provide of Each Ticket/Pass \$ et policy? Yes X No I Face Value of Each Ticket/Pass \$ I Game Date(s) 01 / 10 / 18 Provide Title/Explanation Date(s) 01 / 10 / 18 y agency? Yes X No X If no: Golden State Warriors Name of S Sat the behest No X If yes: Chan, Wilma official's Name Official's Name Official's Name y's department or unit. • Use Section B to identify an individual. • Use Section C to identify an individual.

	Sarah Oddie	Supervisor's Assistant	01.31.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

	Agency Name	· • •		H	Date Stamp	California 000
	Alameda County			Duto otamp	Form 802	
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number			. Amendment (Must pro		
	(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 c	of Each Ticket/Pass \$	304.80 ticket/\$30 park
Þ	Event Description Basketbal		Date(s)01	2318	///	
		planation				
	Ticket(s)/Pass(es) provided b	Yes 🗌 No [If no: Golde	n State Warriors Name of Sou	I'CA	
	Was ticket distribution made	at the hehest		If yes: Chan		
	of agency official?		No 🗌 Yes 🛛	A If yes:	Official's Name (La	ast, First)
	Use Section A to identify the agence A. Name of Agency, Departm		r unit.		ual. • Use Section C to identi lic purpose made pursuant f	· · · · · · · · · · · · · · · · · · ·
	R Name of Individual					
	B. Name of Individu	al	Number of		Identify one of the followi	
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	
	B. Name of Individu (Lass, First) Herndon, Peggy	al	Ticket(s)/	To promote attend	Other Other I III IIII IIII IIIII IIIIIIIIIIIIII	Income
	(Last, First)	ial	Ticket(s)/ Pass(es)	If checking "Ceremor To promote attenda order to maximize Ceremonial Role	Other D ial Role" or "Other" describe below: ance at a(n) event he	Income
	(Last, First)	nization	Ticket(s)/ Pass(es) 2	If checking "Ceremor To promote attenda order to maximize Ceremonial Role If checking "Ceremor	Other	Income
	(Lass, First) Herndon, Peggy C. Name of Outside Orga	nization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremor To promote attenda order to maximize Ceremonial Role If checking "Ceremor	Other Other Other Contential County revent Other Other County revent Other Other County revent Other	Income
4.	(Lass, First) Herndon, Peggy C. Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon Describe the put	Other	Income
4.	(Lass, First) Herndon, Peggy C. Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremor To promote attenda order to maximize Ceremonial Role If checking "Ceremor Describe the put	Other	Income

A Public Document

-						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					T CHIII
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			4	
	Sarah Oddie			1		
	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 Infor					
	Does the agency have a ticket policy? Yes X No Face Value o				of Each Ticket/Pass \$	304.80 ticket/\$30 park
				, 23 , 18		
	Event Description Date(s) Date(s)				//	
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Golder	n State Warriors	
		y ugonoy .			Name of Sou	irce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?				Official's Name (L	ast, First)
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	ilic 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)	Ceremonial Role	Other	Income
	Garling, Angie		0.1-	1	ial Role" or "Other" describe below:	
			2+p		ance at a(n) event he potential County reven	eld at a County facility in ue
			2+p		Other D	Income [
	C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy

verification

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

<u> </u>	Sarah Oddie	Supervisor's Assistant	01.31.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

1.	Agency Name	1944 5 F 6 6 7 F	10 0 Card (Alera) (CD 0	६ ∎ छन्न सुन्द्र स्वास्त्य	Date Stamp	California QOO		
	Alameda County					Form OUZ		
	Division, Department, or Regi	on (If Applicable	-	For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Sarah Oddie							
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)		
2	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	:(Month, Day, Year)		
2.	Function or Event Inform	nation						
	Does the agency have a ticket	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$.	\$304.80 ticket/\$30 park		
	Event Description Basketball	Game		Date(s)1	<u>, 25 , 18</u>	/		
		Provide Title/Exp						
	Ticket(s)/Pass(es) provided by	/ agency?	n State Warriors	Source				
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: <u>Chan</u>							
	of agency official?	t the benest	No 🗌 Yes	If yes:	Official's Name	(Last, First)		
3.	Recipients							
•••	• Use Section A to Identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to Identify an outside organization.							
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursua	nt to the agency's policy		
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:		
	Deale Kin			Ceremonial Role	Other	Income		
	Peck, Kim		2	If checking "Ceremonial Role" or "Other" describe below:				
				To promote attendance at a(n) event held at a County fa order to maximize potential County revenue				
				Ceremonial Role	Other D	Income		
	Garcia, Jane		2	-	nial Role" or "Other" describe below			
			2	To promote attendance at a(n) event held at a County faci order to maximize potential County revenue				
	C. Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	plic purpose made pursua	nt to the agency's policy		
1	Verification							

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

Sarah Oddie Supervisor's Assistant 01.31.2018 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _

A Public Document

_						All abile becalliont
1.	Agency Name		1.000		Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	Macaoy ora		Date of Original Filing: _	
2	80 9910 AA 4 9 90 900		gacgov.org	* 0 0 12		(Month, Day, Year)
۷.	Function or Event Inform					\$100
	Does the agency have a ticke		Yes 🛛 No	—	of Each Ticket/Pass \$	
	Event Description The Great	Xscape tour		Date(s)01		/
		Provide Title/Expl	anation	Quite		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sou	urce
	Was ticket distribution made a	t the behast		If yes: Chan		
	of agency official?	it the benest	No 🗌 Yes	If yes:	Official's Name (L	ast, First)
3.	Recipients	<u>988. AL.5950</u>		1978) <u>GY</u> 1971 G Y	4033 C # 7 6 # 7 5 5	ವಶ್ರಷ್ಟ ದಿ ೭ ಇಂದು ಟಿ)
Ο.	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 ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Linit	Number of	Describe the pub	lic purpose made pursuant	to the agency's policy
			Ticket(s)/ Pass(es)		to and egoney a pointy	
	B. Name of Individua (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Royking Pontisto Linda			Ceremonial Role		Income
	Boykins-Baptiste, Linda		2	-	ial Role" or "Other" describe below:	er her convice to the
				public	unity volunteer for his o	of their service to the
			2	Ceremonial Role	Other D	Income
	C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	The East Oakland Collectiv 5382, Oakland, CA 94605	e, P.O. Box	2	To reward a school to the community	l or nonprofit organizat	ion for its contributions
	Community organization de empowering residents of Ea					

4. Verification

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

 Signature of Agency Head or Designee
 Sarah Oddie
 Supervisor's Assistant
 01.31.2018

 Print Name
 Title
 (Month, Day, Year)

Comment: _

A Public Document

1.	Agency Name		n D 🕬 N	Date Stamp	California 002
	Alameda County				Form OUZ
	Division, Department, or Region (If Applic.	able)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Sarah Oddie				
	Area Code/Phone Number [E-mail			Amendment (Must pr	ovide explanation in Part 3.)
		die@acgov.org		Date of Original Filing: _	
2	Function or Event Information	ale@acgov.org	. 59 . 6		(Month, Day, Year)
Ζ.	Does the agency have a ticket policy?			of Each Ticket/Pass \$	\$60
	· ·	Yes 🛛 No			
	Event Description The Original Harlem Provide Title/		Date(s)01	<u>, 13 , 18</u>	//
			Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No		Name of Sou	rcө
	Was ticket distribution made at the behas	st No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?		2 II yes	Official's Name (L	ast, First)
	• Use Section A to identify the agency's departmen A. Name of Agency, Department or Unit	t or unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to identi lic purpose made pursuant	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin	ng:
				ial Role" or "Other" describe below:	
		Number of		ial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	Trybe, Inc., 2000 Park Blvd, Oakland, 94606	CA 4	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions
	Community building nonprofit in Oakla providing youth & family services	and			

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	01.31.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	- C		

A Public Document

1.	Agency Name	5 9+ a 5 8 (4 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		, ಬಿಲ್ಗೆ ಪ್ರಾಥಮಿ ಕೆಂದ್ರ ಕ	Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nan	ne, Title)				
	Sarah Oddie					
		mail			Amendment (Must pro	vide explanation in Part 3.)
		arah.oddie@ac	:gov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Informa	tion			а	9
	Does the agency have a ticket policy? Yes 🖾 No 🗔 🛛 Fa			Face Value o	f Each Ticket/Pass \$	\$60
	Event Description The Original Harlem Globetrotters			Date(s)01	, 20 , 18	
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by ag	gency? Yes	I No	If no: Golder	n State Warriors	
					Name of Sou	°C9
	Was ticket distribution made at th of agency official?	ne behest No	Yes	If yes: Chan	, vviima Official's Name (La	ast. First)
J.	• Use Section A to identify the agency's d			tion B to identify an individu	ual. • Use Section C to identit	y an outside organization.
	A. Name of Agency, Department or Unit		umber of licket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Lost, First)		lumber of Ficket(s)/ Pass(es)		Identify one of the following	ig:
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	income 🗌
				Ceremonial Role If checking "Ceremon	Other in the scribe below:	income
	C. Name of Outside Organizat (include address and description)	tion .	lumber of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant f	to the agency's policy
	Alameda Recreation & Parks Dept, 2226 Santa Clara Ave, Alameda 94501		4		anceevent held at a C potential County revenu	
	Manages parks & provides rec opportunities for City of Alame				131 B 24 114 11-	

4. Verification

I have and understand TFPPC 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	01.31.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___

4