Signature of Agency HBag of Vesignee

Comment:

Ceremonia	I Role Even	its and Ticket/P	ass Distri	ibutions		A Public Document
1. Agency Na	ame				Date Stamp	California 802
Alameda Co						
Division, Dep	Division, Department, or Region (if applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson					Provide Explanation in Part 3.)
	hone Number	E-mail				
510-272-66	91	leeann.fergerson@	acgov.org		Date of Original Filing	(month, day, year)
2. Function of	or Event Infor	mation				
Does the ag	ency have a tic	ket policy? Yes [∃ No 🗌 F	ace Value of	Each Ticket/Pass \$	500.00
Event Descr	ription: <u>Maroon</u>	5	Г	Date(s) = 6	/ <u>1 / 18</u>	1 1
	Provide Title/ Explanation					<i></i>
Ticket(s)/Pa	ss(es) provided	by agency? Yes [🛛 No 🗌 🔢	no: <u>GSW</u>	Name of Source	· · · · · · · · · · · · · · · · · · ·
Was ticket d	listribution made	e at the behest Yes [f yes: <u>Hagger</u>		
of agency of				· · · · · · · · · · · · · · · · · · ·	Official's Name (Last, Firs	<i>t</i>)
3. Recipien						
• Use Section .	A to identify the ager	cy's department or unit. •	identify an indivio	lual. • Use Section C to ide	ntify an outside organization.	
A. Na	me of Agency, Dep	artment or Unit	Number of Ticket(s)/	Describe th	e public purpose made p	ursuant to the agency's policy
<u>-</u> -			Passes		ũ.	······································
<u> </u>						······································
В.	Name of Ind		Number of Ticket(s)/		Identify one of the	e following:
	(Last, Fii	rst) 	Passes			· · · · · · · · · · · · · · · · · · ·
Pipkino, Ju	ıdy				To promote attendance at a county sponsored event in order to maximize potential county	
			4			
		· · · · · · · · · · · · · · · · · · ·				on and parking sales
					nonial RoleOther king "Ceremonial Role" or "Other"	
	Name of Outside C	 Organization	Number			·····
С. _{(i}	C. Name of Outside Organization (include address and description)		of Ticket(s)/ Passes	Describe th	le public purposé máde p	ursuant to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·					
4. Verificatio						
1 hand -		[¬] [¬] C Regulations 18944	.1 and 18942.	l have verified	that the distribution set	forth above, is in accordance
*		L				
		ି Lee An	n Fergerson		Ticket Administrato	r 6/20/18

Print Name

(month, day, year)

Title

A Public Document 1. Agency Name California Date Stamp Form Alameda County Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-661 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 312.50 Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description: Warriors Round 4, Game M 3 Date(s) __6 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 🖾 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 В. Identify one of the following: of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Zavala, Andy event in order to maximize potential county Nice, Haley 2,2 revenue for concession and parking sales. Income 1 Ceremonial Role Other 🔟 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Verification Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

3 8 -		Lee Ann Fergerson	Ticket Administrator	6/1/18
	эе —	Print Name	Title	(month, day, year)
Comment:				

Ce	eremonial Role Even	ts and Ticket/P	ass Dist	tributions	Д	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Leeann Fergerson, Ticket A	dministrator			Amendment /Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	•			Torne Explanation In Part 5.)
	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 tick	ket policy? Yes [] No []	Face Value of	Each Ticket/Pass \$ _	.0.
	Event Description: A's vs. K	ansas City Royals		Date(s) <u>6</u>	, 9 , 18	1 1
		Provide Title/ Explar	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	lf no: Oakland	Athletics Name of Source	
	Was ticket distribution made	at the behast of r	.	lf yes: <u>Hagger</u>		
	of agency official?	e at the benest Yes [🗌 No 🗖	n yes	Official's Name (Last, First)	· · · · · · · · · · · · · · · · · · ·
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B	to identify an individ	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s) Passes)/ Describe th	e public purpose made pu	irsuant to the agency's policy
		<u> </u>				
	B. Name of Ind (Last, Fit		Number of Ticket(s) Passes		Identify one of the	following:
	Ysit, Ario		4	T		ity volunteer for his or her o the public.
		MAR (12.744)		1 I I I I I I I I I I I I I I I I I I I	nonial Role Uner Other a king "Ceremonial Role" or "Other" a	
	C. Name of Outside C (include address and		Number of Ticket(s Passes)/ Describe th	ne public purpose made pu	rsuant to the agency's policy
4.	Varification		1	I		

¢	; Regu	lations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
		Lee Ann Fergerson	Ticket Administrator	6/6/18
	Γ-	Print Name	Title	(month, day, year)
_				

Scient	onial Role Even	ts and Ticket	/Pass Distr	ibutions		A Public Docu	ument
. Agen	icy Name				Date Stamp	California	802
Alame	eda County					Form	902
Divisio	on, Department, or Regi	on (if applicable)				For Official Use	e Only
Board	of Supervisors						
Desigr	nated Agency Contact (Name, Title)					
Vener	r Bates, Supervisor's A	ssistant				Aust Descrite Evelopeties in D	
Area C	Code/Phone Number	E-mail				Aust Provide Explanation in Pa	art 3.)
510-2	272-6691	vener.bates@ac	gov.org		Date of Original Fil	(month, day, year)	
2. Func	tion or Event Inform	mation					
Does	the agency have a tick	ket policy? Ye	es 🗌 No 🔲 🛛	Face Value of	Each Ticket/Pass	\$	
Event						_7 _ 8 _/	18
Ticket	t(s)/Pass(es) provided			f no: <u>Alameda</u>	County Fair Boar	d	
				Alemed	Name of Source	oor Soott Hoggarty	
	ticket distribution made gency official?	e at the behest γ_e	es 🖾 No 🗔	If yes: Alamed	Official's Name (Last,)	sor Scott Haggerty First)	
Α.	Name of Agency, Depa	artment or Unit	Number of Ticket(s)/	1		e identify an outside organiz	
A.	Name of Agency, Depa	artment or Unit	Number	1			
A B.	Name of Indi	ividuał	Number of Ticket(s)/	1		le pursuant to the agency'	
		ividuał	Number of Ticket(s)/ Passes	1	e public purpose mad Identify one of	le pursuant to the agency' f the following:	s policy
 B.	Name of Indi	ividuał	Number of Ticket(s)/ Passes	Describe th	e public purpose mad Identify one of nonial Role D Ott king :Ceremonial Role" or "Ot Community Volun	f the following:	s policy
B. Argu	Name of Indi (Last, Fir	ividuał	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe the Ceren If chec To reward a service to the Ceren If chec To reward a	e public purpose mad	the following: her her her for his or her existence of the following: her describe below: teer for his or her existence of the following for the following for her existence of the following for t	s policy Income emplar Income
B. Argu	Name of Indi (Last, Fir ula, Dawn	ividuał st) Prganization	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 8	Describe the Ceren If chec To reward a service to the Ceren If chec To reward a service to the	e public purpose mad	te pursuant to the agency'	s policy Income emplar Income blary ment
B. Argu Alca	Name of Indi (Last, Fir ula, Dawn antara, Ricca Name of Outside O	ividuał st) Prganization	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 8 8 6 Number of Ticket(s)/	Describe the Ceren If chec To reward a service to the Ceren If chec To reward a service to the	e public purpose mad	te pursuant to the agency'	s policy Income emplar Income blary ment

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

	.6	Vener Bates	Supervisor's Assistant	July 16, 2018
Sign	e.	Print Name	Title	(month, day, year)
Comment:		3		



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.

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:
Reye	s, Leticia	6	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize County revenue from concession sale
Coler	man, Roslyn	12	Ceremoniał Role Dother Income Income If checking "Ceremonial Role" or "Other" describe below:
			To promote attendance at an event held at a County facility in order to maximize County revenue from concession sale
Pinto	, Claudia	6	Ceremonial Role Other Income Income 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 D Other D Income Income 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
5			

1 2	remonial Role Even	is and licket/P		Sationio		Public Document
	Agency Name				Date Stamp	California Form 802
	Alameda County					Form 002 For Official Use Only
	Division, Department, or Reg	on (if applicable)			1/14 	i or Official Use Only
_	Board of Supervisors					
	Designated Agency Contact					
	/ener Bates, Supervisor's A Area Code/Phone Number	ssistant			Amendment (Must Pi	ovide Explanation in Part 3.)
	510-272-6691	vener.bates@acgo	v.org		Date of Original Filing: -	(month, day, year)
2. 1	Function or Event Infor	mation				
	Does the agency have a ticl		⊠ No⊡ F	ace Value of	Each Ticket/Pass \$	j
t	Event Description: Alameda	Provide Title/ Expla	nation D	ate(s)	<u>, 15 , 18</u>	7 <u>8</u> 18
-	Ticket(s)/Pass(es) provided			no: <u>Alameda</u>	County Fair Board	
				Alamed	Name of Source	Scott Haggerty
١	Nas ticket distribution made	e at the behest Yes	⊠ No⊡ ^{If}	yes: <u>manieu</u>	a County Supervisor S Official's Name (Last, First)	
	of agency official?					
	• Use Section A to identify the ager A. Name of Agency, Depa		Use Section B to i Number of Ticket(s)/ Passes			ify an outside organization. suant to the agency's policy
	Alameda County General	Services Agency	80		County employee for	his or her exemplary
	Tri-Valley Substation She				e public or to encoura	ge staff development.
	B. Name of Individual (Last, First)		42	To reward a	County employee for public or to encourage	ge staff development. his or her exemplary
		ividual	42 Number of Ticket(s)/ Passes	To reward a	County employee for	ge staff development. his or her exemplary ge staff development.
		ividual	Number of Ticket(s)/	To reward a service to th Cerer	County employee for e public or to encoura Identify one of the f nonial Role Other tking :Ceremonial Role" or "Other" de	ge staff development. his or her exemplary ge staff development. ollowing:
	(Last, Fi	ividual	Number of Ticket(s)/ Passes	To reward a service to th Cerer If chec To reward a the public Cerer If chec To reward a	County employee for le public or to encoura identify one of the f nonial Role Other de a community volunteer monial Role Other de	ge staff development. his or her exemplary ge staff development. ollowing: Income for his or her service to Income Income
	(Last, Fil Faltings, Maryalice	ividual (st) Prganization	Number of Ticket(s)/ Passes 8	To reward a service to th Cerer <i>If chec</i> To reward a the public Cerer <i>If chec</i> To reward a the public	County employee for le public or to encoura identify one of the f identify one of the f nonial Role Other c is community volunteer monial Role Other c is community volunteer	ge staff development. his or her exemplary ge staff development. ollowing: Income for his or her service to Income scribe below:
	(Last, Fil Faltings, Maryalice Piazza, Nat	ividual (st) Prganization	Number of Ticket(s)/ Passes 8 10 Number of Ticket(s)/	To reward a service to th Cerer <i>If chec</i> To reward a the public Cerer <i>If chec</i> To reward a the public	County employee for le public or to encoura identify one of the f identify one of the f nonial Role Other c is community volunteer monial Role Other c is community volunteer	ge staff development. his or her exemplary ge staff development. ollowing: Income scribe below: for his or her service to Income scribe below: for his or her service to

4. Verification

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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

	 Vener Bates	Supervisor's Assistant	July 16, 2018
3	 Print Name	Title	(month, day, year)
0 -			
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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
		Number	
В.	Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:
Hou	ston, Ken	10	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
Pere	z, Sonja	6	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
			To reward a community volunteer for his or her service to the public
Del I	Rio, Arturo	8	Ceremonial Role Other Income
		0	To reward a community volunteer for his or her service to the public
DeM	arcus, Erlene		Ceremonial Role D Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		2	To reward a community volunteer for his or her service to the public
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

	gency Report of: eremonial Role Even	ts and Tick	et/Pas	ss Dis	tributions	Α	Public Do	cument
1.	Agency Name					Date Stamp	California	202
	Alameda County						Form	002
	Division, Department, or Regi	on (if applicable)			· · · · · · · · · · · · · · · · · · ·		For Official	Use Only
	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Vener Bates, Supervisor's A	ssistant				Amendment (Must Pro	uido Evolopotion in	Part 2)
	Area Code/Phone Number	E-mail					ovide Explanation In	Fart 5.)
	510-272-6691	vener.bates@	@acgov.c	org		Date of Original Filing: _	(month, day, yea	r)
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes 🛛	No 🗌	Face Value of	Each Ticket/Pass \$ <u>15</u>	.00	
	Event Description: Alameda	County Fair			Date(s)6	<u>, 15 , 18</u>	7 , 8 ,	18
		Provide Titl	e/ Explanati	on	A Leves e el s	Osumtu Esia Deserd		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🖾	If no: Alameda	County Fair Board		
	Was ticket distribution made of agency official?	at the behest	Yes 🛛	No 🗍	If yes: <u>Alamed</u>	a County Supervisor S Official's Name (Last, First)	cott Haggerty	<u> </u>

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
			8
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Luna	, Mel	15	Ceremonial Role Other Income Income To promote attendance at an event held at a County facility in order to maximize County revenue from concession sale
Argu	ła, Vic	3	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

		Vener Bates	Supervisor's Assistant	July 16, 2018
Sig	inee	Print Name	Title	(month, day, year)
Conincia				



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.

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:
Calej	a, Angie	8	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to the public
Gree	n, Martel	12	Ceremonial Role Ceremonial Role" Other Ceremonial Role Income Income If checking "Ceremonial Role" or "Other" describe below:
			To promote attendance at a County sponsored event to maximize County revenue from parking and concession
Bette	ncourt, Val	8	Ceremonial Role D Other I Income I Income I Income
			to reward a community volunteer for his or her service to the public
Berna	ardin, Mark		Ceremonial Role Other I Income Income
		4	To reward a community volunteer for his or her service to the public
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
	5 27		

A Public Document

1 ^~	Inney Name				Data Stama	California 0.00
_	ency Name				Date Stamp	California 802
	imeda County					For Official Use Only
ייוט	ision, Department, or Regi	ion (If Applicable)			
	ard of Supervisors					
Des	signated Agency Contact (Name, Title)				
Sa	rah Oddie					
Are	a Code/Phone Number	E-mail			Amenament (Must)	provide explanation in Part 3.)
(51	0) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Fu	nction or Event Infor	mation				
Doe	es the agency have a ticke	t policy?	Yes 🛛 No [Face Value o	of Each Ticket/Pass \$ _	500
	ent Description Maroon 5		5 , 01 , 18	////		
Eve		Provide Title/Expl	anation	Date(s)	//	
Ticł	ket(s)/Pass(es) provided b	v agency?	n State Warriors			
			Yes 🗌 No [—	Name of S	ource
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Chan				, VVIIma Official's Name	/l act_Eirst]
01	agency official?				Onicial S Name	
	cipients					
• Us	Use Section A to identify the agency's department or unit. Use Section B to identify an individ					
Α.	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)				lic purpose made pursuar	nt to the agency's policy
	· · · · · · · · · · · · · · · · · · ·		1 444(44)		<u> </u>	
B.	Name of Individu	al	Number of		Identify one of the follow	wing:
	(Lasl, First)		Ticket(s)/ Pass(es)			wing
0-	evelle Christenker				Other	Income
Cri	avalho, Christopher		4	-	nial Role" or "Other" describe below	
				To promote attendance at a(n) event held at a Cour order to maximize potential County revenue		
				Ceremonial Role	· · · · · · · · · · · · · · · · · · ·	
Bro	own, Siena				nial Role" or "Other" describe below	
			4	To promote attend	ance at a(n) event	held at a County facility in
				order to maximize	potential County reve	enue
C.	Name of Outside Organ		Number of Ticket(s)/	Describe the put	olic purpose made pursua	nt to the agency's policy
	(include address and de	scription)	Pass(es)			
4. Ve	erification			1		
	ve read and understand FPPC Regi	ulations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.

 Signature or Agency mean or Designee
 Sarah Oddie
 Supervisor's Assistant
 06.26.2018

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

Comment: ___

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County		- -	Form 0012		
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🗵 No [Face Value o	if Each Ticket/Pass \$ 🚢	312.50 ticket/\$40 park
	Event Description Basketbal	l Game		Date(s)6	, 03 _/ 18	1 1
	Event Description	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Golder	n State Warriors	
				Chan		urce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [If yes: Chan	, VVIIITid Official's Name (Last, First)
_					·	
3.	• Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify 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 Ticket(s)/		Identify one of the follow	vina:
	(Last, First)		Pass(es)			
	Lam, Marianne			Ceremonial Role	ial Role" or "Other	Income
			4+1p		anceevent held at a	County
						nueconcession sales
		· ·	-	Ceremonial Role	Other	income
			4+1p	If checking "Ceremor	nial Role" or "Other" describe below:	
		• _•	Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
						<u> </u>
					<u> </u>	<u></u>

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	06.26.2018
Agnature of Agency mean on Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

Alameda County Prom OUL Division, Department, or Region (if Applicable) Beard of Supervisors Prof Official Use City Beard of Supervisors Designated Agency Contact (Name, Title) Amendment, (Mail power septention in Par.3) Date of Original Filling: Amendment, (Mail power septention in Par.3) Date of Original Filling:	1.	Agency Name				Date Stamp	California 802		
Division, Department, or Region (If Applicable) Par Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6693 sarah.oddie@acgov.org 2. Function or Event Information sarah.oddie@acgov.org Does the agency have a ticket policy? Yes IN No Provide Tale@cplanation Pace Value of Each Ticket/Pass \$ Provide Tale@cplanation Date (s) Provide Tale@cplanation Date(s) Vas socient As dentify the agency's department or unit. • Use Section A to identify an outside organization. A. Name of Agency, Department or Unit Taketey Pass(es) Describe the public purpose made pursuant to the agency's policy Butcher, Amy 2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales Left, Estial 2 <tr< th=""><th></th><th>•</th><th></th><th></th><th></th><th></th><th>A DESCRIPTION OF THE OWNER OF THE</th></tr<>		•					A DESCRIPTION OF THE OWNER OF THE		
Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number E-mail (510) 272-6693 sarah.oddie@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$ \$20 Event Description Basketball Game Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes X Was ticket distribution made at the behest No of agency official? If no: Golden State Warriors Name of Source Vas ticket distribution made at the behest No Yes X Yes X . Use Section A to identify the agency's department or unit. • Use Section B to identify an outside organization. A. Name of Individual Number of Ticket(s) Butcher, Army 2 Caremonial Role Other Income # section Caremonial Role Other Income Income # section Toket(s) Pase(es) Caremonial Role Other Income <				For Official Use Only					
Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number E-mail (510) 272-6693 sarah.oddie@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$ \$20 Event Description Basketball Game Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes X Was ticket distribution made at the behest No of agency official? If no: Golden State Warriors Name of Source Vas ticket distribution made at the behest No Yes X Yes X . Use Section A to identify the agency's department or unit. • Use Section B to identify an outside organization. A. Name of Individual Number of Ticket(s) Butcher, Army 2 Caremonial Role Other Income # section Caremonial Role Other Income Income # section Toket(s) Pase(es) Caremonial Role Other Income <		Board of Supervisors							
Sarah Oddie			ne, Title)						
Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org Date of Original Filing: 			,						
(510) 272-6693 sarah.oddle@acgov.org Date of Original Filling:					······································	Amendment (Must p	provide explanation in Part 3.)		
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$\$20 Event Description Basketball Game Date(s) 06 06 18				<u> </u>		Date of Original Filing:			
Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$				@acgov.org		Bato of original range	(Month, Day, Year)		
Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass 3 Event Description Basketball Game Date(s) 06 06 18 Provide Title/Explanation Date(s) 06 06 18	2.						\$20		
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Income B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Left, Estial Caremonial Role Other Income Butcher, Amy 2 Caremonial Role Other Income Income It to promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales Caremonial Role Other Income It to econg "Caremonial Role Other Income Income Income Income It checking 2 Describe the public purpose made pursuant to the agency's policy Income Income It checking Caremonial Role Other Income Income It checking "Caremonial Role" or "Other" describe below: To promote attendanceevent held at a County Income It checking "Caremonial Role" or "Other" describe below: To promote attend			-	Yes 🛛 No [Face Value c	of Each Ticket/Pass \$ _			
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Income B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Left, Estial Caremonial Role Other Income Butcher, Amy 2 Caremonial Role Other Income Income It to promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales Caremonial Role Other Income It to econg "Caremonial Role Other Income Income Income Income It checking 2 Describe the public purpose made pursuant to the agency's policy Income Income It checking Caremonial Role Other Income Income It checking "Caremonial Role" or "Other" describe below: To promote attendanceevent held at a County Income It checking "Caremonial Role" or "Other" describe below: To promote attend		Event Description Basketball Ga	ame		Date(s)6	<u>, 06 , 18</u>	///		
Was ticked distribution made at the behest of agency official? No Yes If yes: Chan, Wilma 0fficial? Official?s Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Butcher, Amy 2 Ceremonial Role Other It is becking "Caremonial Role Other Income It is becking "Caremonial Role Othe		Pr	ovide Title/Exp	lanation					
Was ticket distribution made at the behest of agency official? No Yes X If yes: Chan, Wilma Official's Name (Last, First) Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(sy) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(sy) Describe the public purpose made pursuant to the agency's policy Butcher, Amy 2 Ceremonial Role Other Income If adexing "Corranonial Role" or "Other" describe below: To promote attendance event held at a County facilitymaximize potential County revenueconcession sales Lett, Estial 2 Ceremonial Role Other Income 1 2 To promote attendance event held at a County facilitymaximize potential County revenueconcession sales C. Name of Outside Organization Number of Ticket(sy) Describe the public purpose made pursuant to the agency's policy		Ticket(s)/Pass(es) provided by a	gency?	Yes 🗌 No 🛛	If no: Golder	n State Warriors			
of agency official? Chickers Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Butcher, Amy 2 Ceremonial Role Other Income Identifymaximize potential County revenueconcession sales Ceremonial Role Other Income Lett, Estial 2 Ceremonial Role Other Income C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				· · · Lagend w			burce		
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(as) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(as) Identify one of the following: Butcher, Amy 2 Ceremonial Role Other Income Identify commonal Role Other Income Lett, Estial 2 Ceremonial Role Other C. Name of Outside Organization 2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales C. Name of Outside Organization			ne behest	No 🗌 Yes [🛛 If yes: <u>Chan</u>	, VVIIMa Official's Name (Tast First)		
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)' Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, Fired) Number of Ticket(s)' Identify one of the following: Butcher, Amy 2 Ceremonial Role Other Income It cleat, Fired 2 Ceremonial Role Other Income <tr< th=""><th></th><th>of agency official?</th><th></th><th></th><th></th><th>Unicial's Name (</th><th></th></tr<>		of agency official?				Unicial's Name (
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B. Name of Individual (Last, Firat) Ticket(s)/ Pass(es) Identify one of the following: Butcher, Amy Ceremonial Role Other Income Butcher, Amy 2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales Lett, Estial 2 Ceremonial Role Other Income 2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales Lett, Estial 2 To promote attendanceevent held at a County facilitymaximize potential Role Income C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy									
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Butcher, Amy It checking "Ceremonial Role" or "Other" describe below: 2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales Lett, Estial 2 2 Ceremonial Role		B. Name of Individual (Last, First)		Ticket(s)/		Identify one of the follow	ving:		
2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales Lett, Estial 2 Ceremonial Role □ Other □ Income □ 2 1/2 To promote attendanceevent held at a County revenueconcession sales Ceremonial Role □ Other □ Income □ Income □ 1/2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy									
Lett, Estial 2 Ceremonial Role		Butcher, Amy		2					
Lett, Estial 2 Ceremonial Role Other Income 2 If checking "Ceremonial Role" or "Other" describe below: To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				-	To promote attendanceevent held at a County facility maximize potential County revenueconcess		County nueconcession sales		
2 To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy					•				
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		Lett, Estial		2	-				
(include address and description) Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				2	To promote attendanceevent held at a County facilitymaximize potential County revenueconcession				
2		C. Name of Outside Organization (include address and description)		Ticket(s)/	Describe the pu	blic purpose made pursuan	it to the agency's policy		
28									
2									
		24							

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	06.26.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form 002			
	Division, Department, or Reg	ion (If Applicable			For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Sarah Oddie						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693		@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation					
[Does the agency have a ticke	t policy?	Yes 🛛 No [Face Value o	f Each Ticket/Pass \$ _	90/\$20 park	
F	Event Description Baseball g	jame		Date(s)	5 , 08 , 18	///////	
		Provide Title/Exp	lanation				
-	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	🛛 If no: <u>Oakla</u> i	nd A's Name of Sol		
,	Was ticket distribution made a	t the behact		If yes: Chan			
,	of agency official?	at the benest	No 🗌 Yes [X If yes:	Official's Name (l	ast, First)	
3	Recipients				·····		
	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	tify an outside organization.	
-	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
				·	×		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Dense dia				Other	Income	
	Dagenais, Alison		2+p	If checking "Ceremonial Role" or "Other" describe below: To promote attendanceevent held at a County		County	
					potential County rever		
				Ceremonial Role if checking "Ceremon	Cther nial Role" or "Other" describe below:	Income	
			2+p				
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy	
		·· _· ·· •· _ .					
4	Verification	· · · · ·			······································		

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

	Sarah Oddie	Supervisor's Assistant	06.26.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

001011						A rubic Document
1. Ager	ncy Name		Date Stamp	California 802		
	eda County			Form 002		
Divisio	on, Department, or Regi	on (if Applicable		For Official Use Only		
Board	d of Supervisors)+
	nated Agency Contact (Name, Title)				
Sarat	n Oddie					
	Code/Phone Number	E-mail		·····		provide explanation in Part 3.)
(510)	272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Fund	ction or Event Inform	nation				
Does	the agency have a ticke	t policy?	f Each Ticket/Pass \$ _	90		
Event	Description Baseball g	ame	<i>,</i> 08 , 18	//		
LVent		Provide Title/Expl				
Ticket	(s)/Pass(es) provided by	y agency?	If no: Oaklar	nd A's Name of Si	2450	
Maati	icket distribution made a	ttha habaat		Chan		Jurce
	jency official?	it the benest	No 🗌 Yes [If yes: <u>Chan</u>	Official's Name	(Last, First)
3. Reci	nionte			· · · · · · · · · · · · · · · · · · ·		
	Dection A to identify the agenc	/'s department or	unit. • Use Sec	tîon B to identify an individ:	ual. • Use Section C to ide	ntify an outside organization.
Α.	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	et(s)/ Describe the public purpose made pursuant to the ag		nt to the agency's policy
В.	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	· · · · · · · · · · · · · · · · · · ·				🗌 , Other 🔲	Income
Ma, V	Vanmey		2		ing "Ceremonial Role" or "Other" describe below:	
					anceevent held at a potential County reve	nueconcession sales
		25	2		Other describe below	Income
<u>С</u> .	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua:	nt to the agency's policy
4. Verit	fication			I		
l have r	And and understand EDDC Page	llations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.

Signature of Agency Head or Designee Sarah Oddie Supervisor's Assistant 06.26.2018 V Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (If Applicable	<i>;)</i>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)	·····		1	
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pl	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🗵 🛛 No [Face Value o	f Each Ticket/Pass \$ _	40
	Event Description Baseball game Date(s			Date(s) 06	<u>, 09 , 18</u>	1 1
		Provide Title/Exp	lanation	Date(3)		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Oaklar	nd A's Name of So	urce
						urua
	Was ticket distribution made at the behest No I Yes X of agency official?			🛛 If yës: <u>Chan</u>	Official's Name (I	Last, First)
		· · · · · · · · · · · · ·				ē 6
3.	• Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to idem	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		olic purpose made pursuant	
			Pass(es)			
					· · · · · · · · · · · · · · · · · · ·	
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)		Pass(es)		2	
	Millor Kristi			Caremoniai Role		
	Miller, Kristi		2		nial Role" or "Other" describe below: Junity volunteer for his	or her service to the
ÊÎ.				public	iunity volunteer for his	OF HER SERVICE LU LITE
		<u> </u>		Ceremonial Role	Other	Income
			2		hial Role" or "Other" describe below:	
			2			
		· · · · · · · · · · · · · · · · · · ·				
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
			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.

	Sarah Oddie	Supervisor's Assistant	06.26.2018
Signature 6I Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:		· · · · · · · · · · · · · · · · · · ·	

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

A Public Document

					2	
1.	Agency Name				Date Stamp	California 802
Alameda County				Form 002		
	Division, Department, or Region (If Applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	1	<u> </u>			(Monar, Day, Toar)
	Does the agency have a ticke		Yes 🛛 No [f Each Ticket/Pass \$	78 ticket/20 parking
	- ,	· •			, 13 , 18	
	Event Description Baseball g	Provide Title/Expl	anation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No [If no: Oaklar	nd A's	
	noner(a)/i daa(ca) provided b	y agency:	Yes 🗌 No [<u></u>	Name of Sou	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes [If yes: Chan	, Wilma	
	of agency official?				Official's Name (L	.ast, First)
	Use Section A to identify the agence A. Name of Agency, Department		unit. • Use Sec Number of Ticket(s)/ Pass(es)		al. • Use Section C to ident	
	B. Name of Individu	al	Number of		Identify one of the follow	ing:
	(Last, First)		Ticket(s)/ Pass(es)			ng.
				Ceremonial Role If checking "Ceremon	☐ Other ☐ iai Role" or ¹ Other" describe below;	Income
				Ceremonial Role If checking "Ceremor	Other Cher Cher describe below:	Income
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	Building Futures w/ Womer 1395 Bancroft Ave, San Le		18+3p	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions
	Domestic violence shelters org on ending domestic vio					
A	Varification					

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	06.26.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

Ceremonial Role Events and Ticket/Pass Distributions					A Public Document	
1. A	gency Name				Date Stamp	California 802
А	lameda County					Hermit
D	ivision, Department, or Reg	ion (If Applicable)			For Official Use Only
R	loard of Supervisors					
	esignated Agency Contact	(Name, Title)			-	
_	Sarah Oddie				Amendment (Must	provide explanation in Part 3.)
	rea Code/Phone Number	E-mail	@		Date of Original Filing:	
· ·	510) 272-6693	sarah.oddie((Month, Day, Year)
	unction or Event Infor					40
	oes the agency have a ticke		Yes 🛛 No		of Each Ticket/Pass \$ _	
E	vent Description <u>Baseball</u>	game		Date(s)0	5 <u>15</u> 18	///
		Provide Title/Expl	anation	Oakla	nd A's	
Т	icket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Oakla	Name of S	ource
١٨	Vas ticket distribution made	at the hehest		If yes: Char	, Wilma	
	Was ticket distribution made at the behest No 🗌 Yes 🖾 If yes: Chan, of agency official?		Official's Name	(Last, First)		
3. F	Recipients		····			
	Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
4	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)		Describe the pu	ublic purpose made pursuant to the agency's policy		
E	3. Name of Individu (Last, First)	lal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
-	_am, Marianne			•	D Other nial Role" or "Other" describe below	
			2		ianceevent held at a potential County reve	a County nueconcession sales
-		· · · · · · · · · · · · · · · · · · ·	2	Ceremonial Role If checking "Ceremo	Other D	Income [
Ċ	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
_						

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	06.26.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

1.	Agency Name		<u></u> .	Date Stamp	California 002
	Alameda County				Form 802
	Division, Department, or Region (If Applicable)		· · · · · · · · · · · · · · · · · · ·		For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Sarah Oddie				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693 sarah.oddie@)acgov.org		Date of Original Filing: _	(Month. Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗵 No [Face Value c	of Each Ticket/Pass \$	40
	Event Description Baseball game		Data(s) 06	8 , 16 , 18	1 1
	Provide Title/Explan	nation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No [If no: Oaklar	nd A's Name of Sou	
			Chan		ince
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes [If yes: Chan	Official's Name (Last, First)	
		······		·	
3.	• Use Section A to identify the agency's department or up	nit. • Use Sec	tion B to identify an individe	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	plic purpose made pursuant	to the agency's policy
	·······				
			•	F	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
)	Other	Income
			If checking "Ceremor	nial Role" or "Other" describe below:	
			Ceremonial Role If checking "Ceremon	Other Inter of the below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	Lend a Hand Foundation, 7730 Pardee Ln, Oakland, CA 94621	2	To reward a schoo to the community	ol or nonprofit organiza	tion for its contributions
_	Foundation for programs to serve low-income/at-risk youth & families		=		

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	06.26.2018
Signature or Agency meau or Susignee	Print Name	Title	(Month, Day, Year)

Comment:

A Public Document

1.	Agency Name				Date Stamp	California 000
	Alameda County			Bate etamp	Form 802	
	Division, Department, or Region (If Applicable)				For Official Use Only	
	Division, Department, or Neg		<i>י</i> י (י			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail	<u> </u>		. Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	🗖 🛛 🛛 Face Value o	f Each Ticket/Pass \$	90 ticket/20 park
	Event Description Baseball g	ame Provide Title/Expl	1	Date(s)06	. 17 , 18	//
		Fronde mierezpi	anation	Ooklar	ad A'a	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No [🛛 lf no: Oaklar	Name of Sour	се
	Was ticket distribution made a	t the behast		If yes: Chan		
	of agency official?	at the benest	No 🗌 Yes	X If yes:	Official's Name (La	ast, First)
ä	Destruisante			······································		
э.	• Use Section A to identify the agenc:	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identif	y 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	o the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)	· .	Identify one of the followin	ıg:
				Ceremonial Role	Other	Income
	Raich, Robert		12+2p	-	ial Role" or "Other" describe below:	
			12,2P		anceevent held at a C potential County revenu	
				Ceremonial Role	ial Role" or "Other" describe below:	Income
			12+2p	in checking Ceremon		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant t	o the agency's policy
			Pass(es)			
	Alameda Homeless Networ 951, Alameda, CA 94501	k, P.O. Box	6+1p	To reward a school to the community	l or nonprofit organizati	on for its contributions
	Domestic violence shelter				<u> </u>	
	-					5

4. Verification

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

 	Sarah Oddie	Supervisor's Assistant	06.26.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable)		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		· · · · · · · · · · · · · · · · · · ·	1	
	Sarah Oddie				2
	Area Code/Phone Number E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693 sarah.oddie@	Dacgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
		Yes 🗵 No [- Face Value c	of Each Ticket/Pass \$	40
	Event Description Baseball game		Date(s)	6 , 29 , 18	1 1
	Event Description Provide Title/Expla	nation	Date(s)	/	/
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Oakla	nd A's	
				Name of Sou	ırce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes [If yes: Chan	I, VVIIMA Official's Name (L	ast First)
_					alan,
3.	• Use Section A to identify the agency's department or u	init. • Use Sec	tion 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 put	olic purpose made pursuant	to the agency's policy
	.^			10	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremon	Other Other Other Cther describe below:	Income
			Ceremonial Role If checking "Ceremo	Dther niel Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	Alam. Cty Hlth Care for Homeless, 1404 Franklin St, Suite 200, Oakland 94612	2	To reward a schoo to the community	ol or nonprofit organiza	tion for its contributions
	Health care services organization for homeless individuals				

4. Verification 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	06.26.2018
	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

A Public Document

1.	Agency Name			· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@	Dacqov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor				· · · · · · · · · · · · · · · · · · ·	(monun, Day, Year)
	Does the agency have a ticke	t policy?	Yes 🗵 No 🛛	Face Value c	of Each Ticket/Pass \$	40
	Event Description Baseball				30 <u>18</u>	
	Event Description	Provide Title/Expla	nation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗋 No [If no: Oaklar	nd A's	· · · · · · · · · · · · · · · · · · ·
					Name of Sou	irce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: <u>Chan</u>	, VVIIma Official's Name (L	ast First
_						aoi, + noiy
3.	• Use Section A to identify the agence	y's department or u	ınit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
				·		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
					Other	Income
				If checking "Ceremor	nial Role" or ["] Other" describe below:	
				Ceremonial Role If checking "Ceremor	Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the put	plic purpose made pursuant	to the agency's policy
	(include address and de	scription)	Pass(es)			
	Lend a Hand Foundation, 7 Ln, Oakland, CA 94621	730 Pardee	2	To reward a schoo to the community	l or nonprofit organizat	tion for its contributions
	Foundation for programs to low-income/at-risk youth &					

4. Verification

I have read and understand COCC 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	06.26.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment			

A Public Document

1.	Agency Name	<u></u>		Date Stamp	California 002
	Alameda County				Form OUZ
	Division, Department, or Region (If Applicable	ə)	· · · · · · · · · · · · · · · · · · ·	1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			4	
	Briana Brown				
	Area Code/Phone Number E-mail			Amendment (Must pro	wide explanation in Part 3.)
	5102726618 briana.brow	n2@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	of Each Ticket/Pass \$	304.80
	Event Description Warriors			<u> </u>	
	Provide Title/Exp	lanation	Date(s)		////
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	lf no: <u>Golde</u>	n State Warriors Name of Sour	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes:	Official's Name (La	ast, First)
3.	Recipients				······································
	• Use Section A to identify the agency's department or		to identify an individ	ual, • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		plic purpose made pursuant t	
	D5 .	4	To reward a bis or bor ov	County employee for	pr
			– public or to e	emplary service to the templary service to the templar	ne
			developmen	t;	
	B. (Last, First) (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:
			Ceremonial Role , If checking "Ceremon	Other Dilal Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremon	Other Die Other Die Delow:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
4.	Verification 1				
	ulations 18944.1 and	d 18942. I have verified t	hat the distribution set f	forth above, is in accordance with	the requirements.
	<u> </u>	Briana Brown		Supervisor's Assistant	06/01/2018
	gnee	Print Name		Title	(Month, Day, Year)
	Comment:				
	Comment:		<u> </u>		FPPC Form 802 (4

A Public Document

1	Agency Name					
••					Date Stamp	California 802
Alameda County						Form 002 For Official Use Only
	Division, Department, or Reg	ion (If Applicable)			For Official Ose Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)	• • • • • • • • • • • •			
	Briana Brown					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	5102726618	briana.browr	n2@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No 🛛	_ Face Value o	f Each Ticket/Pass \$ _	20
	Event Description Warriors			D-4-(-) 06	618	06 , 08 , 18
	Event Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No 🛙	a _{If no} . Golder	n State Warriors	
		y agonoy .			Name of S	ource
	Was ticket distribution made a	at the behest	No 🗌 Yes 🕻	If yes:	Official's Name	······································
	of agency official?			14	Official's Name	(Last, First)
3.	Recipients					
	 Use Section A to identify the agence 	y's department or	1	ion B to identify an individu	al) • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's poli				
			1 433(63)			
	······································					
	B. Nemerounder	1	Number of	· · · · · · · · · · · · · · · · · · ·		
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	Other	Income
	Delania Johnson		4	If checking "Company,	l Role" or "Other" describe below:	
					nmunity volunteer	
				he	r service to the pul	blic; Income 🗌
			191			
	C. Name of Outside Organ	rization	Number of			
	(include address and des	scription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	it to the agency's policy
					- · · · · · · · · · · · · · · · · · · ·	
-	N/ 101 /1					
ŧ.	Verification					

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

Signature of Agency Head or Designee		Briana Brown	Supervisor's Assistant	06/01/2018	
	2	Print Name	Tille	(Month, Day, Year)	
Comment:					
				FPPC Form 802 (4/12)	

1. Agency Name			Distributions		A Public Document
• •				Date Stamp	California 802
Alameda County Division, Department, or Reg	ion (If Applicable				Form OUZ 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.browr	12@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Infor	mation				
Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	309,00
Event DescriptionBaska	Provide Title/Expla	anation	Date(s)	03,18	304,80 _:06/06/18
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Gol	den State wei Name of So	urce
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes:	Official's Name (i	Last, First)
3. Recipients • Uses Section A to identify the agents	en degantas-ot on t	init) <u>eUse</u> ise	then B to use offer an individ	• Use Section C to iden	tify an outside organization.
A. Manual Association		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
D5		4	to reward a Con Service 18 A	uble or to enc	orus success develop
B. Nancas university (Last, F/rot)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Delanica Johnso	n	4	Ceremonial Role	D Other describe below;	Income
			Ceremonial Role	event or event held	nce at a County sponsored at a County facility in order al County revenue from sion sales;
C. Name of Outside Organ	ization	Number of			н.
(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				10	
l. Verification				- and the second se	

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.

	Briana Brown	Supervisor's Assistant	
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)
Comment:			
			FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

_						110		A Public	Document
1.	Agency Name						Date Stamp	Californ	^{ia} 802
	Alameda County							Form	002
	Division, Department, or Reg	ion (If Applicabl	e)					For Offic	ial Use Only
	Board of Supervisors						8		
	Designated Agency Contact	(Name, Title)					-		
	Briana Brown								
	Area Code/Phone Number	E-mail		_			Amendment (Must	provide explanatio	n in Part 3.)
	5102726695	briana.brow	n2@acgov.c	org			Date of Original Filing:	Ale alle D	
2	Function or Event Infor	mation			<u> </u>	nan tata ba		(Month, Day,	Year)
	Does the agency have a ticke	et policy?	Yes 🛛 No		Face \	/alue o	of Each Ticket/Pass \$ _	_ 35	
	Event Description BaseBall	Game				1	,7,18	1	10
	Event Description	Provide Title/Exp	lanation		Date(s	s) _ •			18
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	N	lf no:	Oaklar	nd Athletics		
							Name of Sc	ource	
	Was ticket distribution made a	at the behest	No 🗌 Yes	\times	If yes:				
	of agency official?						Official's Name (Last, First)	
	Recipients • Use Section A to dentify the agence A.		unit) whee Se Number of Ticket(s)/	ellong Fin			ial, • Use Section C to iden		
			Pass(es)						
	P5		YE	TO TO SELLY	eward Nee to	Couni Publ	HE 5 mplotes to lic or to encou	or them ex	deniophe
	1		-						
	B. (Last, First)		Number of Ticket(s)/ Pass(es)				Identify one of the follow	ing:	
	Richard Harwood				Ceremonia				Income
			2		if checking '	"Ceremonia	al Role" or "Other" describe below		
					To prom	ote atte	endance at a County s	ponsored	
	Lynn mc.Bride				event or	event	neld at a County facility	/in.order -	
			2		parking a	and cor	tential County revenue ncession sales;	from	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)		- Describe t	he publ	ic purpose made pursuant	to the agency's	policy
Financia	Verification						and a second		

4. Verification

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

Signature of Agency Hood or Devices	Briana Brown	Supervisor's Assistant	03/31/2018	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)	
Comment: + Parking Pass				

Agency Rep	oort of:			
Ceremonial	Role Events	and	Ticket/Pass	Distributions

1. Agency Name		iscibutions		A Public Documen
÷ •			Date Stamp	California 802
Alameda County Division, Department, or Region	/15 A (t). 1. 3			For Official Use Only
bivision, bepartment, or Region	(іт Арріісавіе)			For Chical Use Only
Board of Supervisors				
Designated Agency Contact (Nar	ne, Title)			
Briana Brown				
Area Code/Phone Number E-	maii		Amendment (Must provid	de explanation in Part 3.)
5102726695 br	iana.brown2@acgov.org		Date of Original Filing:	
2. Function or Event Informa				(Month, Day, Year)
Does the agency have a ticket po		Face Value o	f Each Ticket/Pass \$	35
· · ·		(11 10	
Event Description BaseBall Gar	ovide Title/Explanation	Date(s)		//
Ticket(s)/Pass(es) provided by a		lf no: Oaklar	d Athletics	
never(s)/Pass(es) provided by a	gency? Yes 🗌 No 🔀		Name of Source	
Was ticket distribution made at th	ie behest 🛛 No 🗌 Yes 🖂	If yes:		
of agency official?		n yes	Official's Name (Last,	First)
A. Hans of Astrony, Departments	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to t	he agency's policy
	Number of			
B. <u>Name of Institution</u> (Last. First)	Ticket(s)/ Pass(es)		Identify one of the following:	
Greg Bookings			Other	Income
	4		al Role" or "Other" describe below:	accord
			tendance at a County spor theld at a County facility in	
		to maximize p	otential County revenue fro	
		parking and co	oncession sales;	Income
C. Name of Outside Organizati		Described in the		
(include address and descript	ion) Ticket(s)/ Pass(es)	Describe the public	ic purpose made pursuant to th	ne agency's policy
	· · · · · · · · · · · · · · · · · · ·			
. Verification			Construction of the second	

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.

	Briana Brown	Supervisor's Assistant	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			
		FPPC Toll-Free Helpline: 866/4	FPPC Form 802 (4/12) SK-FPPC (866/275-7772)

1	Agency Name			Distributions		A Public Documen
••					Date Stamp	California 802
	Alameda County Division, Department, or Reg	ion (If Annihash	(-)			Form OOZ For Official Use Only
	Division, Department, of Reg	ion (II Applicad	ile)			for onicial 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.brow	vn2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				(Mohan, Day, Year)
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	90
	Event Description BaseBall	Game		/	, 15 , 18	(- 11 /B
	Event Description	Provide Title/Exp	olanation	Date(s)		6,16,18
	Ticket(s)/Pass(es) provided b	v agency?		If no: Oaklar	nd Athletics	
		y agonoy.	Yes 🗌 No		Name of So	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes	⊠ If yes:		· · ·
	of agency official?			·	Official's Name (i	Last, First)
	Recipients • Use Section Are identify the science A.		Number of Ticket(s)/ Pass(es)		Use Section C to iden	
				-		
	B. (Last; First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Mikela Johnsor	1	_	Ceremonial Role	Other	Іпсоте
			7	If checking "Ceremon	ial Role" or "Other" describe below:	
					92	
				io promote atte	endance at a County sp neld at a County facility	onsored
				to maximize por parking and cor	Childi County revenue	In order Income [from
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Oakland Tech		4	reward a sc	hool or nonprofit	
	,	5		organization for the commu	or its contributions	
4.	Verification				in ingrana in analysis and a sugar and a	

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.

	Briana Brown	Supervisor's Assistant	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment: + PP			
			FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

-							A Publi	c Document
1.	Agency Name					Date Stamp	Califor	
	Alameda County						Form	002
	Division, Department, or Reg	ion (If Applicable	9)				For Of	icial Use Only
	Board of Supervisors							
	Designated Agency Contact (Name, Title)							
		rvanio, miej						
	Briana Brown					Amendment (Must pro		en in Deut Di
	Area Code/Phone Number	E-mail					onue explanau	on in Part 3.)
	5102726695	briana.brow	n2@acgov.o	rg		Date of Original Filing: _	(Month, Day	Year
2.	Function or Event Inform	mation						<u>ව</u>
	Does the agency have a ticke	t policy?	Yes 🗵 No		Face Value of	f Each Ticket/Pass \$	- 40-	
	BaseBall Gamo			1	29,18			
	Event Description	Provide Title/Exp	nlanation		Date(s)	<u> </u>	/	
	Ticket(e)/Deee/ee) are ided by				If no: Oaklan	id Athletics		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	X	If no: Outline	Name of Sou	rce	
	Was ticket distribution made a	it the behest	No 🗌 Yes		(f			
	of agency official?				If yes:	Official's Name (La	ast, First)	
2	Recipients			<u></u>				and the second
	Use Section A to identify the agence A. Name of August Displayers		Number of			• Use Section C to identi		
			Ticket(s)/ Pass(es)	J	cacine die publ	ic purpose made pursuant (o the agency	's policy
	B. Mane of Deducing		Number of Ticket(s)/ Pass(es)			Identify one of the followin	ıg:	
				C	eremonial Role	Other		Income
				ff	^r checking "Ceremonia	al Role" or "Other" describe below:		
						^н в		
	·····							
					eremonial Role			Income
				"		al Role" or "Other" describe below:		
					health, n	notivate and provide e		
	O Newsork October		Number of					
	C. Name of Outside Organi (include address and desi		Ticket(s)/	D		USabled undornal.	ilened	policy
	Health cure For Home	LAGE	Pass(es)		niors and	youth in foster care.	gea,	
			B					
	Lend A Hand GA	LA	4			nonprofit organizatio ntributions to the com		
4.	Verification	· · · · · · · · · · · · · · · · · · ·	<u>a an an an an an an</u>		a			

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.

	Briana Brown	Supervisor's Assistant	03/31/2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment: +2 PP			
			FPPC Form 802 (4/12

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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Agency Report of: Ce 1. /

Ceremonial Role Events and Ticket/Pass Distributions						A Public Documen		
1.	Agency Name				Date Stamp	California 000		
	Alameda County					Form 802		
	Division, Department, or Reg	ion (If Applicabl	(e)			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.brow	n2@acgov.org		Date of Original Filing:	(Month, Day, Year)		
	Function or Event Information				1			
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$ _	90		
	Event Description BaseBall Game Provide Title/Explanation		lanation	Date(s)	, 29,18	//		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	lf no: Oaklar	nd Athletics Name of Sol	urce		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	lf yes:	Official's Name (I	Last, First)		
). 	Recipients • Use Section A to identify, the agenc	y s department of	unity • Use Section F	a <u>to identify an individ</u>	ual: • Use Section C to iden	tify an outside organization.		
	A. Ming of Agency Departure	net w dady	Number of Ticket(s)/ Pass(es)		nlic purpose made pursuant			

A. Asta of the beganning of the	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
P5	4	To reward county employee for their one mplane Service to the Publice or to encountable staff development			
B. Name of individual	Number of Ticket(s)/	Identify one of the following:			
	Pass(es)	Ceremonial Role . Other . Income . Income			
		Ceremonial Role Conter Conter 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			
youth Alive	6	reward a school or nonprofit organization for its contributions to the community;			

4. Verification

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

	Briana Brown	Supervisor's Assistant	03/31/2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment: + PP			
			EDDC Form 800 (114)