A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Adminstrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _____ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: <u>A's Baseball</u> Date(s) ____ / 17 / 18 Provide Title/ Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes 🖄 No 🗌 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: Β, of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Krause, Sherry 2 event in order to maximize potential county revenue for concession and parking sales Income Other 🛄 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification

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

1.		Lee Ann Fergerson	Ticket Administrator	6/27/18
\rightarrow	ee	Print Name	Title	(month, day, year)
Comment:				

Cere	emonial Role Ever	its and Tic	ket/Pass [Distributions		A Public Document
I. Aç	ency Name		Date Stamp	California 802		
Ala	Alameda County					ronn
Div	ision, Department, or Reg	gion (If Applicable)		1	For Official Use Only
Bo	ard of Supervisors					
	signated Agency Contact	(Name, Title)				
Br	iana Brown				· · · · · · · · · · · · · · · · · · ·	
	ea Code/Phone Number	E-mail		<u> </u>		provide explanation in Part 3.)
	02726695	briana.browr	12@acgov.org	g	Date of Original Filing:	(Month. Day. Year)
. Fi	Inction or Event Info	rmation	<u> </u>		- I	
	es the agency have a tick		Yes 🛛 No 🗌	Face Value ر	of Each Ticket/Pass \$ _	304.80
-	ent Description Basket Ba				4 , 1 , 18	/////
EV	ent Description	Provide Title/Expla	anation	Date(s)	//	////
Tic	ket(s)/Pass(es) provided I	by agency?	Yes 🗍 No 🛛	d If no: Golde	n State Warriors	· · · · · · · · · · · · · · · · · · ·
					Name of So	Durce
	es ticket distribution made fagency official?	at the behest	No 🗌 Yes 🛛	If yes:	Official's Name	(Last First)
	· · · · · · · · · · · · · · · · · · ·					
	ecipients				The Contine Charden	tify an outside organization.
	se Section A to identify the agen		Number of			
A	Name of Agency Departm	ientor Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
				· · · · ·		
B		a)	Number of Ticket(s)/		Identify one of the follow	ving
	(Lasi, First)		Pass(es)			
Ka	eith Carson			Ceremonial Role	iOther D bial Role" or "Other" describe below:	Income
1 X C	Sur Carson		4	ii checking Geremic		
					rsight of facilities or ev eived County funding	or Income
				upport;		
C.	Name of Outside Org (include address and d		Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
			Pass(es)	•		
		·····				
	erification					
1 k.	₹ø.	gulations 18944.1 an			t forth above, is in accordance v	
4	2	>	Briana Bro		Supervisor's Assista	
	jgr	160	Print Name	Ð	Title	(Month, Day, Year)
~	+ Parking Pass	i				
C	omment:					EPBC Form 802 (4/1

Agency Report of:

righting itepoil o				
Ceremonial Role	Events and	Ticket/Pass	Distributions	

1.	Agency Name			Date Stamp	California 000	
	Alameda County				Form OUZ	
	Division, Department, or Region (If Applicable)	Division, Department, or Region (If Applicable)				
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	<u></u>				
	Briana Brown					
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	5102726695 briana.brown	2@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information				· · · · · · · · · · · · · · · · · · ·	
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	35	
	Event Description BaseBall Game		Date(s) 4	518	4 , 3 , 18	
	Provide Title/Expla	nation				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd Athletics Name of Sour	ce	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	⊠ If yes:	Official's Name (La	ant First)	
					151, First)	
3.	Recipients • UserSection A.to identify the agency's, department or u					
		Number of	ບເຕັດຊາວໃຫຍ່ເຖິງເຮົາເຮົາເຮົາໃຫຍ່. 	• Use Section C to identif	fy an outside organization.	
	A. A. Distance Distance (b)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
		Number of		·		
	B. (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:	
			Ceremonial Role		Income	
			If checking "Ceremon	ial Role" or "Other" describe below:		
			Ceremonial Role	Other		
				ial Role" or "Other" describe below:		
		Number of				
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	-	lic purpose made pursuant t		
	North Oakland/ South Oakland Little		To promok her	11th, notware and	provide extended	
	league	4	opportunities	to vulnerable	POPULAHONS	
	North Oakland/ South Oakland Little		in the count		abled, underprivillege	
	league	4	Serion and	vouth in fest	ir cline	
4.	Verification					
	l he gulations 18944.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance with	the requirements.	
	4	Briana Br	own	Supervisor's Assistant	03/31/2018	
	,1ee	Print Nam	e	Title	(Month, Day, Year)	
	Comment: + Parking Pass					

1.	Agency Name				Date Stamp	California 202
	Alameda County			Form OUZ		
	Division, Department, or Reg	on (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	Name,Title)				
	Briana Brown					
	Area Code/Phone Number	E-mail				wide explanation in Part 3.)
	5102726695	briana.brow	/n2@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				000.00
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value c	of Each Ticket/Pass \$	200.00
	Event Description Romeo Sa	intos		Date(s) 04	618	1 1
	_ · · · · · · · · · · · · · · · · · · ·	planation				
	Ticket(s)/Pass(es) provided b	Yes 🗌 No 🛛	lf no: <u>Golder</u>	n State Warriors Name of Sour		
	Was ticket distribution made at the behest No \square Yes \boxtimes of agency official?			If yes:	Officiai's Name (La	ast, First)
3.	Recipients					
	 Use Section A to identify the agenc 	/'s department o	r unit. Use Section	B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Department of Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's polic		
		Number of		·····		
	B. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ıg:
	Karely Saito	Karely Salto		event or event	Other Other county sp held at a County facility otential County revenue	in order
					pncession sales;	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's poli		
_					ý ··· ·	
4.		lations 18944 1 a	nd 18942. I have verified	that the distribution set t	orth above, is in accordance with	the requirements
3			Briana Browr		Supervisor's Assistant	May 2018
	:		Print Name		Title	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Celia Carter (+Parking Pass)	4	Ceremonial Role Cother Construction Income Income Income To promote attendance at a County sponsored
Matlena Horula	4	event or event held at a County facility in order to maximize potential County revenue from Darking and concession sales;
Keith Carson	2	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		-> obtain oversight of facilities or events
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alameda County Boards and Commissions (+Parking Pass)	4	To 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;
		- 101 X

1.	Agency Name		y. A		Date Stamp	California 000	
	Alameda County			Form 002			
	Division, Department, or Regi	ion (If Applicable	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	<u></u>	<u></u>			
	Briana Brown						
	Area Code/Phone Number	E-mail		· · ·		ovide explanation in Part 3.)	
	5102726695	briana.browr	12@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	mation				204.90	
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌		of Each Ticket/Pass \$		
	Event Description Basket Ba	II Game Provide Title/Expl		. Date(s)	<u> </u>	//	
		Provide Title/Expl			n State Warriors		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no:	n State Warriors Name of Sou	urce	
	Was ticket distribution made a	at the behest	No 🔲 Yes 🔀	lf yes:	Official's Name (L		
	of agency official?			,	Official's Name (L	.ast, First)	
3.	Recipients				7773		
	Use Section A to identify the agenc		unit. Use Section E			tify an outside organization.	
	A. Name of Agency. Departme	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	District 5	4	Fo promote attendance at a County sponsored				
			o maximize po	tential County revenue t			
				parking and co	ncession sales;		
		Number of					
	B. <u>Name of Individu</u> (Last Fist)		Ticket(s)/ Pass(es)	identify one of the following:			
				Ceremonial Role		Income	
				if checking "Ceremo.	nial Role" or "Other" describe below:		
				Ceremonial Role	Other other other: describe below:	Income 🔲	
				I Grecking Cerenio			
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	t to the agency's policy	
		Pass(es)					
						<u></u>	
A	Verification)	1		· · · · · · · · · · · · · · · · · · ·			
ч.	i hav	ons 18944.1 an	d 18942. I have verified	that the distribution set	forth above, is in accordance w	ith the requirements.	
	~		Briana Browr	1	Supervisor's Assistan	nt May 2018	
	て	*	Print Name		Title	(Month, Day, Year)	
	Comment:						

			Form 002	
e)			For Official Use Only	
		-		
		Amendment (Must	provide explanation in Part 3.)	
n2@acgov.org		Date of Original Filing:	(Month, Day, Year)	
			(
Yes 🕅 No 🗋	Face Value of	of Each Ticket/Pass \$ _	304.80	
	Date(s)	4 _ 16 _ 18	//	
	Golde	n State Warriors		
Yes 🗌 No 🛛	If no:	Name of S	ource	
No 🗌 Yes 🕅	If ves:			
		Official's Name	(Last, First)	
A				
	B to identify an individ	ual: • Use Section C to ide	ntify an outside organization.	
Number of Ticket(s)/ Pass(es)				
4 or her exem		exemplary service to the public		
Number of				
Ticket(s)/		Identify one of the follow	wing:	
1 233(63)	Ceremonial Role	Other		
	If checking "Ceremo	nial Role" or "Other" describe below	•	
			income L	
Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy	
Pass(es)				
			1	
nd 19042 Librura vorific	ed that the distribution set	forth above, is in accordance	with the requirements.	
nu 10942. I nave venite				
Briana Brow	vn	Supervisor's Assista	nt May 2018	
	vn	Supervisor's Assista	nt May 2018 (Month, Day, Year)	
D,	Yes No I Ianation Yes No X No Yes X No Yes X Iunit, Use Section Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	Yes X No X Face Value of Date(s) 04 Ianation If no: Golde 04 Yes X No X If no: Golde No Yes X If yes: unit, • Use Section B to Identify an Individ Number of Ticket(s)/ Describe the put Pass(es) To reward a or her exemptor for to encours Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role Number of Ticket(s)/ Describe the put	n2@acgov.org Date of Original Filing: Yes INO Face Value of Each Ticket/Pass \$ Janetion Date(s) 04 / 16 / 18 Ves INO If no: Golden State Warriors Yes No If no: Golden State Warriors No Yes Vestor If yes:	

	nonial Role Even		Ket/Pass L	Istributions		A Public Document	
1. Age	ency Name			Date Stamp	California 802		
	neda County			Form GOZ			
Divis	ion, Department, or Reg	ion (If Applicabl	e)			For Official Use Offiy	
Воа	rd of Supervisors						
Desi	gnated Agency Contact	(Name, Title)			-		
Bria	na Brown						
Area	Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
510	2726695	briana.brow	n2@acgov.org	J	Date of Original Filing:	(Month, Day, Year)	
2. Fun	ction or Event Infor	mation					
Does	the agency have a ticke	et policy?	Yes 🗵 No 🗋] Face Value o	of Each Ticket/Pass \$ _	45	
Fuor	t Description BaseBall	Game		Data(a) 4	,20,18	1 1	
LVei		Provide Title/Exp	lanation	Date(s)			
Ticke	et(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	lf no: Oaklar	nd Athletics		
				•	Name of So	Durce	
	ticket distribution made a gency official?	at the behest	No 🗌 Yes 🛛	If yes:	Official's Name	(Last First)	
	Base Section Analidentity the agency's department or units			a least data and that	• Use Section C to iden	tify an outside organization.	
Α.	A. Name of Addiness Benchlinger Sorthurt		Number of Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy		
	D5		2	To reward a Co	ounty employee for		
D				his or her exen	nplary service to th		
				public or to end development;	courage stan		
			Number of				
Β.	(Last, First)	£)	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
				Ceremonial Role	Other		
				If checking "Ceremon	ial Role" or "Other" describe below:		
C.	Name of Outside Orga	nization	Number of				
.	(include address and description)		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
			1 1				
4. Veri	fication				orth above, is in accordance w		

 Briana Brown
 Supervisor's Assistant
 03/31/2018

 Print Name
 Title
 (Month. Day, Year)

 Comment:
 + Parking Pass

1. Agency Nam	e				Date Stamp	California 802	
Alameda Cour			For Official Use Only				
Division, Depar	tment, or Reg	ion (If Applicable,					
Board of Supe	rvisors						
Designated Age	ency Contact	(Name,Title)					
Briana Brown					Amondmont (Musta	provide explanation in Part 3.)	
Area Code/Pho	ne Number	E-mail					
5102726695		briana.browr	2@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or	Event Infor	mation				304.80	
Does the agend	-		Yes 🛛 No 🗌		of Each Ticket/Pass \$ _	·····	
Event Description	on Basket Ba	all Game		Date(s)	4 <u></u>	//	
		Provide Title/Expl					
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🖾	If no: Golde	n State Warriors Name of Sc	Durce	
Was ticket distr	bution mode.	at the behast					
of agency offic		at the periest	No 🗌 Yes 🛛	If yes:	Official's Name ((Last, First)	
3. Recipients							
Use Section A to	identify the agend	y's department or	B to identify an individ	ual. • Use Section C to ider	tify an outside organization.		
A. Namedor				Describe the pu	blic purpose made pursuan	t to the agency's policy	
District 5			Pass(es)		te attendance at a County sponsored		
	B.			event or event held at a County facility in order			
					parking and concession sales;		
B					Identify one of the following:		
			Pass(es)	Ceremonial Role	Other		
				If checking "Cərəmo	onial Rolé" or "Other" describe below:	:	
				Ceremonial Role	Other		
					onial Role" or "Other" describe below.	:	
C Name	C. Name of Outside Organization (include address and description),						
(include					iblic purpose made pursuar	in to the agency's poincy	
4. Verification	/	ulations 18944.1 an	d 18942. I have verifi	ed that the distribution se	t forth above, is in accordance v	with the requirements.	
			Briana Brov		Supervisor's Assista		
Z		2	Print Name		Title	(Month, Day, Year)	
-							
Comment: 📕	-arking Pass						

1. A	gency Name				Date Stamp	California 802	
Д	lameda County					Form OUZ	
D	ívision, Department, or Regi	on (If Applicable)			1	For Official Use Only	
P	loard of Supervisors						
	esignated Agency Contact ()	Name, Title)			4		
	Briana Brown						
	rea Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	102726695	briana.brown	2@acgov.org		Date of Original Filing:	(Month, Day, Year)	
	unction or Event Inform		0.0			(Mohan, Day, Tear)	
	oes the agency have a ticket		Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$ _	304.80	
						//	
E	vent Description Basket Ba	Provide Title/Expla	nation	_ Date(s)		//	
Т	icket(s)/Pass(es) provided by	v agencv?	Yes 🗋 No 🗵	lf no: Golde	n State Warriors		
					Name of Sc	burce	
	/as ticket distribution made a of agency official?	t the behest	No 🗌 Yes 🛛	lf yes:	Official's Name ((Last, First)	
3 6	Recipients						
	Use Section A to identify the agency	('s department or u	ual. • Use Section C to ider	tify an outside organization.			
4	A. Name of Agency, Department or Unit Ticket(s)/			Describe the put	olic purpose made pursuan	t to the agency's policy	
-	Pass(es)			T			
	Keith Carson 4			To evaluate the ability of a facility, its operator, or a local sports team to attract			
	1 on com an			business and contribute to the local			
				economy;			
E	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	identify one of the following:			
_				Ceremonial Role	ital Role" or "Other" describe below:	Income	
-				Ceremonial Role	Other D	income	
					nial Role" or "Other" describe below:		
Ċ	C. Unclude address and description		Number of Ticket(s)/	Describe the public purpose made pursuant to the		nt to the agency's policy	
-	Allow with the construction of the constructio	- 2000 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200 - 200	Pass(es)				
_						8	
4. \	Verification /			n nyagan a ta ang ta ang			
d	gr	ılations 18944.1 and	18942. I have verifie	ed that the distribution set	forth above, is in accordance v	vith the requirements.	
-	-	Sand and a state of the state o	Briana Brow	/n	Supervisor's Assistar	nt May 2018	
	,e		Print Name		Title	(Month, Day, Year)	
	Comment: <u>+ Parking Pass</u>						
(Jomment:			· · · · · · · · · · · · · · · ·		FPPC Form 802 (4/12	

A Public Document

1.	Agency Name		Date Stamp California 000						
	Alameda County Division, Department, or Region (If Applicable)					Form 802			
					4	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	n2@acgov.org		Date of Original Filing:(Month, Day, Year)					
2.	Function or Event Inform	mation	L						
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value o	Value of Each Ticket/Pass \$0				
	Event Description BaseBall C	Game	4	4 , 28 , 18					
	Event Description	Provide Title/Exp	//	//					
	Ticket(s)/Pass(es) provided b	v agencv?	nd Athletics						
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛			Name of Source					
	Was ticket distribution made at the behest No Yes X of agency official?			If yes:					
	•		· · · · · ·		Omciai's Name (Lasi, Fiisi)			
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.								
			and a second						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		t to the agency's policy			
	B. Name of fact data)		Number of Ticket(s)/	identify one of the following:					
	(Last, First)		Pass(es)						
	Lisa O Boyle		4	Ceremonial Role	Differ Di	Income			
					ttendance at a County It held at a County facili				
						e from Income			
				Jarking and c	oncession sales;				
	a population of a major state of the state o	They true	Number of						
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the put	e public purpose made pursuant to the agency's policy				
		onin all'hideland (Pass(es)						
		y							
4.	Verification /	lations 190111	d 10019 1 hours under 1	that the distribution of	forth chouse to in the second second	with the requirements			
	, guiations 18944.1 and				forth above, is in accordance with the requirements.				
Ĺ			Briana Brown	۱	Supervisor's Assistar				
. (Print Name		Title	(Month, Day, Year)			

Comment: _____

Namada County		Agency Name					
Nameua County	Alameda County				ricate		
Division, Department, or Region (If Applicable)				J wh			
Board of Supervisors	Namo Titlo)						
	vame, mie)						
		[Amendment (Must provide explanation in Part 3.)				
				(Month, Day, Year)			
				45			
	Yes 🛛 No 🗌						
vent Description BaseBall C	Bame Provide Title/Exp	. Date(s)	, 20 , 18	//			
Ticket(s)/Pass(es) provided by agency? Yes [If no: Oakland Athletics Name of Source				
/as ticket distribution made a of agency official?	No 🗌 Yes 🛛	If yes:					
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 of Unit		Number of Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy			
D5		2	or her exempla	plary service to the public			
B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)	ld	Identify one of the following:			
			Ceremonial Role 🔲 If checking "Ceremonial Ro	Other 🔲 ole" or "Other" describe below:	Income [
			Ceremonial Role	Other	Income [
C. Name of Outside Organization) (include address and description))		Number of Ticket(s)/ Pass(es)	Describe the public p	lic purpose made pursuant to the agency's policy			
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erification			<u></u>				
эgul	ations 18944.1 ar		hat the distribution set forth	above, is in accordance with the requ	irements.		
		Briana Brown	Su	pervisor's Assistant	03/31/2018		
	Board of Supervisors esignated Agency Contact (Priana Brown rea Code/Phone Number 102726695 function or Event Inform oes the agency have a ticket vent Description BaseBall (icket(s)/Pass(es) provided by fas ticket distribution made a of agency official? Recipients Use Section A to identify the agency Name of Agency, Departme 05	Board of Supervisors esignated Agency Contact (Name, Title) eriana Brown rea Code/Phone Number 102726695 Final briana.brow Fination or Event Information oes the agency have a ticket policy? vent Description BaseBall Game Provide Title/Exp icket(s)/Pass(es) provided by agency? (As ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department of Name of Agency, Department or Units Colors Col	Board of Supervisors esignated Agency Contact (Name, Title) winana Brown rea Code/Phone Number 102726695 function or Event Information oes the agency have a ticket policy? vent Description BaseBall Game Provide Title/Explanation icket(s)/Pass(es) provided by agency? Yes S No Yes S of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) 05 2 05 2 06 Name_of Agency, Department.cc.Unity Number of Ticket(s)/ Pass(es) 05 2 05 2 05 2 06 Mame_of Outside. Organization) Number of Ticket(s)/ Pass(es) Ticket(s)/ Pass(es) 05 2 06 Mame_of Outside. Organization) Number of (include address.and.description)) Ticket(s)/ Pass(es) 06 Include address.and.description) Pass(es) 07 Include address.and.descringtion) </td <td>board of Supervisors esignated Agency Contact (Name, Title) triana Brown E-mail treac Code/Phone Number E-mail 102726695 briana.brown2@acgov.org tunction or Event Information oes the agency have a ticket policy? oes the agency have a ticket policy? Yes Ø No vent Description BaseBall Game Date(s) 4 Provide Title/Explanation Date(s) 4 icket(s)/Pass(es) provided by agency? Yes Ø No Ø If no: Oakland (as ticket distribution made at the behest No 🛛 Yes Ø If yes: </td> <td>board of Supervisors </td>	board of Supervisors esignated Agency Contact (Name, Title) triana Brown E-mail treac Code/Phone Number E-mail 102726695 briana.brown2@acgov.org tunction or Event Information oes the agency have a ticket policy? oes the agency have a ticket policy? Yes Ø No vent Description BaseBall Game Date(s) 4 Provide Title/Explanation Date(s) 4 icket(s)/Pass(es) provided by agency? Yes Ø No Ø If no: Oakland (as ticket distribution made at the behest No 🛛 Yes Ø If yes:	board of Supervisors		