				stributions		A Public Do	cumen
-	gency Name				Date Stamp	California	802
	ameda County					Form	002
Div	ision, Department, or Reg	ion (If Applicab	nle)			For Official U	se Only
Bo	ard of Supervisors						
Des	signated Agency Contact	(Name, Title)			1		
Bri	ana Brown						
Are	a Code/Phone Number	E-mail			Amendment (Must	provide explanation in P	Part 3.)
51(02726695	briana.brov	vn2@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	of Each Ticket/Pass \$.		
Eve	Event Description Monster Energy AMA Supercross Date			Date(s)2	2 , 3 , 18	//	<u> </u>
Tick	ket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🕅	If no: Golde	en State Warriors	ource	
	s ticket distribution made a agency official?	at the behest	No 🗌 Yes 🛛	If yes:	on, Krith-Sup. D Official's Name	(Last, First)	
	cipients re Section A to Identify the agenc	y's department o	r unit.) (* Else Section) Bito k'antify an Individ	• Use Section C to ide	ntify an outside organi	zation
Α.	aine of Agency, Department or Units		Number of Ticket(s)/ Pass(es)	s)/ Describe the public purpose made pursuant to the agen			
BO	0S D1		4				
B.	(Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
			F 433(53)	Ceremonial Role	Other D		Income
					Other D		Income
C.	Name of Outside Organ (Include address and dea	ization cription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's poli	су
Vor	ification						
l have	foodbad understand EDBO Day	tions 18944.1 and	d 18942. I have verified	I that the distribution set fo	orth above, is in accordance wi	th the requirements.	110
			Briana Browr	n .	Supervisor's Assistan	. 2/12	110

				A Public Document
Agency Name			Date Stamp	California 802
Alameda County				and the second se
Division, Department, or Region (h	Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name	,Title)			
Briana Brown				
Area Code/Phone Number E-ma	ail		Amendment (Must pr	ovide explanation in Part 3.)
5102726695 bria	na.brown2@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket polic	y? Yes 🛛 No 🕻	Face Value or	f Each Ticket/Pass \$	304.80
Event Description Suns		Deta(a) 2	, 12 , 18	//
Provid	de Title/Explanation	Date(s)		/
Ticket(s)/Pass(es) provided by age	ncy? Yes 🗖 No 🛽	If no: Golden	State Warriors	
Maa tiakat diatrikutian maada at (ka			Name of Sou	
Was ticket distribution made at the of agency official?	behest No 🗌 Yes 🛛	If yes: Carso	n, Keith- Supervisor D Official's Name (L	istrict 5
• Use Section A to Identify the agency's dep	100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100		75 A	
		ian Bite Ktentify an Individu	Use Section C to identi	fy an outside organization.
A. Name of Annucy, Department of L	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy
BOS D5		To reward a Co	unty employee for l	nis
	4	or her exemplar	y service to the put	olic
			staff development;	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	ng:
		Ceremonial Role	Other	
			I Role" or "Other" describe below:	income
		Ceremonial Role	Other I Role" or "Other" describe below:	Income
		in chocking Ceremonia	Role of Other Describe below:	
C Name of Outside Organization	Number of			
(Include address and description	m 1 4 4 1 1	Describe the public	c purpose made pursuant te	o the agency's policy

Signature of Agency Head or Designee	Briana Brown Print Name	Supervisor's Assistant	3/13/18 (Month, Day, Year)
Comment: + Parking Pass	S		

4 A				A Public Documen		
1. Agency Name			Date Stamp	California 802		
Alameda County						
Division, Department, or Region (If Applica	able)			For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Name, Title)			-			
Briana Brown						
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)		
5102726695 briana.bro	wn2@acgov.o	rg	Date of Original Filing	(Month, Day, Year)		
2. Function or Event Information				(Month, Day, Year)		
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	60		
MMA/E Deed to Mire at						
Event Description Road to Wrest		Date(s)		//		
The (C)/D (C) Marriero						
	Yes 🗌 No		Name of S	ource		
Was ticket distribution made at the behes	t No 🗌 Yes	If yes: Cars	M. Kr.Ju-Superv. Official's Name	sor Districts		
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						
	Number of					
A. Name of Aderian Decar mediar Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy		
	Ticket(s)/ Pass(es)	Describe the put				
A. Name of Adelias Deca ment of Unit B. <u>Name of Individual</u> (Last, First)	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan			
B. Name of individual (Last, First)	Ticket(s)/ Pass(es)					
B. Name of Individual	Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ving:		
B. Name of individual (Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other Ince at a County spons	ring:		
B. Name of individual (Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Fo promote attenda	Identify one of the follow Other I Oth	ring: Income		
B. Name of individual (Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Fo promote attenda event or event held o maximize potenti	Identify one of the follow Other Other Ince at a County spons at a County facility in co	ring: Income		
B. Name of individual (Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Fo promote attenda	Identify one of the follow Other Other Ince at a County spons at a County facility in co	ring:		
B. Name of individual (Last, First)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Fo promote attenda event or event held o maximize potenti	Identify one of the follow Other Other Ince at a County spons at a County facility in co	ring:		
B. Mame of Individual (Last, First) ZEKE Valde-Z C. Name of Outside Organization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4 4 Number of Value Number of Number of Number of	Ceremonial Role If checking "Ceremon Fo promote attenda event or event held o maximize potenti parking and conces	Identify one of the follow Other al Role" or "Other" describe below: nce at a County spons at a County facility in c al County revenue from sion sales;	ring: Income		
B. Mame of Individual (Laol, First) Zeke Valdez	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Fo promote attenda event or event held o maximize potenti parking and conces	Identify one of the follow Other Other Ince at a County spons at a County facility in co	ring: Income		
B. Mame of Individual (Last, First) ZEKE Valde-Z C. Name of Outside Organization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) ¥ Number of Ticket(s)/ Ticket(s)/	Ceremonial Role If checking "Ceremon Fo promote attenda event or event held o maximize potenti parking and conces	Identify one of the follow Other al Role" or "Other" describe below: nce at a County spons at a County facility in c al County revenue from sion sales;	ring: Income		
B. Mame of Individual (Last, First) ZEKE Valde-Z C. Name of Outside Organization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) ¥ Number of Ticket(s)/ Ticket(s)/	Ceremonial Role If checking "Ceremon Fo promote attenda event or event held o maximize potenti parking and conces	Identify one of the follow Other al Role" or "Other" describe below: nce at a County spons at a County facility in c al County revenue from sion sales;	ring: Income		
B. Mame of Individual (Last, First) ZEKE Valde-Z C. Name of Outside Organization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) ¥ Number of Ticket(s)/ Ticket(s)/	Ceremonial Role If checking "Ceremon Fo promote attenda event or event held o maximize potenti parking and conces	Identify one of the follow Other al Role" or "Other" describe below: nce at a County spons at a County facility in c al County revenue from sion sales;	ring: Income		
B. Mame of Individual (Last, First) ZEKE Valde-Z C. Name of Outside Organization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) ¥ Number of Ticket(s)/ Ticket(s)/	Ceremonial Role If checking "Ceremon Fo promote attenda event or event held o maximize potenti parking and conces	Identify one of the follow Other al Role" or "Other" describe below: nce at a County spons at a County facility in c al County revenue from sion sales;	ring: Income		

Ceremonial Role Events and Ti	cket/Pass Di	stributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County				i oniti	
Division, Department, or Region (If Applicab	ole)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Briana Brown					
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
5102726695 briana.brow	vn2@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information					
Does the agency have a ticket policy?	Yes 🗵 No 🗖	Face Value o	f Each Ticket/Pass \$ _	60	
Event Description Night of Hope Joel Ost	teen	Data(a) 2	<u>, 9 , 18</u>	ł 1	
Provide Title/Ex	planation	Date(s)		//	
Ticket(s)/Pass(es) provided by agency?	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde				
			Name of Sc	-	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: Carse	on, Keith-Sup.		
			Official's Name (Last, First)	
3. Recipients • Use Section A to identify the agency's department of					
	Number of			tify an outside organization,	
A. Nemerof Agency, Departs in the Nett	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuan	t to the agency's policy	
BOS D		County employee for			
	4		mplary service to t	he	
		– public or to er	courage staff		
		development;			
B. (Name of Individual)	Number of		1.1		
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
		Ceremonial Role		Income	
		If checking "Ceremonia	al Role" or "Other" describe below:		
		Coromonial Bala			
		Ceremonial Role	Other Other Content describe below:	Income	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the publi	c purpose made pursuant	to the energy is a line	
(Include address and description)	Pass(es)			to the agency's policy	
4. Verification					
I have read and understand EPPC Regulations 18944.1 an	d 18942. I have verified i	that the distribution set for	th above, is in accordance wit	h the requirements.	
	Briana Brown		upervisor's Assistant	Dialia	
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				Form 002				
Division, Department, or Region (If Applicable)	<u> </u>	-	For Official Use Only				
Board of Supervisors								
Designated Agency Contact (Nam	e,Title)		1					
Briana Brown								
Area Code/Phone Number E-n	nail		Amendment (Must	provide explanation in Part 3.)				
5102726695 bria	ana.brown2@acgov.o	rg	Date of Original Filing	:(Month, Day, Year)				
2. Function or Event Informat	ion		·	1,50				
Does the agency have a ticket pol		Face Value of	of Each Ticket/Pass \$ -	00-				
Event Description	ide Title/Explanation	Date(s)		2,18,18				
Ticket(s)/Pass(es) provided by ag	ency? Yes 🗌 No 🛛	If no: Golde	n State Warriors Name of S	`ource				
Was ticket distribution made at the of agency official?	e behest No 🗌 Yes [If yes:	Official's Name	(Last, First)				
3. Recipients • Use Section A to identify the agency's de	Recipients • Use Section A to identify the agency's department or unit. (a lise Section B to identify an undefidual.) • Use Section C to identify an outside organization.							
A. Nanto or tro not Department of	Number of		blic purpose made pursuar					
Bos D5	4	or her exemplar	unty employee for y service to the pu staff development	ıblic				
B. (Name of individual) (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:				
Ashley Isles	4	To promote attenda	Other Cance at a County spons at a County facility in ial County revenue from	order				
		parking and conces	ssion sales;	Income				
C. Name of Outside Organizatio (include address and descript)		Describe the pub	lic purpose made pursuan	t to the agency's policy				
. Verification	18944.1 and 18942. I have ver	ified that the distribution set fr	arth above is in apportance	ith the requirements				
,	Briana Bro		Supervisor's Assistan	21,510				
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)				

_				Bistributions		A Public L	ocumen [®]
1.	Agency Name				Date Stamp	California	802
	Alameda County	ıty				Form	002
	Division, Department, or Regi	on (If Applicab	le)		-	For Official	Use Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			-		
	Briana Brown						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation ir	n Part 3.)
	5102726695	briana.brow	/n2@acgov.o	org	Date of Original Filing:	(Month, Day, Ye	ar)
2.	Function or Event Inform						
	Does the agency have a ticket	policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _		304.80
	Event Description Clippers			Date(s) 2		1	1
		Provide Title/Exp	olanation			/	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no: Golde	n State Warriors		
					Name of So		
	Was ticket distribution made a of agency official?	t the behest	No 🗋 Yes	If yes: Carso	on, Keith- Supervisor D Official's Name (I	District 5	
	A. Itame of Agency, Departme	milia Chul	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's p	olicy
	B. (Name of Individual (Last, First))	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role If checking "Ceremon	Other Other describe below:		Income
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:		Income
	C. Name of Outside Organi (include address and deac	zation ription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's p	olicy
	Peter Pan CoOp Play based parent cooperat	ve	4	To promote attenda held at a County fac	ince at a County spon cility in order to maxim	sored event or ize potential C	event county rev
	Peter Pan CoOp	ription)	Ticket(s)/ Pass(es)	To promote attenda	Ince at a County spons	sored event or	eve

 Briana Brown
 Supervisor's Assistant
 3/13/18

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

Comment:	F.	Parki	ng	Pasc

.

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Briana Brown Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 5102726695 briana.brown2@acgov.org (Month, Day, Year) 2. Function or Event Information 304.80 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description _____ 6 18 2 1 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Carson, Keith- Supervisor District 5 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. Mame of Agency, Pleval ment or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) To reward a County employee for his or her exemplary service to BOS D5 12 the public or to encourage staff development; Number of Name of Individual Β. Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other Income Keith Carson If checking "Ceremonial Role" or "Other" describe below: 3 To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy: Ceremonial Role Other 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)

Verification

I have verified that the distribution set forth above, is in accordance with the requirements. SUSTIR Briana Brown Supervisor's Assistant

La recent and			2113110
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment: + 4 Parking	Passes		

		Ven L a 22	Distributions		A Public Documen		
1.	Agency Name			Date Stamp	California 802		
	Alameda County						
	Division, Department, or Region (If Applicable)	1	For Official Use Only				
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			-			
	Briana Brown						
	Area Code/Phone Number E-mail		· · · · · · ·	Amendment (Must p	rovide explanation in Part 3.)		
	5102726695 briana.brown	2@acoov.or	. 0	Date of Original Filing:			
2	Function or Event Information	2@00901.01	9		(Month, Day, Year)		
Ľ .		Yes 🛛 No [of Each Ticket/Pass \$ _	304.80		
			_				
	Event Description Mavricks Provide Title/Expla	<u>, 10 , 18</u>	//				
		n State Warriors					
	ficket(s)/Pass(es) provided by agency?	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde					
	Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes: Carso	on, Keith- Supervisor [District 5		
	of agency official?			Official's Name (I	Last, First)		
3.	Recipients						
	Use Section A to identify the agency's department or u	nit. Use Sec	tion B to identify an individ	• Use Section C to iden	tify an outside organization.		
	A. Name: A such Departmented Unit	Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy		
		Pass(es)					
	B. (Name of Individual) (Last, First)	Number of Ticket(s)/		Identify one of the follow	ing:		
	[Las, I noi]	Pass(es)					
			Ceremonial Role If checking "Ceremor	Other Other or of "Other" describe below:	Income		
			Ceremonial Role If checking "Ceremor	Other Divid Role" or "Other" describe below:	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	plic purpose made pursuant	to the agency's policy		
	East Bay Innovations	4	To promote health, to vulnerable popul	motivate and provide lations in the County s	expanded opportunities uch as the disabled, unc		
	help persons with disabilities live and work independently in their communities.						
ŀ.	Verification						
	I have read and understand FPPC Reculations 18944.1 and	18942. I have ver	ified that the distribution set f	forth above, is in accordance wit	th the requirements.		
	/	Briana Bro	own	Supervisor's Assistant	3/13/8		
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)		

Comment: + Parking Pass

. ..

A Public Document

1.	Agency Name	·	-		Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Gabriela Christy Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Chr	isty@acqov.	org	Date of Original Filing: _	(Month, Day, Year)
2	Function or Event Infor	·	,	-	l	(monun, Day, Teal)
	Does the agency have a ticke		Yes 🛛 No [f Each Ticket/Pass \$	304.80/30
	GS Warrio	ors vs. Dallas N			, 08 , 18	
	Event Description	Provide Title/Expla		Date(s)		//
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No [🗙 lf no:		
	nonertojn aboleoj provided b	, agoing:			Name of Sou	
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	⊠ If yes: <u>Valle</u> ,	Richard- Supervisor D	District 2
	of agency official?				Official's Name (Last, First)	
3.	• Use Section A to identify the agence	v's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
			Number of			
	A. Name of Agency, Departme	ant of Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the following	ng:
	(Last, First)		Pass(es)			
	Sayid, Naziam			Ceremonial Role	ial Role" or "Other" describe below:	
	wwyny comments		41	 To reward a community volunteer for his service to th 		s service to the public
			11		,	
			-	Ceremonial Role	Other	Income
				If checking "Ceremon	aial Role" or "Other" describe below:	
		10	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
			Fa55(85)			
				1		

4. Verification

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

	Gabriela Christy	Supervisor's Assistant	2/12/18
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

E-mail

A Public Document Date Stamp California Form For Official Use Only Division, Department, or Region (If Applicable) **Amendment** (Must provide explanation in Part 3.) Date of Original Filing: _ Gabriela.Christy@acgov.org (Month, Day, Year) 304.80/30 Yes 🗵 No 🗋 Face Value of Each Ticket/Pass \$ _

Event Description GS Warriors vs. SA Sp Provide Title/Exp	U rs planation	Date(s)/ 1018//_	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no:	
Was ticket distribution made at the behest	No 🗌 Yes 🔀	If yes: Valle, Richard- Supervisor District 2	
of agency official?		Official's Name (Last, First)	

3. Recipients

1. Agency Name

Alameda County

Gabriela Christy

(510) 272-6692

Board of Supervisors

Area Code/Phone Number

2. Function or Event Information

Does the agency have a ticket policy?

Designated Agency Contact (Name, Title)

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
		- To reward a community volunteer for his service to the public
		Ceremonial Role Other I Income I Income I Income I Income 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
Saint Rose Hospital Foundation 27200 Calaroga Ave, Hayward, CA 94545	20	 To reward a nonprofit organization for its contributions to the community
The St. Rose Hospital Foundation helps St. Rose Hospital carry out its mission by		

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	31218
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

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A Public Document

						AT upile Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Regi	on (If Applicable,)			For Official Use Only	
	Board of Supervisors	Board of Supervisors					
	Designated Agency Contact (Name, Title)						
	Gabriela Christy					· ·	
		E-mail			Amendment (Must pr	rovide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Chr	isty@acgov	org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	nation				(
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	304.80/30	
	Event Description GS Warrio	rs vs. Phoenix	Suns	Data(a) 02	2 , 12 , 18	//	
		Provide Title/Expla	anation	Date(s)			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	🛛 If no:	Name of Sol	· · · · · · · · · · · · · · · · · · ·	
	Not della presenta della de						
	Was ticket distribution made at the behest No 🗌 Yes 🔀 of agency official?			If yes: Valle,	Richard- Supervisor [Official's Name (L	ast First)	
J.	Becipients Use Section A to identify the agency's department or unit. Use Section B to identify an individu				ual. • Use Section C to ident	ify 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 polic			
	B. Name of Individua (Lasi, Firsi)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role			
					ial Role" or "Other" describe below:		
		<u></u>		Ceremonial Role If checking "Ceremon	Other	income	
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Hayward Chamber of Comm Main St, Hayward, CA 9454		4	 To reward a nonp community 	profit organization for it	s contributions to the	
	The goal of the chamber is t grow and support our memb			community.			
4.	Verification			· · · · · · · · · · · · · · · · · · ·			

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

	Gabriela Christy	Supervisor's Assistant	3/12/18
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: __

A Public Document

-	A Martin				D (D)		
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002 For Official Use Only	
	Division, Department, or Reg	ion (If Applicable)			For Onicial Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Gabriela Christy	Cabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6692	Gabriela.Chi	vonne®vtair	ora	Date of Original Filing:		
	· · ·					(Month, Day, Year)	
Ζ.	Function or Event Infor				f Each Ticket/Decc	304.80/30	
	Does the agency have a ticke		Yes 🛛 No		of Each Ticket/Pass \$ _		
	Event Description GS Warrio	ors vs. LA Clip	pers	Date(s)	2 , 22 , 18	//	
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	🛛 If no:	Name of So		
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Valie	e, Richard- Supervisor District 2 Official's Name (Last, First)		
_				· · · · · · · · · · · · · · · · · · ·			
э.	• Use Section A to identify the agence	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.		
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the put	public purpose made pursuant to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)	-	identify one of the follow	ving:	
				Ceremonial Role	Other		
	Belich, Peter		10.		nial Role" or "Other" describe below:		
			\sim	│	munity volunteer for h	nis service to the public	
	<u> </u>			Ceremonial Role	Other	income	
	Schmidt, Lorenzo				nial Role" or "Other" describe below.		
			6	– To reward a corr	imunity volunteer for h	nis service to the public	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy	
	· · · · · · · · · · · · · · · · · · ·			I			

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	3/12/18
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 137.50 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Monster Energy AMA 02 03 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 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 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 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
Cypress Mandela 977 66th Ave, Oakland, CA 94621	4	 To reward a nonprofit organization for its contributions to the community
The Cypress Mandela Training Center is a community based organization dedicat		to improving the lives of the people it serves by providing pre-apprentice construction and life skills training along with empl

4. Verification

Α.

В.

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,

WWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWWW	Gabriela Christy	Supervisor's Assistant	3/12/18
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

1.0

Ce	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					J Chilli
	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	provide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)
<u>></u>	Function or Event Infor	mation			1	(,
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	60
				2 , 09 , 18	//	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	🗙 lf no:	Name of S	ource
				e, Richard- Supervisor Official's Name		
	Recipients • Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A Number of				blic purpose made pursuan	
			Number of			
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Harris Belle, Delta		4		Other Inter of the other other of the other	Income Income Income
					Other Inial Role" or "Other" describe below.	
	C. Name of Outside Orgar (include address and des	lization scription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy

4. Verification

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

×	Gabriela Christy	Supervisor's Assistant	3/12/18
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___

1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 _____ WWE Wrestle mania 09 02 18 Date(s) _ Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: . 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 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: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) Sunol Business Guild To reward a nonprofit organization for its contributions to the / community The Sunol Business Guild's purpose is to and to support local nonprofit organizations and the community of "Improve and maintain the Town of Sunol Sunol". 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	SIZIO
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

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A Public Document

Ceremonial Role Events and T	icket/Pass Di	stributions	A Public Document	
1. Agency Name		Date Stamp	California 802	
Alameda County	Alameda County			
Division, Department, or Region (If Applica	able)		For Official Use Only	
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Gabriela Christy				
Area Code/Phone Number E-mail		Amendment (M	ust provide explanation in Part 3.)	
	Christy@acgov.org	Date of Original Fili	ng:(Month. Day, Year)	
2. Function or Event Information	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	(Wonth, Day, Year)	
Does the agency have a ticket policy?	Yes 🖾 No 🗖	Face Value of Each Ticket/Pass	\$60.50	
Manatas Isas				
Event Description <u>Wonster Jam</u> Provide TitleA	Explanation	Date(s) <u>02 / 17 / 18</u>	//	
Ticket(s)/Pass(es) provided by agency?		lf no:		
Horodown addiedy provided by agency :	Yes 🗌 No 🛛	Name o	of Source	
Was ticket distribution made at the behest No 🗌 Yes 🛛		If yes: Valle, Richard- Supervis	or District 2	
of agency official?		Official's Na	me (Last, First)	
Use Section A to identify the agency's department A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	B to identify an individual. • Use Section C to Describe the public purpose made purs		
B. Name of Individual	Number of Ticket(s)/	Identify one of the fo	lowing	
(Last First)	Pass(es)		iownig.	
		Ceremonial Role Other	Income 🗖	
		Ceremonial Role D Other D	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made purs	uant to the agency's policy	
Newark Rotary 36665 Cedar Blvd, Newark, CA 94560		To reward a nonprofit organization f ommunity	or its contributions to the	
Newark Rotary's membership is made of local business owners, police & fire		fficers,educators, city officials, lawye eighbors, and friends who all come t		
4 Verification				

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	3/12/18
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 OUZ
	Division, Department, or Regio	n (If Applicable,)	· <u> </u>		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)			-	
	Gabriela Christy					
		-mail			Amendment (Must p	rovide explanation in Part 3.)
		Gabriela.Chr	isty@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation				00.50
	Does the agency have a ticket	policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	60.50
	Event Description Monster Jar	n Provide Title/Expla	nation	Date(s)2	2 , 18 , 18	///
		-				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No		Name of So	urce
	Was ticket distribution made at	the behest	No 🗌 Yes	Xi If yes. Valle	, Richard- Supervisor	District 2
	of agency official?			23 II yes	Official's Name (Last, First)
	A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing:
			Pass(es)		<u> </u>	
				Ceremonial Role If checking "Ceremor	U Other U other" describe below:	
					Other D	Income
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
	Hayward Rotary P.O. Box 62 CA 94543	9, Hayward	4	– To reward a non community	profit organization for i	ts contributions to the
	the Hayward Rotary Club cor the Hayward community's mo			and best known se	rvice organization.	
4.	Verification	tions 18944.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance wi	th the requirements

Gabriela Christy Supervisor's Assistant 3/12/18 Signature of Agency Head of Designee Print Name Title (Month, Pay, 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 60 Does the agency have a ticket policy? Yes 🛛 No 🗋 Face Value of Each Ticket/Pass \$. Event Description Disney on Ice 02 28 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 В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other I Income Leocario, Brenda If checking "Ceremonial Role" or "Other" describe below; - To reward a County employee for his or her exemplary service to the public or to encourage staff development 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)

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

(Month, Day, Year)

Comment: _____

Signature of Agency Head or Designee

Title

A Public Document

-						AT usite Becament
1.	Agency Name			and the second second second for the second s	Date Stamp	California 802
ذ	Alameda County					Form 002
	Division, Department, or Regi	on (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	provide explanation in Part 3.)
	(510) 272-6693		@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	nation		a sub-		
	Does the agency have a ticke	t policy?	Yes 🛛 No [Face Value of	of Each Ticket/Pass \$	\$304.80 ticket/\$30 park
	Event Description Basketball	Game				//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors	
		4 4 k - 1 - 1	_	Chan		Source
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes [If yes: Chan	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departme	int or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
			Number of			
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	Dunnen lauis			Ceremonial Role		Income
	Burger, Janis		2+p		nial Role" or "Other" describe below	
					potential County reve	held at a County facility in enue
					Other	Income
			2+p	If checking "Ceremoi	nial Role" or "Other" describe belov	v :
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	blic purpose made pursua	nt to the agency's policy
			Pass(es)			
				· · · · · · · · · · · · · · · · · · ·		

 Signature of Agency Head or Designee
 Sarah Oddie
 Supervisor's Assistant
 03.01.2018

 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 Does the agency have a ticket policy? Yes 🛛 No 🗆 Event Description _____Basketball Game 02 80 18 1 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Chan, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. 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 Lew-Hailer, Lilly If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

4. Verification

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

-		Sarah Oddie	Supervisor's Assistant	03.01.2018
	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
I. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Sarah Oddie				
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6693 sarah.oddie	@acgov.org		Date of Original Filing:	(Month. Day, Year)
. Function or Event Information		D 0000- 0 1991 4		
Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$304.80 ticket/\$30 park
			. 12 , 18	///
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors	
			Name of St	ource
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Chan	, Wilma Official's Name	
			Onicial's Name	(Last, First)
 B. Recipients Use Section A to identify the agency's department or 	unit. • Use Sec	tion B to identify an individu	aal. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Romo, Martin			Dther ial Role" or "Other" describe below:	Income
	2		ance at a(n) event l potential County reve	held at a County facility in nue
	2	Ceremonial Role If checking "Ceremon	Other Ot	income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	at to the agency's policy

4. Verification

I have head and understand FPBC 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	03.01.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: __

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			<u>n a line di teta tra se se una sanga</u> a	Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Sarah Oddie				. <u></u>	
	Area Code/Phone Number	E-mail	,		Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org	**************************************	Date of Original Filing	(Month Day Year)
2.	Function or Event Infor	mation	<u></u>			
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$.	\$304.80 ticket/\$30 park
	Event Description Basketbal	Game	lanation	Date(s)	2 , 12 , 18	//
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of S	ource
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name	(Last, First)
3.	• Use Section A to identify the agence A. Name of Agency, Departme		unit. • Use Sec Number of Ticket(s)/		ual. • Use Section C to ide	
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Varela, Liz		2+p	If checking "Ceremon To promote attend	☐ Other ☐ nial Role" or "Other" describe below ance at a(n) event potential County reve	held at a County facility in
			2+p	Ceremonial Role If checking "Ceremon	Cther Cther Cther" describe below	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	plic purpose made pursuar	nt to the agency's policy
4.	Verification					τ
		ulations 18944.1 an	d 18942. I have ve Sarah Ou		forth above, is in accordance v	

A Public Document

1.	Agency Name			5 - <u>5</u> -2 - 1 - 5 - 5 - 6	Date Stamp	California 002
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	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 Inform	mation			Andreas and a state of the stat	
	Does the agency have a ticket policy? Yes 🛛 No 🗂 Face Value or				f Each Ticket/Pass \$ 🚆	304.80 ticket/\$30 park
	Event Description Basketball	Game				///
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	
					Name of So	urce
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Chan	, Wilma	Last First
C. Conta	or agency official?	Section Sector	a north state		Official's Name (Last, First)	
3.	• 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 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 pursuant	t to the agency's policy
	B. Name of Individua (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income
	Johnson-Trammell, Kyla		2	-	ial Role" or "Other" describe below:	
					ance at a(n) event h potential County rever	eld at a County facility in nue
			2		Other Other describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
	Trybe, 2000 Park Blvd, Oak 94606	land, CA	2	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions
	Community-building neighb transformation	orhood				

4.

Verification

	Sarah Oddie	Supervisor's Assistant	03.01.2018
Signature of Agency Head or Designee	Print Name	Title	(Monlh, Day, Year)

Comment: ____

A Public Document

-		## <u>### 11 11 11 11 11 11 11 11 11 11 11 11 </u>	2 maa hoo baa' aasta mii		200 BA	
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OO22 For Official Use Only
	Division, Department, or Reg	ion (If Applicable	e)			Tor Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Sarah Oddie					·
	Area Code/Phone Number E-mail			. Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		9 (s) = d-1)		
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$60
	Event Description	Road to Wre			2 , 11 , 18	//
	Event Description	Provide Title/Exp	lanation	Date(s)		/
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Golder			n State Warriors		
					Name of So	ource
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Char		If yes: <u>Chan</u>	, Wilma	4	
	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 individ			tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
			Pass(es)		· · · · · · · · · · · · · · · · · · ·	
			-			
	B. Name of Individu	al	Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
			-			
				Ceremonial Role	Other 🗍	Income
					lal Role" or "Other" describe below:	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy
	(include address and dea	scription)	Pass(es)			
	Oakland Kids First, 610 16t	h St,		To reward a schoo	l or nonprofit organiza	ation for its contributions
	Oakland, CA 94612		4	to the community		
	Youth empowerment organ	ization in				
	Oakland					
4.	Verification			J C/CR 22 dC	1	1.9.50 n - 906 K 591
	I have fad and understand FPPC Regu	ılations 18944.1 an	d 18942. I have ve	rified that the distribution set I	forth above, is in accordance w	ith the requirements.
			Sarah Oo	ddie	Supervisor's Assistar	nt 03.01.2018
	Z Signature of Agency Head or Designed	3	Print Nam		Title	(Month, Day, Year)
	Comment:					

A Public Document

1.	Agency Name		Date Stamp California 002			
	Alameda County			Form 6U2		
	Division, Department, or Regi	on (If Applicable	<i>)</i>		1	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 Inform	nation				
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value c	of Each Ticket/Pass \$ _	\$60
	Event Description Monster Ja	am		Date(s) 02	2 , 17 , 18	//
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided by	y agency?	n State Warriors			
					Name of So	urce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: <u>Chan</u> of agency official?				, vviima Official's Name (I	ast First)
-						
3.	• Use Section A to identify the agency	y's department or	ual. • Use Section C to ident	tify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First) Reyes, Rocio C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			3	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales		
			3	Ceremonial Role D Other I Other I Other I Other		Income
			Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
1	Verification	- 0-01 -1- 04-4	570 EX - 10 - 5 - 5			ion-dava, s c - constanta - i

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

	Sarah Oddie	Supervisor's Assistant	03.01.2018
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	Contraction and the second second
	Alameda County					California Form 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)		· ·		
	Lee Ann Fergerson, Ticket	,				
	Area Code/Phone Number	E-mail			Amendment (M	lust Provide Explanation in Part 3.)
	510-272-6691	leeann.fergerson@)acgov.org		Date of Original Fill	ing:(month, day, year)
2.	Function or Event Infor	mation				
					Each Ticket/Pass :	\$
	Event Description: Monster Jam Da			Date(s) <u>1</u>	<u>, 18 , 18</u>	//
	Ticket(s)/Pass(es) provided	by agency? Yes	🖾 No 🗆	lf no: <u>GSW</u>		
					Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	🗌 No 🗍	If yes: <u>Hagger</u>	Official's Name (Last, F	-īrst)
	• Use Section A to identify the ager • Use Section A to identify the ager • A. Name of Agency, Departure		Vse Section B to Number of Ticket(s)/ Passes			identify an outside organization.
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of	the following:
	Dwayne Robertson	wayne Robertson		Ceren	event in order to r revenue for conce	ance at a county sponsored naximize potential county ession and parking sales. er ப Income ப
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made	e 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.

	Lee Ann Fergerson	Ticket Administrator	2/23/18
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 Designated Agency Contact (Name, Title) Lee Ann Fergerson Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 137.50 Does the agency have a ticket policy? Yes 🗌 No 🗍 Event Description: Supercross Date(s) 2 3 18 1 Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌

Was ticket distribution made at the behest	Yes 🗌	No 🗌	If yes: <u>Haggerty</u>	Name of Source , Scott Official's Name (Last, First)
of agency official?				Omolars Warne (Lest, 1 hst)

3. Recipients

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

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Steve	e Michaels, Stan Slate	2	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales Geremonial Role Other 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 reduirements ______

	Lee Ann Fergerson	Ticket Administrator	2/6/18
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 Designated Agency Contact (Name, Title) Lee Ann Fergerson **Amendment** (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 137.50 Does the agency have a ticket policy? Yes 🗌 No 🗌 Event Description: Supercross Date(s) ____/ 3 18 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 D No D Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Chuck Cadwell, Scott Neely, Tony Rabeneau, To promote attendance at a county sponsored Scott Rabeneau 4 event in order to maximize potential county revenue for concession and parking sales

4. Verification

C.

Name of Outside Organization

(include address and description)

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

Number

of Ticket(s)/

Passes

Ceremonial Role 🛄

	Lee Ann Fergerson	Ticket Administrator	2/6/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Other I I

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

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

Income

A Public Document

1.	Agency Name				Date Stamp	California 000
	Alameda County Division, Department, or Region (<i>if applicable</i>) Board of Supervisors				Form OUZ	
						For Official Use Only
	Designated Agency Contact	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson				Amendment (Must I	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·		
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes 🛛 No 🗌			Face Value of	Each Ticket/Pass \$ <mark>_</mark>	37.50
	Event Description: <u>Supercross</u>			Date(s) <u>2</u>	/ 3 / 18	1 1
	Provide Title/ Explanation					
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no: <u>GSW</u>	Name of Source	
	Was ticket distribution made at the behest Yes 🖄 No 🗔 If yes: Hag			If yes: <u>Hagger</u>	ty, Scott	
	of agency official?	factile believe fest			Official's Name (Last, First)	
3.	•		T O I D			
	• Use Section A to identify the ager	cy's department or unit.	Use Section B to	o identify an individ	iual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Describe		the public purpose made pursuant to the agency's policy	
			Passes			
	B. Name of Ind	ividual	Number of Ticket(s)/		Identify one of the following:	
	(Last, Fi	rst)	Passes			
	Eric Hassett, Kieran Hass	ett, Mark Ellsworth,	4 ev		romote attendance a	at a county sponsored]
	Colin Ellsworth				vent in order to maximize potential county	
				re	venue for concession	-
					nonial Role 🛄 Other L king "Ceremonial Role" or "Other" d	
				1 0100		
	Name of Outside Organization		Number			
	C. Name of Outside C. (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant 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.

	Lee Ann Fergerson	Ticket Administrator	2/6/18
Signature of Agency Head or Øesignee	Print Name	Title	(month, day, year)
Comment:	<u> </u>		

C	eremonial Role Event	ts and Ticket/P	ass Distr	ibutions		A Public Document
١.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Region (<i>if applicable</i>) Board of Supervisors, District 4					For Official Use Only
	Designated Agency Contact (Name, Title)				
	Nathan Miley, Supervisor				Amendment (14)	A Davida Cuplenstien in Dect 2.)
	Area Code/Phone Number	E-mail				st Provide Explanation in Part 3.)
	(510) 272-6694	bosdist4@acgov.or	g		Date of Orlginal Filin	g:(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	et policy? Yes	No 🗆	Face Value of	Each Ticket/Pass \$	60
	Event Description Disney of				<u>, 28 , 18</u>	
	Event Description: Disney on Ice Date(s) 2			Date(s)		//
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: Coliseum	Authority	
					Name of Source	
	Was ticket distribution made at the behest Yes 🛛 No 🔲 If yes:			lf yes: <u>Miley, N</u>	Official's Name (Last, Fir	stl
	of agency official?					
			Passes		· · · · · · · · · · · · · · · · · · ·	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of t	ne following:
	Abalos, Arnel		4			r Income <i>"describe below:</i> or his or her exemplary
					nonial Role D Other king "Ceremonial Role" or "Other	
	C. Name of Outside O (Include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy

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	02/20/18
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 California 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 bosdist4@acgov.org (month, day, year) 2. Function or Event Information 304.80 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗋 Event Description: Warriors Tickets 2 24 18 Date(s)_

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

Number

of Ticket(s)/

Passes

Number

of Ticket(s)/

Passes

2

2

Number

of Ticket(s)/

Passes

If no: Golden State Warriors

Ceremonial Role

Ceremonial Role

service to the public.

the public

If yes: Miley, Nathan

Name of Source

Official's Name (Last, First)

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

Identify one of the following:

To reward a community volunteer for his or her service to

ITo reward a county employee for his or her exemplary

Other

Other

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

Income

Provide Title/ Explanation

Yes 🗌 No 🛛

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

of agency official?

Recipients

Α.

B.

C.

Stark, David

Cox, Marcus

3.

Was ticket distribution made at the behest Yes 🖾 No 🗌

Name of Agency, Department or Unit

Name of Individual

(Last, First)

Name of Outside Organization

(include address and description)

4. Verification

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

	Nathan Miley	Supervisor	02/20/18
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	,	A Public Document
	Agency Name	· · · ·			Date Stamp	
	Alameda County					Form 802
	Division, Department, or Reg	on (if applicable)				For Official Use Only
	Board of Supervisors, Distric	xt 4				
	Designated Agency Contact					
	Nathan Miley, Supervisor					
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	(510) 272-6694	bosdist4@acgov.or	rg		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation	·	· · · · ·		
	Does the agency have a ticl	et policy? Yes !		ace Value of	Each Ticket/Pass \$	304.80
	Event Description: Warriors	Provide Title/ Expla		Date(s)	<u>, 24 , 18</u>	//
	Ticket(s)/Pass(es) provided			f no: Golden S	tate Warriors	
		-) -9			Name of Source	
	Was ticket distribution made	at the behest Yes		f yes: <u>Miley, N</u>	Official's Name (Last. First	2h
	of agency official?				Unicial's Name (Last, First	9
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	e following:
	Dunlap, Kamika		2		nonial Role Other king "Ceremonial Role" or "Other" COUNTY employee for e public.	Income describe below: This of her exemplary
	Miley, Nathan		1	To promote a	nonial Role Other king "Ceremonial Role" or "Other" attendance at a count t a county facility	Income C describe below: Ity sponsored event or
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's 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	02/20/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
l l			
Comment:			



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)/ 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:
Alexander, Toni	1	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 county sponsored event or event held at a county facility
Moore, Chuck	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a county sponsored event or event held at a county facility
Spering, Jim	2	Ceremonial Role Other Income Income To promote attendance at a county sponsored event or event held at a county facility
Crawford, Marc	4	Ceremonial Role Other Income Income To promote attendance at a county sponsored event or event held at a county facility
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
· · · · · · · · · · · · · · · · · · ·		

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-maii **Date of Original Filing:** (510) 272-6694 bosdist4@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 Tickets Date(s) 2 22 18 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 Name of Agency, Department or Unit Α. 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 Chew, Chonita Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to 2 the public Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

	Nathan Miley	Supervisor	02/20/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Ceremonial Role Events	Sand Tickeur		bullons		A Public Do	
1. Agency Name Alameda County				Date Stamp	California Form	802
Division, Department, or Regio	n (if applicable)				For Official	
Board of Supervisors, District						
Designated Agency Contact (N						
Nathan Miley, Supervisor						
	E-mail			Amendment (Mu	st Provide Explanation	in Part 3.)
(510) 272-6694	bosdist4@acgov.or	g		Date of Original Fillr	ng:	ar)
2. Function or Event Inform	ation					
Does the agency have a ticke	et policy? Yes [No 🗌 F	ace Value of	Each Ticket/Pass \$	304.80	
Event Description: Warriors T						
Event Description:	Provide Title/ Explai	nation	Date(s)	<u>, 12 _/ 18</u>	/	/
Ticket(s)/Pass(es) provided b	y agency? Yes [no: Golden S	tate Warriors		
			. Milev N	Name of Source		
Was ticket distribution made	at the behest Yes		yes: <mark>Miley, N</mark>	Official's Name (Last, Fi	irst)	
of agency official?						
3. Recipients • Use Section A to identify the agency	y's department or unit. •		identify an individ	ual. • Use Section C to it	dentify an outside org	anization.
		Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C to id		
• Use Section A to identify the agency	iment or Unit	Number of Ticket(s)/			pursuant to the ager	
Use Section A to identify the agency A. Name of Agency, Depart B. Name of Indiv	iment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made	pursuant to the ager	
Use Section A to identify the agency A. Name of Agency, Depart B. Name of Indiv	iment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made	pursuant to the ager the following: ar br* describe below: ar	ncy's policy
Use Section A to identify the agency A. Name of Agency, Depart B. Name of Indiv	tment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made	pursuant to the ager the following: ar ar ar ar ar br ar br ar br ar br	Income
Use Section A to identify the agency A. Name of Agency, Depart B. Name of Indivi (Last, First	iment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe the Cerem If check Cerem If check Describe the To reward a	e public purpose made	pursuant to the ager the following:	Income

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	02/20/18
Signature of Agency fread of Designee	Print Name	Title	(month, day, year)
Comment:		. <u>.</u>	

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 bosdist4@acgov.org (month, day, year) 2. Function or Event Information 304.80 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Warriors Tickets Date(s) 2 8 18 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 A. 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 Dunlap, Kamika Ceremonial Role Other Income To reward a county volunteer for his or her exemplary 4 service to the public Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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	02/20/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

C	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	<i>I</i>	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors, Distric	xt 4				
	Designated Agency Contact (Name, Title)			1	
	Nathan Miley, Supervisor					
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	(510) 272-6694	bosdist4@acgov.or	rg		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes		Face Value of	Each Ticket/Pass \$	304.80
	Event Description: Warriors					
	Event Description:	Provide Title/ Expla	anation	Jate(s)	<u>, 25 , 18</u>	/
	Ticket(s)/Pass(es) provided	•		f no: Golden S	tate Warriors	
				Miloy	Name of Source	
	Was ticket distribution made	at the behest Yes	🛛 No 🗖 📕	f yes: <u>Miley, N</u>	Official's Name (Last, First	41
	of agency official?				Chicler's Name (Lest, 1 is	9
	A. Name of Agency, Depa	intment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	e following:
	Ratner, Linda		4		nonial Role Other King "Ceremonial Role" or "Other" COMMUNITY VOlUNTEE	Income describe below: r for his or her service to
					nonial Role Conternation Other	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's 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

ne Title	(month, day, year)
	(month, day, your)

С	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					T COMIT
	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors, Distric					
	Designated Agency Contact	Name, Title)				
	Nathan Miley, Supervisor					t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
_	(510) 272-6694	bosdist4@acgov.or	g		Date of Original Filing	g:(month, day, year)
2.	Function or Event Infor	mation				k
	Does the agency have a tick	ket policy? Yes		ace Value of	Each Ticket/Pass \$	304.80
	Event Description: Warriors	Tickets			<u>, 23 , 18</u>	1 1
		Provide Title/ Expla	nation			/
	Ticket(s)/Pass(es) provided	by agency? Yes [No 🗹 🛛	f no: Golden S		
	Mas ticket distribution made	at the behavior		f yes: <u>Miley, N</u>	Name of Source	
	Was ticket distribution made of agency official?	at the benest Yes	× No□ '	i yes	Official's Name (Last, Firs	st)
	of agency official?					
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of th	e following:
	Hackney, Carl		4		nonial Role DOber Ving "Ceremonial Role" or "Other COMMUNITY VOLUNTEE	Income Income Control of the service to
					nonial Role D Other king "Ceremonial Role" or "Other"	_
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	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

	Nathan Miley	Supervisor	02/20/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

1. Aae	nonial Role Even		A Public Docume			
-	neda County				Date otamp	California 802
	sion, Department, or Reg	ion (if applicable)				For Official Use Only
Boar	d of Supervisors, Distri	ct 4				
Desi	gnated Agency Contact	(Name, Title)				
Nath	an Miley, Supervisor					
Area	Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
(510) 272-6694	bosdist4@acgov.c	org		Date of Original Filing: _	(month, day, year)
2. Fun	Function or Event Information					
Doe	Does the agency have a ticket policy? Yes 🔀 No 🔲 Face Value of I				Each Ticket/Pass \$ <u>30</u>	4.80
Evo					<u>, 10 , 18</u>	, ,
		Provide Title/ Exp	lanation			//
Tick	et(s)/Pass(es) provided	by agency? Yes	No 🗹 🕴	f no: Golden S		
Mag	ticket distribution made	at the behavior		Miley, N	Name of Source athan	
	ticket distribution made agency official?	e at the benest Yes	No LI '	yes	athan Official's Name (Last, First)	
Α.	Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Number Describe the public purpose made pursuant to the agency's policy		
В.	Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	ideffer, Martin		Passes	0	nonial Role D Other	
			4	To reward a	nonial Role DOther D king "Ceremonial Role" or "Other" des COUNTY employee for h e public or to encourag	is or her exemplary
					nonial Role D Other C King "Ceremonial Role" or "Other" des	
c.	Name of Outside C (Include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy

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	02/20/18
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 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 bosdist4@acgov.org (month, day, year) 2. Function or Event Information 304.80 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description: Warriors Tickets Date(s) 1 8 18 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 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 Pete, Geoffrey Ceremonial Role Other Income 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 C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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. -1

	Nathan Miley	Supervisor	02/20/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			