# Agency Report of:

		ass Disui	ibutions	A Pul	blic Document	
Agency Name				Date Stamp	alifornia 002	
Alameda County			Form OUZ			
Division, Department, or Reg	ion (if applicable)	······			For Official Use Only	
Board of Supervisors						
Designated Agency Contact	Name, Title)					
Lee Ann Fergerson, Ticket	Administrator				Evelopeting in Part 2.)	
Area Code/Phone Number	E-mail				Explanation in Part 3.)	
510-22-6691	leeann.fergerson@	acgov.org		Date of Original Filing:(m	onth, day, year)	
Function or Event Infor	mation		· · · · · ·			
Does the agency have a tic	ket policy? Yes	No 🗌 🖡	<sup>-</sup> ace Value of	Each Ticket/Pass \$		
Event Description, baseball		r	Data(s) = 5	, 25 , 18	1 1	
	Provide Title/ Explai					
Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗔 🛛 🛛	o 🔲 If no: Oakland Athletics			
			Name of Source			
	e at the behest Yes	No 🗌 🛛	r yes: <u></u>	Official's Name (Last, First)		
	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to identify an	outside organization.	
A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe th	e public purpose made pursuant	to the agency's policy	
<u> </u>						
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the follow	ing:	
			1		Income	
					Income	
		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant	to the agency's policy	
La Familia Counseling 24301 Southland DR. Ste		4	To Reward a	school or nonprofit organization ions to the community.	on for	
	Division, Department, or Regisoard of Supervisors         Designated Agency Contact (Lee Ann Fergerson, Ticket / Area Code/Phone Number         510-22-6691         Function or Event Inform         Does the agency have a tick         Event Description:         baseball         Ticket(s)/Pass(es) provided         Was ticket distribution made of agency official?         Recipients         • Use Section A to identify the agen         A.         Name of Agency, Department         B.         Name of Ind (Last, Find)         C.         Name of Outside Conducted address and the include addres	Division, Department, or Region (if applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Ticket Administrator         Area Code/Phone Number         510-22-6691         Function or Event Information         Does the agency have a ticket policy?         Yes [         Event Description:         baseball         Provide Title/ Explan         Ticket(s)/Pass(es) provided by agency?         Yes [         of agency official?         Recipients         • Use Section A to identify the agency's department or unit.         A.         Name of Agency, Department or Unit         B.       Name of Individual (Last, First)         C.       Name of Outside Organization (include address and description)	Division, Department, or Region (if applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Ticket Administrator         Area Code/Phone Number         510-22-6691         Function or Event Information         Does the agency have a ticket policy?         Yes X         No         Function or Event Information         Does the agency have a ticket policy?         Yes X         No         Event Description:         baseball         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes X       No         Vas ticket distribution made at the behest Yes X         No       of agency official?         Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to         A.       Name of Individual (Last, First)       Of Ticket(s)/ Passes         B.       Name of Individual (Last, First)       Of Ticket(s)/ Passes         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Passes	Division, Department, or Region (if applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Ticket Administrator         Area Code/Phone Number       E-mail         1510-22-6691       Ieeann.fergerson@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of         Event Description:       baseball       Date(s) _5         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?       Yes ⊠ No □       If no: Oakland         Was ticket distribution made at the behest Yes ⊠ No □       If yes: Hagger         of agency official?       Number       of Ticket(s)/         Number         A.       Name of Agency, Department or Unit       Number         Ø       Garact, First)       Describe th         Passes       Cerear       If check(s)/         Passes       Describe	Division, Department, or Region (if applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Ticket Administrator         Area Code/Phone Number         E-mail         510-22-6691         Ieeann. fergerson@acgov.org         Date of Original Filing:(m)         Provide Title/Explanation         Does the agency have a ticket policy?         Yes X       No         Provide Title/Explanation         Provide Title/Explanation         Date(s)       52518         Provide Title/Explanation         Provide Title/Explanation         If no: Oakland Athletics         Name of Source         If yes:         Haggerty, Scott         Official?         Recipients         · Use Section A to identify the agency's department or unit.       · Use Section B to identify an individual.       · Use Section C to identify an         A.       Name of Agency, Department or Unit       Number       of Ticket(s)/         Passes       Ceremonial Role	

#### 4. Verification

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

Lee Ann Fergerson	Ticket Administrator	6/20/18
Print Name	Title	(month, day, year)
a wide range of mental health and communi	ty services. The breadth of our prog	rams allow us to

Comment: provide support to many individuals and families in our community. We offer services ranging from Zumba classes to employment services to outpatient therapy. Our program descriptions will give you a sense of what each of our departments and programs have to offer.

Area Code/Phone Number       E-mail         510-272-6691       leeann.fergerson@acgov.org       Date of Orig         2. Function or Event Information       Does the agency have a ticket policy? Yes ⊠ No □       Face Value of Each Ticket.         Event Description:       Warriors Round 3       Date(s) 5 / 26 / 1         Provide Title/ Explanation       Date(s) 5 / 26 / 1         Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □       If no: GSW         Was ticket distribution made at the behest Yes ⊠ No □       If yes: Haggerty, Scott         of agency official?       Official's Name of agency, Department or unit. • Use Section B to identify an individual. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Passes       Describe the public purpor         District 1       2       To reward a County exemplary service to staff d         B. Name of Individual (Last, First)       Number of Ticket(s)/ Passes       Identify and the first of the ticket(s)/ Passes	Form OU2 For Official Use Only nent (Must Provide Explanation in Part 3.) inal Filing:(month, day, year) Pass \$ 312.50 8(	
Division, Department, or Region (if applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Ticket Administrator         Area Code/Phone Number         510-272-6691         Ieeann.fergerson@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?         Yes X       No          Provide Title/ Explanation         Ticket(s)/Pass(es) provided by agency?         Yes X       No          If no: GSW         Was ticket distribution made at the behest       Yes X         Vas ticket distribution made at the behest       Yes X         Yes Section A to identify the agency's department or unit.       Use Section B to identify an individual.         Vuse Section A to identify the agency's department or unit.       Use Section B to identify an individual.         Lee Section A to identify the agency's department or unit.       Use Section B to identify an individual.         Mame of Agency, Department or Unit       Number of Ticket(s)/       Describe the public purpor         Passes       District 1       2       To reward a Countt         exemplary service to staff d       Staff d       Staff d	For Official Use Only nent (Must Provide Explanation in Part 3.) inal Filing:(month, day, year)  Pass \$ 312.50 8/ urce e (Last, First)	
Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Ticket Administrator         Area Code/Phone Number         510-272-6691         Ieeann.fergerson@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?         Yes X       No         Face Value of Each Ticket         Event Description:       Warriors Round 3         Provide Title/ Explanation       Date(s)	nent (Must Provide Explanation in Part 3.) inal Filing:	
Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Ticket Administrator         Area Code/Phone Number       E-mail         510-272-6691       leeann.fergerson@acgov.org         Des the agency have a ticket policy?       Yes ⊠ No □         Face Value of Each Ticket         Event Description:       Warriors Round 3         Provide Title/ Explanation       Date(s) _5 / _26 / _1         Ticket(s)/Pass(es) provided by agency?       Yes ⊠ No □       If no: GSW         Was ticket distribution made at the behest Yes ⊠ No □       If yes: Haggerty, Scott         Official?       Official?       Official? Name 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 B to identify an individual.       • Use Section the public purpor         District 1       2       To reward a Count       exemplary service to staff d         B.       Name of Individual       Number of Ticket(s)/ Passes       Identify an individual       Staff d	inal Filing: (Pass \$ 312.50 8/ urce e (Last, First)	
Lee Ann Fergerson, Ticket Administrator       □ Amendr         Area Code/Phone Number       E-mail         510-272-6691       leeann.fergerson@acgov.org         2. Function or Event Information       Does the agency have a ticket policy? Yes ⊠ No □       Face Value of Each Ticket         Event Description:       Warriors Round 3       Date(s) _5 / _26 / _1         Provide Title/ Explanation       Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □       If no: GSW         Name of So       Was ticket distribution made at the behest Yes ⊠ No □       If yes: Haggerty, Scott         of agency official?       Official's Name of agency, Department or unit. • Use Section B to identify an individual. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section B to identify an individual individual individ	inal Filing: (Pass \$ <u>312.50</u> <u>8</u> / urce e (Last, First)	
Area Code/Phone Number       E-mail       Image: State of Content in the stat	inal Filing: (Pass \$ <u>312.50</u> <u>8</u> / urce e (Last, First)	
Area Code/Phone Number       E-mail       Date of Orig         510-272-6691       leeann.fergerson@acgov.org       Date of Orig         2. Function or Event Information       Does the agency have a ticket policy? Yes ⊠ No □       Face Value of Each Ticket         Event Description:       Warriors Round 3       Date(s) _5 / _26 / _1         Provide Title/ Explanation       Date(s) _5 / _26 / _1         Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □       If no: GSW         Was ticket distribution made at the behest Yes ⊠ No □       If yes: Haggerty, Scott         of agency official?       Official's Name of agency is department or unit. • Use Section B to identify an individual. • Use Sect         A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Passes         District 1       2       To reward a County exemplary service to staff d         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Passes       Identify a staff d	inal Filing: (Pass \$ 312.50 8/ urce e (Last, First)	
2. Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Each Ticket.         Event Description:       Warriors Round 3       Date(s) _5 26 1         Provide Title/ Explanation       Date(s) _5 26 1         Ticket(s)/Pass(es) provided by agency?       Yes ⊠ No □       If no: GSW         Was ticket distribution made at the behest Yes ⊠ No □       If yes: Haggerty, Scott         of agency official?       Official's Name of agency, Scott         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section B to identify an individual.         District 1       2       To reward a County exemplary service to staff d         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Passes       Identify an operation oversight of the set	(month, day, year) /Pass \$ <u>312.50</u> 8// urce e (Last, First)	
Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Each Ticket         Event Description:       Warriors Round 3       Date(s) _5 26 1         Provide Title/ Explanation       Date(s) _5 26 1         Ticket(s)/Pass(es) provided by agency?       Yes ⊠ No □       If no: GSW         Was ticket distribution made at the behest Yes ⊠ No □       If no: GSW         Was ticket distribution made at the behest Yes ⊠ No □       If yes: Haggerty, Scott         of agency official?       Official's Name 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 A to identify the agency's department or unit.         District 1       2       To reward a County exemplary service to staff d         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Passes       Identif	8// urce e (Last, First)	
Event Description:       Warriors Round 3       Date(s)	8// urce e (Last, First)	
Provide Title/ Explanation         Ticket(s)/Pass(es) provided by agency?       Yes X       No I       If no: GSW         Name of So       Was ticket distribution made at the behest Yes X       No I       If yes: Haggerty, Scott         Official?       Official?       If yes: Haggerty, Scott       If yes: Haggerty, Scott         3. Recipients       • Use, Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Sect       • Use, Section A to identify the agency's department or Unit         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Passes       Describe the public purport exemplary service to staff d         District 1       2       To reward a County exemplary service to staff d         B. Name of Individual (Last, First)       Officiet(s)/ Passes       Identify an oversight of the second staff d	urce e (Last, First)	
Provide Title/ Explanation         Ticket(s)/Pass(es) provided by agency?       Yes X       No I       If no: GSW         Name of So       Was ticket distribution made at the behest Yes X       No I       If yes: Haggerty, Scott         Official?       Official?       If yes: Haggerty, Scott       If yes: Haggerty, Scott         3. Recipients       • Use, Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Sect       • Use, Section A to identify the agency's department or Unit         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Passes       Describe the public purport exemplary service to staff d         District 1       2       To reward a County exemplary service to staff d         B. Name of Individual (Last, First)       Officiet(s)/ Passes       Identify an oversight of the second staff d	urce e (Last, First)	
Name of So         Was ticket distribution made at the behest Yes ⊠ No □       If yes: Haggerty, Scott         Official?         3. Recipients         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section A to identify an individual.       • Use Section B to identify an individual.	e (Last, First)	
Was ticket distribution made at the behest Yes No       If yes:       Haggerty, Scott Official's Name Official's Name         3. Recipients         • Use, Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section A to identify an individual.       • Use Section B to identify an individual.       • Use Section	e (Last, First)	
Official's Name 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 B to identify an inditidual.       • Use Section B to iden	·	
3. Recipients         • Use, Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section A to identify an individual.       • Use Section B to identify an ind	ion C to identify an outside organization.	
• Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section B to identify an individual Describe the public purport of Ticket(s)/ Passes         District 1       2       To reward a County exemplary service to staff d         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Passes       Identify dentify an individual identify an individual identify and the passes	ion C to identify an outside organization.	
A.       Name of Agency, Department or Unit       Number of Ticket(s)/ Passes       Describe the public purport Describe the public purport Passes         District 1       2       To reward a County exemplary service to staff d         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Passes       Identif		
Passes       District 1     2       B.     Name of Individual (Last, First)         Number of Ticket(s)/ Passes         Number of Ticket(s)/ Passes	· · · · · · · · · · · · · · · · · · ·	
B.     Name of Individual (Last, First)     Number of Ticket(s)/ Passes     Identif	se made pursuant to the agency's policy	
B.     Name of Individual (Last, First)     Number of Ticket(s)/ Passes     Identif	employee for his or her	
B. Name of Individual (Last, First) Number of Ticket(s)/ Passes To obtain oversight (	ry service to the public or to encourage staff development	
B. Name of Individual of Ticket(s)/ (Last, First) Passes To obtain oversight (	evelopment	
(Last, First) Passes	y one of the following:	
Haggerty, Scott	y one of the following.	
	of facilities or events that have	
2 received county func	ling or support	
Ceremonial Role		
ir checking "Caramoniai H	ale" ar "Other" describe below:	
Name of Outside Organization     Number     Describe the public number	ose made pursuant to the agency's policy	
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purp		
4. Verification		

have read and understand FPPC Regul	ations 18944.1 and 18942. I have v	verified that the distribution set forth a	bove, is in accordance
	Lee Ann Fergerson	Ticket Administrator	6/1/18
Signature of Agency Head or Designeer	Print Name	Title	(month, day, year)

1.	Agency Name	Date Stamp California 802 Form For Official Use Only				
	Alameda County					
	Division, Department, or Region (If Applicable					
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-		
	Briana Brown			Amendment (Must pro	vide explanation in Part 3.)	
	Area Code/Phone Number E-mail					
	5102726695 briana.brow	n2@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information				304.80	
	Does the agency have a ticket policy?	Yes 🛛 No 🗌		of Each Ticket/Pass \$		
	Event Description Basket Ball Game Provide Title/Exp.	anation	Date(s)	5 , 02 , 18	///	
	·		en State Warriors			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no:	Name of Sour	rce	
	Was ticket distribution made at the behest	No 🗌 Yes 🕅	lf ves:			
	of agency official?		11 yes	Official's Name (La	ast, First)	
3.	Recipients		···· <u>*</u>			
	Use Section A to identify the agency's department or	unit. Use Section	B to identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant t	to the anomalic policy	
		Pass(es)	To rew	vard a County employ	yee for his	
	BOS D5.	4	or her	exemplary service to	the public	
			pr to e	encourage staff devel	opment;	
		Number of				
	B. Kane of heaving (Last First)	Ticket(s)/ Pass(es)		Identify one of the following	ıg:	
	· · · · · · · · · · · · · · · · · · ·		Ceremonial Role	Other	Income	
				onial Role" or "Other" describe below:		
			Ceremonial Role	onial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization	Number of	Describe the pu	Describe the public purpose made pursuant to the agency's poli		
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pt	unic purpose made pursuant	to the agency a policy	
4	Verification		· · · · · · · · · · · · · · · · · · ·			
		id 18942. I have verified	d that the distribution se	t forth above, is in accordance with	h the requirements.	
		Briana Brow	n	Supervisor's Assistant	May 2018	
	Designee	Print Name		Title	(Month, Day, Year)	
	+ Parking Pass					
	Comment:				FPPC Form 802 (4/12)	
				FPPC Toll-Free Helpline: 8	366/ASK-FPPC (866/275-7772)	

Comment: \_\_\_

1.	Agency Name				Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Regi	ion (If Applicable	)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			4	
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	5102726618	briana.browr	12@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation	an a			3
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	304.08
	Event Description Warriors			Data(s) = 05		05 , 08 , 18
		Provide Title/Expla	anation			
	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	it the behest	No 🗌 Yes	If yes:		
	of agency official?				Official's Name (I	Last, First)
3.	Recipients					
	Use Section A to identify the agency	/'s department or u	1	tion B to identify an individu	al) • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	D5		1	To reward a Co	ounty employee for	<u> </u>
			4		plary service to the	<b>e</b>
	D5		4	public or to end	courage staff	
				development;		
	B. (Last. First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
			Fass(es)	Ceremonial Role		Income
	Keith Carson				al Role" or "Other" describe below:	
			4			
			<u> </u>	To evaluate the co	ontribution of a facility or an	
				culture and entering	o goals for lostering arts	income
				- economic develor	" in support of the County's	
				Economic Develop	ment program, including the oment Alliance for Business;	
	C. Name of Outside Organ	ization	Number of Ticket(s)/	•		
	(include address and des	cription)	Pass(es)	. Describe die pub	lic purpose made pursuant	to the agency's policy
					· _ · · · · · · · · · · · · · · · · · ·	
	Verification		·			
	I have read and understand EPPC Regul	ations 18944.1 and	18942. I have ver	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
	-		Briana Bro	own :	Supervisor's Assistant	12/31/2017

1.	Agency Name			<u> </u>	Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact ()	Name, Title)				
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	5102726695		/n2@acgov.org		Date of Original Filing: _	2/30/17
2	Function or Event Inform		mz@acgov.org	<u>a</u>		(Month, Day, Year)
4.	Does the agency have a ticket			Face Value o	f Each Ticket/Pass \$	200
		r poncy :	Yes 🛛 No 🗌			
	Event Description	Provide Title/Exp	planation	Date(s)5		
					n State Warriors	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No 🛛	If no:	Name of Source	
	Was ticket distribution made a	No 🗌 Yes 🛛	If yes:			
	of agency official?			n you.	Official's Name (Last, First)	
3.	Recipients				<b>.</b>	
	<ul> <li>Use Section A to identify the agency</li> </ul>	's department or	1 1	r Bito identify an individu	al.) • Use Section C to identif	fy an outside organization
	A. Name of Agency, Department or Unit Ticket Pass(				lic purpose made pursuant t	o the agency's policy
	d5		To reward a C	ounty employee for		
			4	his or her exer	mplary service to the	9
				<ul> <li>public or to en development;</li> </ul>	courage staff	
	B. (Patrie forgimal) for a	0	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role	Other	Income
				If checking "Ceremoni	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	
					ial Role" or "Other" describe below:	income
			Number of Ticket(s)/	Deceribe the sub-	1:	
	(include address and des	cription);	Pass(es)		lic purpose made pursuant t	o the agency's policy
					·	
4.	Verification	<del></del>			an <u>, an an an an an</u> an	<del></del>
	i heva roadland understand	ations 18944.1 an	d 18942. I have verified	d that the distribution set fo	orth above, is in accordance with	the requirements.
-			Briana Brow	<u>n</u>	Supervisor's Assistant	12/31/2017
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)	

1	Agency Name			Date Stamp	California 000
	Alameda County				Form 802
	Division, Department, or Region (If Applicable)		For Official Use Only		
	Board of Supervisors Designated Agency Contact (Name, Title)				
	Briana Brown			Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number E-mail			Date of Original Filing: _	12/30/17
-		2@acgov.org		Duce of original filling.	(Month, Day, Year)
2.	Function or Event Information				300
		Yes 🛛 No 🗌	4	of Each Ticket/Pass \$	
	Event Description Concert		Date(s)5	/ <b>18</b> / 18	5,19,18
	Provide Title/Expla	anation	Caldar	n State Marriers	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Golder	n State Warriors Name of Sou	urce
	Was ticket distribution made at the behest	No 🗌 Yes 🗵	1 If yos:		
	of agency official?		If yes:	Official's Name (L	_ast, First)
3	Recipients				an an an a' san an a
	• Use Section A to identify the agency's department or u	unit. 🔍 Use Sectio	on-B-to∗identify, an∗individ	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 pub	olic purpose made pursuant	to the agency's policy
	B. (Tatte Settingour)	Number of Ticket(s)/		Identify one of the follow	ing.
	(Last, First)	Pass(es)			
	Maria Carson			Other	Income
	Mana Carson	4		nial Role" or "Other" describe below:	
			To promote atter	ndance at a County s	ponsored
			_ event or event n maximize potent	eld at a County facility ial County revenue fr	y in order to
	Norma Bowerbank		and concession		
		4			
	C. Name of Outside Organization (include address and description))	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	t to the agency's policy
	(include aurress and description).	Pass(es)			
		ļ			
4.	Verification	1 18942   have veri	fied that the distribution set	forth above, is in accordance w	ith the requirements.
		Briana Bro			
		Bhana Bro	VVI I	Supervisor's Assistan	12/31/2017

1.	Age	ncy Name				Date Stamp	California 000
	Alan	neda County					Form 002
	Division, Department, or Region (If Applicable)						For Official Use Only
	Board of Supervisors						
	Desi	gnated Agency Contact	(Name, Title)				
	Briana Brown					Amondment (t/ust	
	Area	Code/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·		provide explanation in Part 3.)
_	5102	2726618	briana.browr	12@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2.	Fun	ction or Event Infor	mation			·	0.01.00
	Does	the agency have a ticke	et policy?	Yes 🛛 No [	Face Value o	f Each Ticket/Pass \$ _	304.08
	Even	t Description Warriors	Provide Title/Expla	anation	Date(s)05	<u>, 22 , 18</u>	05 / 24 / 18
	Tistes	*/->/D/>			- Golder	n State Warriors	
	licke	et(s)/Pass(es) provided b	y agency?	Yes 🗌 No [		Name of Sc	purce
		ticket distribution made	at the behest	No 🗌 Yes [	If yes:		
_	of a	gency official?				Official's Name (	Last, First)
3.		ipients					
	• Use	Section A to identify the agenc	y's department or u	1	tion B to identify an individu	al.) • Use Section C to iden	tify an outside organization.
	Α.	Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	
	D5			4	To reward a C	ounty employee for	r
					public or to end	nplary service to th	e
	D5			4	development;	sourage stall	
	B.	(Last, First)	創	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
					Ceremonial Role If checking "Ceremoni	Other Other Associate the other of the other	· Income
					Ceremonial Role	Other	Income
	C.	Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
4.		fication	Votices 18944 1 and	18942   have ver	lified that the distribution set fr	orth above is in accordance w	th the requirements

			Briana Brown	Supervisor's Assistant	12/31/2017
U -	943 E	2	Print Name	Title	(Month, Day, Year)
Commer	nt:				

1.	Agency Name	an an ann an Anna an Ana		Date Stamp	California 802	
	Alameda County				Form 002	
	Division, Department, or Region (If Applie		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Briana Brown					
	Area Code/Phone Number E-mail	· · · · · · · · · · · · · · · · · · ·		Amendment (Must pr	ovide explanation in Part 3.) 12/30/17	
	5102726695 briana.br	rown2@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information		<u>e</u>	9	250.00	
	Does the agency have a ticket policy?	Yes 🛛 No 🗌		f Each Ticket/Pass \$		
	Event Description Taylor Swift		Date(s)5		///	
	. Provide Title	/Explanation				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: <u>Levi St</u>	Adium Name of Sou		
	Was ticket distribution made at the behe	st No 🗆 Voo 🔽	15			
	of agency official?	st No 🗌 Yes 🛛	If yes:	Official's Name (L	.ast, First)	
3.	Recipients		· · · · ·			
	Use Section A to identify the agency's department	nt or unit.) SUse Section	B to identify an individu	an individual. • Use Section C to identify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	D5			County employee		
		8	his or her ex	cemplary service to	the	
			public or to encourage staff     development;			
				,		
	B. Nano con religionaria	Number of Ticket(s)/ Pass(es)	· · · · · · · · · · · · · · · · · · ·	Identify one of the followi	ng:	
				Other Inter Other' describe below:	Income 🗌	
					···-	
			Ceremonial Role if checking "Ceremon	Other     Other     describe below:	Income 📙	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	·					
-			· · · · · · · · ·			
4.	Verification / Regulations 18944	.1 and 18942. I have verified	I that the distribution set f	forth above, is in accordance wi	th the requirements.	
	<i>,</i>	Briana Browr	n	Supervisor's Assistant	t <u>12/31/2017</u>	
Ĺ		Print Name		Title	(Month, Day, Year)	
	Comment:					

1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applica		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Briana Brown				
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
		wn2@acgov.or	a	Date of Original Filing:	12/30/17 (Month, Day, Year)
2	Function or Event Information		<u> </u>	1	(Mohin, Day, rear)
<u>,</u>	Does the agency have a ticket policy?	Yes 🛛 No [		of Each Ticket/Pass \$ _	250.00
	Consort				
	Event Description Concert	Explanation	Date(s)		//
	Ticket(s)/Pass(es) provided by agency?		Jenne, Golder	n State Warriors	
	nekel(s)/r ass(es) provided by agency:	Yes 🗌 🛛 No 🛛	A	Name of Sc	ource
	Was ticket distribution made at the behes	t No 🗌 Yes [	If yes:	Official's Name	
_	of agency official?			Official's Name	(Last, First)
3.	Recipients				
	• Use Section A to identify the agency's department	All and a second se	tion B to identify an individ	ual) • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	D5	To rev			
		3		emplary service to encourage staff	the
			developmen	-	ω.
				.,	
	B. (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role	Other	Income
	Marcia Shrago	2	If checking "Ceremor	nial Role" or "Other" describe below:	
			To promote atten	dance at a County s	ponsored
	- <u></u>		- event or event he	eld at a County facility	y in order to
	Michelle Simpson			al County revenue fro	om parking
		2	and concession s	ales,	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	it to the agency's policy
	(include address and description)	Pass(es)			
_					
4.	Verification				
	1 hε tions 18944.1	and 18942. I have ve	rified that the distribution set a	forth above, is in accordance w	vith the requirements.
		Briana Br		Supervisor's Assistar	
	Construction and the second se	Print Nam	6	Title	(Month, Day, Year)
	Comment:				
					FPPC Form 802 (4/12)

A Public Document

1.	Agency Name	······	Date Stamp Galifornia 000						
	Alameda County			Form OUZ					
	Division, Department, or Re	gion (If Applicable		For Official Use Only					
	Board of Supervisors								
	Designated Agency Contac	t (Name, Title)							
	Briana Brown								
	Area Code/Phone Number	E-mail	· · · · · · · · ·	Amendment (Must provide explanation in Part 3.)					
	5102726618	n2@acgov.org	Date of Original Filing:						
2.	Function or Event Info	rmation		204.00					
	Does the agency have a tick	Yes 🛛 No 🗌	Face Value of Each Ticket/Pass \$ 304.08						
	Event Description		Date(s) 05	i <sub>/</sub> 26 <sub>/</sub> 18	//				
		Provide Title/Exp							
	Ticket(s)/Pass(es) provided	Yes 🗌 No 🛛	If no: Golder	If no: Golden State Warriors					
	Was tigket distribution made at the behast								
	Was ticket distribution made at the behest No I Yes X of agency official?			If yes:Official's Name (Last, First)					
3	Recipients	a .	. a						
•	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 pure terms agency's policy					
	D5 4		4	To reward a County employee for					
				To reward a County employed to the his or her exemplary service to the public or to encourage staff					
				development;					
			Number of						
	B. (Epit Vol (Bridger)) (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:				
				Ceremonial Role	Other	Income			
				If checking "Ceremonial Role" or "Other" describe below:					
		<u></u>		Ceremonial Role	Other 🗌				
				If checking "Ceremonial Role" or "Other" describe below:					
		~							
	Name of Original Operation Number of								
	C. Name of Outside Organization (include address and description))		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy					
						· ··· <u>···</u> ···			
						<u> </u>			
4.	Verification	gulations 19044 1 cr	d 189/2   hours ustified	d that the distribution and	forth above, is in accordance w	ith the requirements			

 Briana Brown
 Supervisor's Assistant
 06/01/2018

 Orgunature or regency mead or Deagnee
 Print Name
 Title
 (Month, Day, Year)

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)					
	Briana Brown						
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)				
	(510)272-6695 briana.brown2@acgov.org				Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	ļ		(Monal, Day, Tear)			
	Does the agency have a ticke		of Each Ticket/Pass \$	35			
			Yes 🛛 No		<u> </u>	5 , 28 , 18	
	Event Description A's Baseb	Provide Title/Exp					
	Ticket(s)/Pass(es) provided b	Yes 🗌 No	If no: Oaklai	If no: Oakland Athletics			
				Name of Source       If yes:     Carson, Keith - Supervisor District 5			
	Was ticket distribution made a of agency official?	No 🗌 Yes	If yes: Carso	on, Keith - Supervisor D Official's Name (La	st First)		
3.	Recipients  • Use Section A to identify the agence	ve denstiment or	ual, • Use Section C to identif	v an outside organization			
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
				1			
	B. (Last. First)		Number of Ticket(s)/		Identify one of the following:		
	(L.ast, ⊢rrst)		Pass(es)				
					iother 🔀	Income	
	2			Ceremonial Role	Other	Income	
				If checking "Ceremon	nial Role" or "Other" describe below:		
	C. Name of Outside Organization		Number of		ublic purpose made pursuant to the agency's policy		
			Ticket(s)/ Pass(es)	Describe the put			
	Castlemont High School						
	Custement high Conton		4	To reward a school or nonprofit organization fo		nization for	
	Castlemont High School				to the community;		
			4	1	•	1	
4	Verification						
		llations 18944.1 ar	forth above, is in accordance with	the requirements.			
		Briana Br	rown	Supervisor's Assistant	May31 2018		
		Print Nan		Tille	(Month, Day, Year)		
	Comment:		<u>_</u>			FPPC Form 802 (4/12	