A Public Document

1.	Agency Name				Date Stamp	California 002
	Alameda County				Date Stamp	Form 802
	Division, Department, or Region (If Applicable)					For Official Use Only
	Striefen, Department, of Regio	n (n Applicable				
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)		· · · · · · · · · · · · · · · · · · ·		
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	ation			I	
	Does the agency have a ticket policy? Yes X No Face Value o				f Each Ticket/Pass \$	\$40
	Event Description Baseball ga	me		08	, 01 , 18	, ,
	Event Description	Provide Title/Expla		/		
	Oaklan				nd A's	
	Hore((3)/1 235(C3) provided by	agency	Yes 🗌 No 🛛		Name of Sou	rce
	Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Chan	Wilma	
	of agency official?			,	Official's Name (Last, First)	
3.	Recipients	if	- · · · · · · · · · · · · · · · · · · ·		2	
	Use Section A to identify the agency's	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic 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	ng
				Ceremonial Role	Other	Income
				lf checking "Ceremon	al Role" or "Other" describe below:	
				-		
				Ceremoníal Role	Other	
			,		ial Role" or "Other" describe below:	
	C Name of Outside Organiz	votion	Number of			
	(include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	St. Gerard Women's Club, 26 Lewelling Blvd., San Lorenzo		2		anceevent held at a C ootential County revenu	
	Women's social and fundrais John's Parish	ing for St.				
A	Verification		· · · · ·			

4. Verification

I hav Aread and understand CODC 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	09.04.2018
/	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

_			1001 000	Distributions		A Public Document
1.	Agency Name Alameda County				Date Stamp	California 802
	Division, Department, or Reg	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Sarah Oddie					<u> </u>
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddied	@acqov.org		Date of Original Filing: _	(Marth Day Var)
2.	Function or Event Infor		<u> </u>	-		(Month, Day, Year)
	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	45
	Event Description Baseball g	Provide Title/Expl	anation	Date(s)		//
	Ticket(s)/Pass(es) provided b			If no: Oakla	nd A's	
	noket(a)/r ass(es) provided b	y agency:	Yes 🗌 No		Name of Sou	irce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?				Official's Name (L	ast, First)
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individu	al	Number of			-
	U. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Lam, Marianne		2	To promote attend	Other D nial Role" or "Other" describe below: anceevent held at a (potential County revent	
			2	Ceremonial Role		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	09.04.2018
 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 Division, Department, or Region (If Applicable)				Date Stamp	Form 802
						For Official Use Only
	bitioion, bepartment, of Key	on (ii Appiloabi				
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail		. <u></u>	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket policy? Yes 🛛 No 🗂 Face Valu				f Each Ticket/Pass \$ _	100 suite/20 parking
	Event Description Baseball g	ame			. 04 . 18	///
	Event Description	Provide Title/Exp	lanation	Date(s)		/
	Ticket(s)/Pass(es) provided by	(ageney?		If no: Oaklar	nd A's	
	Hokel(3)// d33(e3) provided by	agency	Yes 🗌 No		Name of So	urce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan	Wilma	
	of agency official?				Official's Name (Last, First)	
3.	Recipients	·····	· · · · · · · · · · ·	61 · · · ·		
	Use Section A to identify the agency	/'s department or	runit. • Use Sec	tion B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
						······
	B. Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			1 455(55)	Ceremonial Role	Other	Income
	Hankerson, Jennifer				al Role" or "Other" describe below:	
			4tx+1pk	To reward a community volunteer for his or her service to the public		
			4tx+1pk	Ceremonial Role If checking "Ceremon	Other I other all other other below:	Income
		C. Name of Outside Organization (include address and description)		Describe the pub	lic purpose made pursuan	t to the agency's policy
	N/ 181 / 1			1		

4. Verification

I have reard 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	09.04.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___

A Public Document

1.	Agency Name Alameda County Division, Department, or Region (If Applicable)				Date Stamp	California 802
						Form OOL
						For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name.Title)				
		(
	Sarah Oddie	1	Amendment (Must pi	ovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	~		Date of Original Filing:	
_	(510) 272-6693	sarah.oddie	@acgov.org	The second production of the second	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor					35
	Does the agency have a ticke		Yes 🛛 No [f Each Ticket/Pass \$	
	Event Description Baseball	jame		Date(s)08	<u>, 05 , 18</u>	//////
	1	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by agency? Yes D No X If no: Oaklar				nd A's Name of Sou	
					Milmo	
	Was ticket distribution made at the behest No I Yes I If yes: Chan of agency official?				, VVIIIIa Official's Name (L	ast First)
_						
3.	 • 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. 					
		y's department or	unit. • Use Sec Number of	tion B to identify an individu	Jal. • Use Section C to ident	lify an outside organization.
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			1 035(63)			
			Number of			
	B. Name of Individu	a	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	· · · · · · · · · · · · · · · · · · ·			Ceremonial Role	Other	Income
	McCormick, Mike		2	If checking "Ceremon	nial Role" or "Other" describe below:	
			2		anceevent held at a	
					potential County reven	ueconcession sales
					Other	Income
			2	If checking "Ceremor	nial Role" or "Other" describe below:	
			Number			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)			
4	Verification	····	1	1		

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

<u> </u>	Sarah Oddie	Supervisor's Assistant	09.04.2018
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	8			Form 802		
	Division, Department, or Region (If Applicable	e)		•	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Sarah Oddie						
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)		
	(510) 272-6693 sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information		6	I			
	Does the agency have a ticket policy?	Yes 🗵 No	🗂 🛛 Face Value o	f Each Ticket/Pass \$ _	100 ticket/20 parking		
	Event Description Baseball game		Date(s)8	, 07 , 18	/		
	Provide Title/Exp	lanation					
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd A's			
				Name of Se	ource		
	Was ticket distribution made at the behest No I Yes I If yes: Chan, of agency official?			, VVIIITIa Official's Name	(Last, First)		
2			· · · · · · · · · · · · · · · · · · ·				
э.	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		lic purpose made pursuan			
		Ticket(s)/ Pass(es)	Describe the pub		it to the agency a policy		
		Number of					
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the foilow	ving:		
			Ceremonial Role	Other	Income		
			If checking "Ceremon	ial Role" or "Other" describe below:			
			ð				
			Ceremonial Role If checking "Ceremon	Other D	income 🗌		
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	nt to the agency's policy		
	(include address and description)	Pass(es)					
	Oakland Community Organizations,5001 Foothill Blvd, Oakland, CA 9	6tx+1p	To reward a school to the community	l or nonprofit organiza	ation for its contributions		
	Community organizing organization in Oakland						
4.	Verification						
	I have read and understand EPPC Regulations 18944.1 an	id 18942. I have ve	rified that the distribution set f	orth above, is in accordance w	vith the requirements.		
		Sarah O	ddio	Cupanianda Andi-t-	at : 00.04.0019		

Comment: __

_						Act abile begainent	
1.	Agency Name				Date Stamp	California 202	
	Alameda County					Form OUZ	
	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 p	rovide 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 ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	100 ticket/20 parking	
	Event Description Baseball g	ame		Date(s)	, 07 , 18		
	Provide Title/Explanation Date(s)				//	///	
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	If no: Oaklar	nd A's		
					Name of So	urce	
	Was ticket distribution made at the behest No I Yes I If yes: Chan of agency official?			, Wilma Official's Name (I	ant Einth		
_	<i>k</i>		······			_dSi, F#Si)	
3.	Recipients						
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu				ial. • Use Section C to Iden	tity an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · ·		
						·····	
	B. Name of Individual Number of				11. <i>11</i>	· · · ·	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
		<u></u>		Ceremonial Role	Other	Income	
					ial Role" or "Other" describe below:		
				10			
	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	
	Girls Inc. of the Island City,	1794 Santa		To reword a sabaa		tion for its contributions	
	Clara Ave, Alameda, CA	1724 Jania	6tx+1p	to the community	or nonpront organiza	tion for its contributions	
					···· ··· ··· ··· ··· ··· ··· ··· ··· ·		
	Programs to inspire young g Alameda to be bold, strong,						
4.	Verification	94		<u></u>		G • B • • • • • • • • • • • • • • • • • • •	
		ılations 18944.1 a n	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.	
			Sarah Oo	ddie	Supervisor's Assistan	t 09.04.2018	
	Signature of Agency Head or Designee	,	Print Nam		Title	(Month, Day, Year)	
	Comment:	·					

1.	Agency Name			Date Stamp	California 802
	Alameda County		Form OUZ		
	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	provide 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 o	of Each Ticket/Pass \$ _	100 ticket/20 parking
	Event Description Baseball game		Date(s)08	<u> </u>	//
	Provide Title/Expl	anation		1.87	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	Name of S	ource
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan		
	of agency official?		If yes:	Official's Name	(Last, First)
3.	Recipients	· · · · · ·	· · · · · ·		
	Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	nt to the agency's policy
		Pass(es)			,
	B. Name of Individual	Number of			
	(Last_First)	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			Ceremonial Role	Other	Income
			It checking "Geremon	ial Role" or "Other" describe below.	:
			Ceremonial Role	Other	
			If checking "Ceremon	ial Role" or "Other" describe below	:
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy
	Oakland Firefighters Random Acts,P.O.			Lor popprofit orgàniza	ation for its contributions
	Box 874, Oakland, CA	6tx+1p	to the community	r or nonprofit organiza	
	Random acts of kindness to people in				
	need of assistance after emergencies				
4.	Verification		<u> </u>		
	CPPC Regulations 18944.1 and	d 18942. I have ve	erified that the distribution set t	forth above, is in accordance v	vith the requirements.
	<u> </u>	Sarah O	ddie	Supervisor's Assista	nt 09.04.2018
/	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
	Commont				
	Comment:				FPPC Form 802 (4/12)
				FPPC Toll-Free Helpline:	866/ASK-FPPC (866/275-7772)

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information 45 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Baseball game Date(s) 08 7 18 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source lf yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Alameda Education Foundation, 400 To reward a school or nonprofit organization for its contributions 2 Grand Street, Portable A4, Alameda, CA to the community Foundation to support programs in Alameda schools Verification I have hard -⁻²C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 1 Sarah Oddie Supervisor's Assistant 09.04.2018

Comment: _

Α.

B.

C.

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	271	······································	-	
	Sarah Oddie	,				
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	⊆-mail sarah.oddie(Boogov ora		Date of Original Filing: _	
_			wacyov.org	<u></u>		(Month, Day, Year)
2.	Function or Event Inform					\$250
	Does the agency have a ticket		Yes 🛛 No [_	of Each Ticket/Pass \$	·····
	Event Description Daryl Hall	& John Oates	and Train	Date(s)	3 , 07 , 18	//
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No [If no: Golde	n State Warriors Name of Sou	1709
	Mostiskat distribution mode	i ile - le - le - di i		- Chan		
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes (If yes: Chan	Official's Name (L	.ast, First)
<u>ح</u> .	• Use Section A to identify the agency	/'s department or		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
					2	
			N	·	÷	
	B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
				Ceremonial Role		Income
	Chenot, Megan		4	1	nial Role" or ⁱ Other" describe below:	al data Carrate facility in
				4 '	potential County revent	eld at a County facility in nue
					Cther	Income
			4	If checking "Ceremoi	nial Role" or "Other" describe below:	
	C, Name of Outside Organ	nization	Number of			4 - 4
	(include address and des	scription)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
					<u> </u>	
				1		······································

4. Verification

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

	Sarah Oddie	Supervisor's Assistant	09.04.2018
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: ____

C	eremonial Role Even	its and Tick	ket/Pass I	Distributions		A Public Document	
1.	Agency Name		9		Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Reg	jion (If Applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Sarah Oddie						
	Area Code/Phone Number	E-mail	Amendment (Must)	provide explanation in Part 3.)			
	(510) 272-6693	sarah.oddie@	Dacdov ord		Date of Original Filing:		
$\overline{2}$	Function or Event Infor		gaogorioig			(Month, Day, Year)	
				of Each Ticket/Pass \$ _	100 ticket/20 parking		
		· •		-			
	Event Description Baseball game Date(s) 08				3 08 18	///	
	Ticket(s)/Pass(es) provided b			d If no: Oaklar	nd A's		
	nekel(s)/Pass(es) provided L	y agency?	Yes 🗌 No 🗵	-	Name of Sc	ource	
	Was ticket distribution made at the behest		No 🗌 Yes 🗵	If yes: Chan	, Wilma		
	of agency official?				Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu				ual. • Use Section C to ider	tify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy	
			Pass(es)			· · · · · · · · · · · · · · · · · · ·	
		······				· · · · · · · · · · · · · · · · · · ·	
	B. Name of Individu	al	Number of				
	Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:			
<u>.</u>				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
				•			
		<u> </u>		Correction Data		·····	
				Ceremonial Role If checking "Ceremon	L Other L ial Role" or "Other" describe below;	income	
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy	
	(include address and de	scription)	Pass(es)				
	Purple Silk Music Foundati	on, 484 Lake	18tx+3p	To reward a school	l or nonprofit organiza	ition for its contributions	
	Park Ave. #366, Oakland		Torrah	to the community			
	Music foundation for youth	specializing in					
	traditional Chinese instrum						
4.	Verification		· · · · · · · · · · · · · · · · · · ·				
	I have bood and	ulations 18944.1 and	18942. I have veri	ified that the distribution set f	orth above, is in accordance w	ith the requirements.	
	- \		Sarah Odo	die	Supervisor's Assistar	nt 09.04.2018	
/	Signature of Agency Head or Designe	e	Print Name	·····	Title	(Month, Day, Year)	
1	0						
	Comment:					FPPC Form 802 (4/12)	

A Public Document

00101110			NCUI 435	Distributions		A Public Document
I. Agend	y Name				Date Stamp	California 802
Alamed	a County					The second se
Divisior	Division, Department, or Region (If Applicable)					For Official Use Only
Board	of Supervisors					
	ated Agency Contact	(Name, Title)				
Sarah	Oddie					
	de/Phone Number	E-mail	<u> </u>	·····	Amendment (Must)	orovide explanation in Part 3.)
(510) 2	72-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Funct	ion or Event Infor	mation	· · · · ·			
Does th	e agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	\$305.55 ticket
Event D	Football g	ame		Date(s)	, 10 , 18	/
Event	Provide Title/Explanation					
Ticket(s	Ticket(s)/Pass(es) provided by agency? Yes I No X If no: Oaklan			nd Raiders		
				Name of S	ource	
	ket distribution made a	at the behest	No 🗌 Yes	🛛 If yes: <u>Chan</u>	, Wilma Official's Name	(Last Fich)
or age	ncy official?	1000 M	b (7 63			(Last, Pirst)
3. Recip						
• Use Sec	ction A to identify the agenc	y's department or	unit. • Use Sec	tion B to identify an individu	Jal. • Use Section C to ide	ntify an outside organization.
A . N	ame of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	t to the agency's policy
<u></u>			Number of	-	<u>.</u>	·
В.	Name of Individu (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Taulaa	Dabbia			Ceremonial Role		
r aylor,	Debbie		3	-	ial Role" or "Other" describe below	: held at a County facility ir
					potential County reve	
				Ceremonial Role		Income
					aial Role" or "Other" describe below	
			3			
<u>C.</u>	Name of Outside Orga	nization	Number of	Departing the put	plic purpose made pursual	to the agency's policy
	(include address and de	scription)	Ticket(s)/ Pass(es)			in to the agency 5 poincy
4. Verifi	cation			I		<u> </u>
		ulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.
			Sarah O	ddie	Supervisor's Assista	nt 09.04.2018

Comment: __

A Public Document

1. Agency Name				Date Stamp	California 802		
Alameda County					Form OOZ		
ļ	Division, Department, or Regio	on (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (A	lame, Title)					
	Sarah Oddie				Amondmont (Must or	vide explanation in Part 3.)	
		E-mail					
	(510) 272-6693	sarah.oddie@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
	Function or Event Inform					35	
	Does the agency have a ticket		Yes 🛛 No	-	f Each Ticket/Pass \$		
	Event Description Baseball ga	ame	·····	Date(s) <u>08</u>		///	
		Provide mie/Expla	anation	Oaklar	ad A's		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklar	Name of Sour	гсе	
,	Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Chan	, Wilma		
	of agency official?				Official's Name (La	ast, First)	
	Recipients					9 9 90	
	Use Section A to identify the agency	's department or u	1	tion B to identify an individu	al. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			Fass(es)				
		· · · · ·					
			- N. 1 6				
	B, Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the followin	ig;	
			Pass(es)	Ceremonial Role	Other		
	Shah, Mona				ial Role" or "Other" describe below:		
			2	To reward a community volunteer for his or her service		or her service to the	
	••••••••••••••••••••••••••••••••••••••			public			
				Ceremonial Role	Other is Oth	Income	
			2				
	C. Name of Outside Organi	Name of Outside Organization		Describe the pub	Describe the public purpose made pursuant to the agency's policy		
(include address and description)			Ticket(s)/ Pass(es)				
4	Varification				11	······································	

4. Verification

	Sarah Oddie	Supervisor's Assistant	09.04.2018
bignature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___

	eremonial Role Events	s and no	neur ass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County		1			regian	
	Division, Department, or Regio	n (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (N	ame, Title)			-		
	Sarah Oddie						
		E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
			@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform		6 12			(Monal, Day, Tody)	
				of Each Ticket/Pass \$	35		
				3 , 14 , 18	//		
	Event Description	Provide Title/Exp	lanation	Date(s)]		
	Ticket(s)/Pass(es) provided by	adency?	Yes 🗌 No	If no: Oaklar	nd A's		
					Name of Sci	irce	
	Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (L	ast First)	
				and the second			
3.	• Use Section A to identify the agency's	se Section A to identify the agency's department or unit. • Use Section B to identify an indivi			ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the put	scribe 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 follow	ng:	
	Costille Naster			Ceremonial Role		Income	
	Castillo, Nestor		2		nial Role" or "Other" describe below: Nunity volunteer for his	or her convice to the	
				public	lunity voluniteer for ms	of the service to the	
		. <i>.</i> .		Ceremonial Role	Other	Income	
				If checking "Ceremo	niai Role" or "Other" describe below:		
			2				
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the pu	public purpose made pursuant to the agency's policy		
	(include address and desc	ription)	Pass(es)			U y - H y	
			1	1			

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

	_ \j	Sarah Oddie	Supervisor's Assistant	09.04.2018
1	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ___

For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: ... (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information 35 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Baseball game 80 15 18 1 Date(s) _ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role . Other Income Ramirez, Javier If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

1. Agency Name

Alameda County

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	09.04.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

California Form

Date Stamp

С	eremonial Role Events	s and Tick	(et/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 002
	Alameda County					Form OUZ
	Division, Department, or Region (If Applicable)				-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)			-	
	Sarah Oddie					
		E-mail			Amendment (Must p	rovide explanation in Part 3.)
		sarah.oddie@	Dacdov.ord		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					(Month, Day, Year)
	Does the agency have a ticket		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	40
				—		
	Event Description Baseball ga	Provide Title/Expla	nation	Date(s)	<u> </u>	///
	Ticket(s)/Pass(es) provided by			If no: Oakla	nd A's	
	noket(o)/r ass(cs/provided by	agency:	Yes 🗌 No		Name of So	urce
	Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Chan	i, Wilma	
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	• Use Section A to identify the agency's	s department or u	nit. • Use Sec	ction 8 to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Describe the pub		blic purpose made pursuant to the agency's policy	
	······································	· · · · · · · · · · · · · · · · · · ·	1- 435(63)			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing
	(Last, First)		Pass(es)		Identity one of the follow	
				Ceremonial Role		income
				lf checking "Ceremoi	nial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
					nial Role" or "Other" describe below:	
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	t to the agency's policy
			Pass(es)			
	Trybe, Inc., 2000 Park Blvd,	Oakland, CA	2		l or nonprofit organiza	tion for its contributions
	94606			to the community		
	Community-building neighbo transformation	rhood				
4.	Verification			· · · · · ·	<u>.</u>	
	i have the state of the state o	tions 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance w	th the requirements.
	2		Sarah O	ddie	Supervisor's Assistan	t 09.04.2018
	Signature of Agency Head or Designee		Print Nan	ne	Title	(Month, Day, Year)
	Comment:					

A Public Document

						A Fublic Document
1.	Agency Name Alameda County				Date Stamp	California 802
						Form 002
	Division, Department, or Regi	on (If Applicable))			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	· · · · · · · · · · · · · · · · · · ·			
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@	Dacgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation	8		/	
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	35
	Event Description Baseball g	ame		Date(s) 08	, 18 , 18	
		Provide Title/Expla	anation			//
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oaklar	Id A's Name of Sou	·····
	Mon tiglest distribution models	ب جا جا جا الله ف		— Chan		rce
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: <u>Chan</u>	Official's Name (L	ast, First)
<u>,</u>						
3.	• Use Section A to identify the agency	/'s department or u	init. • Use Sec	tion B to identify an individu	al. ⊸ Use Section C to identi	ify an outside organization.
	A. Name of Agency, Departme		Number of		lic purpose made pursuant	
			Ticket(s)/ Pass(es)			
					<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	No			
	B. Name of Individua (Last, First)	al .	Number of Ticket(s)/		Identify one of the followi	ng:
			Pass(es)	Ceremonial Role	Other	
	Bradd, Mary				ial Role" or "Other" describe below:	
			2		anceevent held at a (
				facilitymaximize p	potential County reven	ueconcession sales
				Ceremonial Role	Other	Income
			2	If checking "Caremon	ial Role" or "Other" describe below:	
			_			
			Number of			
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es)		Describe the pub	lic purpose made pursuant	to the agency's policy		
			F 235(CS)			
		*				
_	X 2 1 44 7 2					an a
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	09.04.2018
$\boldsymbol{\mathcal{U}}$	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information 35 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description _____Baseball game 19 18 08 Date(s) _ Provide Title/Explanation lf no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source lf ves: <u>Chan</u>, Wilma Was ticket distribution made at the behest No 🗌 Yes 🖾 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 of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Identify one of the following: Ticket(s)/ (Last First) Pass(es) Ceremonial Role . Other Income Ferguson, Wanda If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance...event held at a County facility...maximize potential County revenue...concession sales Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: 2 Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification I have And and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Sarah Oddie Supervisor's Assistant 09.04.2018 V 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 802	
	Division, Department, or Regio	n (If Applicable))	· · · · · · · · · · · · · · · · · · ·		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (A	lame, Title)		·····			
	Sarah Oddie						
		E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie@	Dacgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation	- 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997				
	Does the agency have a ticket policy? Yes \boxtimes No \square Face Value of			of Each Ticket/Pass \$ _	78 ticket/20 parking		
	Event Description Baseball game Date(s) 08			1 _ 21 _ 18	//		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 🛛 No 🛛	If no: Oaklar	Name of Sc	purce	
	Was ticket distribution made at	the hehest		If yes: Chan			
	of agency official?		No 🗌 Yes 🛛 🛛 If yes: Chan		Official's Name	(Last, First)	
3.	Recipients Use Section A to identify the agency's department or unit. Use Section B to Number of						
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role If checking "Ceremon	L. Other L. Other describe below.	Income	
				Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below	income	
	C. Name of Outside Organi (include address and dest		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuai	nt to the agency's policy	
	Alameda County Family Jus 470 27th St, Oakland, CA 94		18tx+3p	To reward a schoo to the community	l or nonprofit organiz:	ation for its contributions	
	Support services for victims violence	of domestic					
4.	violence Verification		1 18942. I have ve	nified that the distribution set	forth above, is in accordance v	with the requirements.	

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

Comment: __

A Public Document

			Biotinbationio		A Fublic Document
Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Regi		For Official Use Only			
Board of Supervisors					
Designated Agency Contact (Vame, Title)				
Sarah Oddie					<u></u>
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)
Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$ _	90 ticket/20 parking
Event Description Baseball g	ame		Date(s)8	<u>, 30 , 18 </u>	///
	Provide Title/Exp	lanation	O dela		
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 🛛 No 🛛	If no: Oaklar	Name of Sc	
Was ticket distribution made a	t the behest	Na 🗔 Vaa İ	Chan	, Wilma	
of agency official?	t the benest			Official's Name (Last, First)
Recipients			and the second sec	99 - Carlos C	r :
Use Section A to identify the agency	r's department or	unit. • Use Sec	tion 8 to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
				S	
B. Name of Individua (Last; First)	al	Number of Ticket(s)/ Pass(es)		identify one of the follow	ing:
			Ceremonial Role	Other	Income
			If checking "Ceremor	nial Role" or "Other" describe below:	
<u> </u>			Ceremonial Role	Other	income [
			If checking "Ceremor	nial Role" or "Other" describe below:	
U .		Number of	Describe the put	lic purpose made pursuan	t to the agency's policy
(include address and des	cription)	Pass(es)			
			— , ,		
Hong Kong Association of N California, 130 Montgomery		6tx+1p	to reward a schoo to the community	or nonprofit organiza	ition for its contributions
	Division, Department, or Regi Board of Supervisors Designated Agency Contact (// Sarah Oddie Area Code/Phone Number (510) 272-6693 Function or Event Inform Does the agency have a ticket Event Description Baseball g Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Department (Last; First) C.	Alameda County Division, Department, or Region (<i>if Applicable</i> Board of Supervisors Designated Agency Contact (<i>Name</i> , <i>Title</i>) Sarah Oddie Area Code/Phone Number E-mail (510) 272-6693 Event Description Baseball game Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last Pirat) C. Name of Outside Organization	Alameda County Division, Department, or Region (if Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 Function or Event Information Does the agency have a ticket policy? Yes ⊠ No [Event Description Baseball game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes [No [Was ticket distribution made at the behest: of agency official? * Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency is department or unit. • Use Section A to identify the agency is department or unit. • Use Section A to identify the agency is department or unit. • Use Section A to identify the agency is department or Unit Ticket(s)/ <td>Alameda County Division, Department, or Region (if Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number E-mail (510) 272-6693 sarah.oddie@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description Baseball game Date(s) Provide Title/Explanation Date(s) Oaklar Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes (f yes: Chan of agency official? If no: Oaklar Was ticket distribution made at the behest of agency official? No Yes Xetter if yes: Chan of agency official? Describe the put Pass(es) Event Description & Individual (take /Peg) Number of Ticket(s)/ Pass(es) Describe the put Pass(es) Vas ticket distribution made at the behest of ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the put Pass(es) E Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the put Pass(es) Ceremonial Role if checking "Caremonial Role If checking "Caremonial Role If checking "Caremonial Role C. Name of Outside Organization Number of Ticket(s)/ Pass(fe) Describe the put Pass(fe)</td> <td>Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number 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 Ficket(s)/Pass(es) provided by agency? Yes X No Yes X No Yes X If no: Oakland A's Number of tide/Explanation No Yes X No Yes Section A to Identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an individual. Vise Section A to Identify the agency's department or unit. Number of Ticket(s)/ Describe the public purpose made pursuant Pass(es) B. Name of Individual (actr Freq) Number of Ticket(s)/ Describe the public purpose made pursuant Pass(es) Ceremonial Role Other Identify one of the follow Cast Freq Ceremonial Role Other Identify one of Outside Organization Number of Ticket(</td>	Alameda County Division, Department, or Region (if Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number E-mail (510) 272-6693 sarah.oddie@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description Baseball game Date(s) Provide Title/Explanation Date(s) Oaklar Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes (f yes: Chan of agency official? If no: Oaklar Was ticket distribution made at the behest of agency official? No Yes Xetter if yes: Chan of agency official? Describe the put Pass(es) Event Description & Individual (take /Peg) Number of Ticket(s)/ Pass(es) Describe the put Pass(es) Vas ticket distribution made at the behest of ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the put Pass(es) E Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the put Pass(es) Ceremonial Role if checking "Caremonial Role If checking "Caremonial Role If checking "Caremonial Role C. Name of Outside Organization Number of Ticket(s)/ Pass(fe) Describe the put Pass(fe)	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number 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 Ficket(s)/Pass(es) provided by agency? Yes X No Yes X No Yes X If no: Oakland A's Number of tide/Explanation No Yes X No Yes Section A to Identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an individual. Vise Section A to Identify the agency's department or unit. Number of Ticket(s)/ Describe the public purpose made pursuant Pass(es) B. Name of Individual (actr Freq) Number of Ticket(s)/ Describe the public purpose made pursuant Pass(es) Ceremonial Role Other Identify one of the follow Cast Freq Ceremonial Role Other Identify one of Outside Organization Number of Ticket(

Sarah Oddie Supervisor's Assistant 09.04.2018 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _

1.	Agency Name			Date Stamp	California 000
	Alameda County				Form 802
	Division, Department, or Region (If Applica	able)		-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Sarah Oddie				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693 sarah.oddie@acgov.org			Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗵 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$ _	90 ticket/20 parking
	Event Description Baseball game		Date(s)	3,30,18	1 1
	Provide Title/E	Explanation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 🛛 No 🛛	If no: Oaklai	nd A's Name of Sc	burce
	Was ticket distribution made at the behes of agency official?	t No 🗌 Yes	If yes: Chan	, Wilma Official's Name (Last, First)
3.	Recipients • Use Section A to identify the agency'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, Department or Unit	Number of		olic purpose made pursuant	
		Ticket(s)/ Pass(es)			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
			Ceremonial Role	Other	Income
			lf checking "Ceremor	nial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
				nial Role" or "Other" describe below:	
	C. Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	Haight Elementary School PTA, 2025 Santa Clara Ave, Alameda, CA	6tx+1p	To reward a school or nonprofit organization for its to the community		tion for its contributions
	Public school PTA			· · · · ·	
-					
4.	Verification	and 18942 I have ve	rified that the distribution set	forth above is in accordance w	ith the requirements
	Signature of Agency Head or Designee	Sarah Oc		Supervisor's Assistan	t 09.04.2018 (Month, Day, Year)
	Comment:				FPPC Form 802 (4/12)
					TEC FUEL 002 (4/12)

C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OUZ
	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 p	rovide explanation in Part 3.)
	(510) 272-6693 sarah.oddied	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			I	
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	40
	Event Description Baseball game			3 , 31 , 18	/
	Provide Title/Expl	anation	Date(s)		//,
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd A's	
		Name of Sc	urce		
	Was ticket distribution made at the behest of agency official?	, Wilma Official's Name (Loot First		
					Lasi, Filsi)
3.	Recipients	1			15
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu				
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	B. Name of Individual	Number of			
	Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremor	Cther Cther describe below;	Income
			Ceremonial Role If checking "Ceremor	Other Initial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
	Trybe, Inc., 2000 Park Blvd, Oakland, CA 94606	2	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions
	Community-building neighborhood transformation				
4.	Verification	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.

Comment: __

. -. ..

Ceren	nonial Role Even	is and fic	keuPass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802	
Alam	neda County				the second s	
Divis	ion, Department, or Reg	ion (If Applicable			For Official Use Only	
Boar	rd of Supervisors					
	gnated Agency Contact (Name, Title)				
Sara	ah Oddie					
	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. Fun	ction or Event Infor	mation				
Does	the agency have a ticke	t policy?	Yes 🛛 No [Face Value o	of Each Ticket/Pass \$ _	\$40
Evon	t Description <u>Baseball</u>	ame		Date(s)8	3 , 30 , 18	1 1
Even		Provide Title/Expl	lanation			
Ticke	et(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Oaklar	nd A's	
					Name of Sou	irce
	ticket distribution made a gency official?	at the behest	No 🗌 Yes	If yes: Chan	Official's Name (L	.ast, First)
			· · · · · · · · · · · · · · · · · · ·			
	ipients Section A to identify the agence	v's department or	unit • lise Sec	tion B to identify an individu	ual. • Use Section C to ident	ifv an outside organization.
<u>A.</u>			Number of		blic purpose made pursuant	
А.	Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put		to the agency a policy
В.	Name of Individu (Last, First)	al	Number of Ticket(s)/		Identify one of the follow	ng:
	(200,		Pass(es)	Coromonial Role	Other	
Ellic	ott, Laura				nial Role" or "Other" describe below:	
			2			eld at a County facility in
				order to maximize	potential County rever	
				Ceremonial Role		Income
			2	ir checking "Ceremoi	nial Role" or "Other" describe below:	
	Name of Outside Orga	nization	Number of			
C.	(include address and de		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	, to the agency's policy
					<u> </u>	
	·····.			1		<u> </u>
4 Ver	ification			J		
	nyuuvu					

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	09.11.2018
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

Ceremonial Role Events and Ticket/Pass Distributions				A Public Documen	
1. Agency Name		Date Stamp	California 802		
Alameda County			1 Gilli		
Division, Department, or Reg	jion (if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Nathan Miley					
Area Code/Phone Number	E-mail			Amendment (Must Pr	rovide Explanation in Part 3.)
(510) 272-6694	district4@acgov.org]		Date of Original Filing: .	(month, day, year)
2. Function or Event Info	mation	·			
Does the agency have a tic	ket policy? Ves B	No 🗖 F	ace Value of	Each Ticket/Pass \$ 78	
- · ·					
Event Description: Oaklanc	Provide Title/ Explan		Date(s)	/ <u>3/18</u>	//
Ticket(s)/Pass(es) provideo	•		f no: Oakland	Athletics	
				Name of Source	
Was ticket distribution mad	e at the behest Yes	No 🗆 🕴	f yes: <u>Nathan</u>	Official's Name (Last, First)	
of agency official?				Officiars Name (Last, Pirst)	
A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe (f	e public purpose made pur	suant to the agency's policy
B. Name of Inc. (Last, F		Number of Ticket(s)/ Passes	15 Q1 Am	Identify one of the f	ollowing:
Paul Sanftner		2	To reward a	nonial Role Other king "Ceremonial Role" or "Other" de COUNTY employee for t le public and communi	nis or her exemplary
				nonial Role D Other C	Income
C. Name of Outside (include address ar		Number of Ticket(s)/ Passes	Describe t	ne public purpose made pur	suant to the agency's policy

4. Verification

	Nathan Miley	Supervisor	07/11/18
Signature of Agency Head or Designed	· Print Name	Titie	(month, day, year)
Comment:			

Agency Report of

1	Agency Name	its and Ticket/P			1	Public Document
1.	Alameda County				Date Stamp	California Form 802
	Division, Department, or Reg	lion (if applicable)			4	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name Title)				
	Nathan Miley	(1401116, 1106)				
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	(510) 272-6694	district4@acgov.org	3		Date of Original Filing	(month, day, year)
_		1				(monin, day, year)
Ζ.	Function or Event Infor				1	00
	Does the agency have a tic	ket policy? Yes	🛛 No 🗋	Face Value of	Each Ticket/Pass \$ _	
	Event Description: Oakland	A's		Date(s)	/ <u>4/18</u>	//
		Provide Title/ Explar	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [🗌 No 🛛	If no: Oakland	Name of Source	
	Was ticket distribution made	e at the behest . Voo r		If yes: Nathan	Miley	
	of agency official?				Official's Name (Last, First)
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s), Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
	B. Name of Inc (Last, Fi		Number of Ticket(s).		Identify one of the	following:
	Leave 1		Passes		nonial Role D Other	
	Holly Scheider		2	To reward a	nonial Role DOther sking "Ceremonial Role" or "Other County employee for e community or publi	this or her exemplary
	C. Name of Outside ((include address an		Number of Ticket(s) Passes	/ Describe ti	he public purpose made p	ursuant to the agency's policy
		······································				· · · · · · · · · · · · · · · · · · ·

4. Verification

	Nathan Miley	Supervisor	07/11/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
	·····		

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions				A Public Document		
1.	Agency Name				Date Stamp	California 000
	Alameda County			Form 802		
	Division, Department, or Reg	gion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		····-		
	Nathan Miley					
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
	(510) 272-6694	district4@acgov.org	J		Date of Original Filing: .	(month, day, year)
2.	Function or Event Info	rmation				
	Does the agency have a tid	ket policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$ $\frac{78}{-}$	}
	Event Description: Oakland	d A's Provide Title/ Explar	nation	Date(s) <u>8/</u>	<u>, 5 , 18</u>	/
	Ticket(s)/Pass(es) provided		🗌 No 🖾	lf no: <u>Oakland</u>		·····
	Maa tielat distrikusting oo o			lf yes: <u>Nathan</u>	Name of Source Miley	
	Was ticket distribution mad of agency official?	e at the benest Yes	🖞 No 🗋	n yes	Official's Name (Last, First)	·······
	• Use Section A to identify the age A . Name of Agency, Dep		Use Section B to Number of Ticket(s)/ Passes	- Same	Contraction with same 1. The	tify an outside organization. suant to the agency's policy
	B. Name of In (Last F		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Monica Gagnon		5	To increase	nonial Role DOther D king "Ceremonial Role" or "Other" de attendance to a count sted in a county facility	scribe below: Sy sponsored event or at
	Rodrigo Orduna		4	To reward a	nonial Role DOther C king "Ceremonial Role" or "Other" de County employee for f e community or public	
	C. Name of Outside (include address al		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
					i b	
4.	Verification					

	Nathan Miley	Supervisor	07/11/18
Signature of Agency Head or Designee	Print Name	Titje	(month, day, year)
Comment:Y			······································



Agency Name

Alameda County

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
JEssica Traveria	4	Ceremonial Role Other I Income Income To increase attendance to a county sponsored event or at an event hosted in a county facility
Georgette Cobb	5	Ceremonial Role Other Income Income To increase attendance to a county sponsored event or at an event hosted in a county facility
Michael Toy -	2	Ceremonial Role Conter Ceremonial Role Ceremonial Role Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To increase attendance to a county sponsored event or at an event hosted in a county facility
		Ceremonial Role Conternation Other Ceremonial Role Other 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
		je s
·		

C	eremonial Role Even	ts and Ticket/Pa	A Public Document			
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Nathan Miley					rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail		rovide Explanation in Part 3.)		
	(510) 272-6694	district4@acgov.org	1		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes D		Face Value of	Each Ticket/Pass \$ 78	;
	Event Description: Oakland	A's	/	/		
	Ticket(s)/Pass(es) provided	Provide Title/ Explan	Athletics	·····		
	Name of Source					
	Was ticket distribution made at the behest Yes ⊠ No □ If yes: Nathan Miley of agency official's Name (Last, First)					
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made pur	suant to the agency's policy
	B. Name of Inc (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the f	following:
					monial Role ² Other C sking "Ceremonial Role" or "Other" de	
					monial Role D Other C	-
	C. Name of Outside Organization (include address and description) United Seniors of Oakland and Alameda County		Number of Ticket(s)/ Passes	Describe t	e the public purpose made pursuant to the agency's policy	
			2	To reward a nonprofit organization for the service to the general public		n for their exemplary

4. Verification

	Nathan Miley	Supervisor	07/11/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Ce	eremonial Role Even	ts and Ticket/Pa	A Public Document				
I.	Agency Name				Date Stamp	California 002	
	Alameda County					Form OUZ	
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Nathan Miley				Amondmont (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				Provide Explanation in Part 5.)	
	(510) 272-6694	district4@acgov.org	district4@acgov.org			(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 \$ -	8	
	Event Description: Oakland				Date(s) 8/ 8 18		
	Ticket(s)/Pass(es) provided			If no: Oakland	Athletics Name of Source		
	Was ticket distribution made of agency official?	e at the behest Yes 2	🖞 No 🗖	If yes: <u>Nathan</u>	Miley Official's Name (Last, First)	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy	
	B. Name of Ind (Last, Fr		Number of Ticket(s)/ Passes		Identify one of the	following	
	Darryl Stewart		2	To reward a	county employee for the county employee for the community and pu	his or her exemplary	
					monial Role D Other cking "Ceremonial Role" or "Other"		
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe t	he public purpose made p	ursuant to the agency's policy	
	a.						

4. Verification

	Nathan Miley	Supervisor	07/11/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:/			

Agency Report of: C 1. 1100 **—** ·

5	eremonial Role Even	ts and licket/P	ibutions	/	A PUDIIC DO	cument	
1.	Agency Name		Date Stamp	California	802		
	Alameda County				Form	and the second s	
	Division, Department, or Reg	ion (if applicable)		For Official	Use Only		
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	1				
	Nathan Miley		Amendment (Musi	t Dravida Cynlanatian	in Cont 21		
	Area Code/Phone Number E-mail					I Provide Explanation	in Part 3.)
	(510) 272-6694	district4@acgov.org	9		Date of Original Filing	g:(month, day, ye	ar)
2.	Function or Event Infor	mation	9				
	Does the agency have a tic	ket policy? Yes		ace Value of	Each Ticket/Pass \$	305.55	
	Event Description: Oakland		<u>, 10 , 18</u>	/	J		
	Ticket(s)/Pass(es) provided	Athletics					
		by agency? Yes [Name of Source		<u></u>		
	Was ticket distribution made at the behest Yes 🖄 No 🔲 If yes: <u>Nathan Miley</u>						
	of agency official?						
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe ti	he public purpose made p	ursuant to the age	ncy's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of th	e following:	
	Patricia Brooks		4	To reward a	Ceremonial Role D Other C If checking "Ceremonial Role" or "Other" describe below: rd a county employee for his or her exemp to the community		Income [mplary
					emonial Role Other Other Other Other Other		Income
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe t	the public purpose made p	oursuant to the age	ncy's policy

4. Verification

,		Nathan Miley	Supervisor	07/11/18
Signàture of Agency neau or Second	/	Print Name	Title	(month, day, year)
Comment:V	-			

	ency Report of: premonial Role Even	ts and Ticket/Pa	ass Distri	butions		A Public Document
	Agency Name				Date Stamp	California 000
	Alameda County			Form OUZ		
	Division, Department, or Reg	on (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Nathan Miley					
	Area Code/Phone Number	E-mail		ust Provide Explanation in Part 3.)		
	(510) 272-6694 district4@acgov.org				Date of Original Fili	ng:
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes 🛛		ace Value of	Each Ticket/Pass	\$ <u>78 </u>
	Event Description: Oakland				, 13 , 18	
	Event Description:	Provide Title/ Explan	ation	Date(s) <u>8/</u>		/
	Ticket(s)/Pass(es) provided	by agency? Yes		f no: Oakland	Athletics	
				f yes: <u>Nathan</u>	Name of Source	
	Was ticket distribution made	e at the behest Yes	🖞 No 🗌 🔢	fyes: Nathan	Official's Name (Last, F	First)
	of agency official?					
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made	e pursuant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of	the following:
	Nate Harrison		2	To increase		her income income her describe below: Dunty sponsored event or to cility
					nonial Role D Oth king "Ceremonial Role" or "Oth	ner Income Income
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose mado	e pursuant to the agency's policy

4. Verification

1	Nathan Miley	Supervisor	07/11/18
Signatbre of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Alameda County Date Stamp Division, Department, or Region (if applicable) For Official Use Only

Designated Agency Contact (Name, Title) Nathan Miley

Board of Supervisors

rial all miley					Amendment (Must Prov	vide Evolenation in Part 3)
Area Code/Phone Number	E-mail					
(510) 272-6694	district4@acg	gov.org			Date of Original Filing:	(month, day, year)
2. Function or Event Infe	ormation				<u></u>	
Does the agency have a f	icket policy?	Yes 🛛	No 🗖	Face Value of E	Each Ticket/Pass \$	
Event Description: Oaklar	nd A's			Date(s) <u>8/</u> /	14 / 18	1 1
	Provide Titl	le/ Explanati	on			
Ticket(s)/Pass(es) provide	ed by agency?	Yes 🗌	No 🗹	If no: Oakland A		
Was ticket distribution ma	de at the behest	Yes 🗹	No 🗖	If yes: <u>Nathan N</u>	Name of Source Miley 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Cher Income Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Dther Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland and Alameda County	2	To reward a nonprofit organization for their service to the general public

4. Verification

	Nathan Miley	Supervisor	07/11/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
Comment:	· · · · · · · · · · · · · · · · · · ·		

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Nathan Miley Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6694 district4@acqov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 78 Does the agency have a ticket policy? Yes 🛛 No 🗋 Event Description: Oakland A's 18 8/ 15 Date(s) _ Provide Title/ Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🗹 Name of Source If yes: Nathan Miley Was ticket distribution made at the behest Yes 🗹 No 🗖 Official's Name (Last, First)

3. Recipients

of agency official?

• 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 ot Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Cother Income Income Income Income
		Ceremonial Role Conter
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
United Seniors of Oakland and Alameda County	2	To reward a nonprofit organization for their service to the general public

4. Verification

	Nathan Miley	Supervisor	07/11/18
Signature of Agency Head or Designer	Print Name	Title	(month, day, year)
Comment:		<u></u>	

Agency Report of: Apublic Document Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Alameda County Date Stamp Division, Department, or Region (if applicable) For Official Use Only

Yes 🛛 No 🗆

Yes 🔲 No 🖾

4. Verification

County

Board of Supervisors

Area Code/Phone Number

Nathan Miley

(510) 272-6694

of agency official?

Recipients

3.

Α.

Β.

C.

Designated Agency Contact (Name, Title)

2. Function or Event Information

Event Description: Oakland A's

Does the agency have a ticket policy?

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

E-mail

Was ticket distribution made at the behest Yes 🗹 No 🗀

Name of Agency, Department or Unit

Name of Individual

(Last, First)

Name of Outside Organization

(include address and description)

United Seniors of Oakland and Alameda

district4@acgov.org

Provide Title/ Explanation

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

	Nathan Miley	Supervisor	07/11/18
Signature of Agency Head or Designer	Print Name	Title	(month, day, year)
Comment:			

Amendment (Must Provide Explanation in Part 3.)

(month, day, year)

Date of Original Filing:

18

Official's Name (Last, First)

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

Identify one of the following:

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

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

Other

Other

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

To reward a nonprofit organization for their service to the

Income

Income

Name of Source

Face Value of Each Ticket/Pass \$ $\frac{78}{2}$

18

Ceremonial Role

Ceremonial Role

general public

8/

If no: Oakland Athletics

If yes: Mathan Miley

Date(s)_

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

Number

of Ticket(s)/ Passes

Number

of Ticket(s)/

Passes

Number

of Ticket(s)/

Passes

2

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	ibutions		A Public Document
	Agency Name Alameda County			Date Stamp	California 802	
	Division, Department, or Reg	ion (if applicable)	, <u> </u>		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Nathan Miley	(
	Area Code/Phone Number	E-mail			Amendment (M	ust Provide Explanation in Part 3.)
	(510) 272-6694	district4@acgov.org	g		Date of Original Fili	ng:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes I	No 🗖 F	ace Value of	Each Ticket/Pass \$	78
	Event Description: Oakland	Provide Title/ Expla	nation	Date(s)	<u>, 19 , 18</u>	//
	Ticket(s)/Pass(es) provided			f no: Oakland	Athletics	
					Name of Source	
	Was ticket distribution made	e at the behest Yes	X No 🗆 🗎	f yes: <u>Nathan</u>	VIIIey Official's Name (Last, F	(irst)
	of agency official?					narj
	Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made	pursuant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of	the following:
			-		nonial Role 🔲 Oth king "Ceremonial Role" or "Oth	
					nonial Role Oth king "Ceremonial Role" or "Oth	er I Income Income Income Income I Income I Income I Income I Income I Inco
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	Describe th	ie public purpose made	pursuant to the agency's policy
	United Seniors of Oakland County	l and Alameda	2	To reward a general pub		tion for their service to the
_						

4. Verification

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	Nathan Miley	Supervisor	07/11/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	· · · · ·		

Ceremonial Role Events and Ticket/Pass Distributions				A	Public Document	
1.	Agency Name Alameda County			Date Stamp	California 802	
					Form OUZ	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors	Board of Supervisors				
	Designated Agency Contact (Name, Title)					
	Nathan Miley					rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				rovide Explanation in Part 3.)
	(510) 272-6694	district4@acgov.org	l		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	No 🗖	Face Value of	Each Ticket/Pass \$ 78	}
	Event Description: Oakland	Provide Title/ Explan	ation	Date(s)	<u>, 20 , 18</u>	//
	Ticket(s)/Pass(es) provided	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Oakland			Athletics	
				Nathan	Name of Source	
	Was ticket distribution mad- of agency official?	e at the behest Yes	No 🗌	If yes: <u>Nathan</u>	Official's Name (Last, First)	
	or agency official?					
	A. Name of Agency, Dep		of Ticket(s)/ Passes			suant to the agency's policy
	B. Name of Inc (Last F		Number of Ticket(s)/ Passes		Identify one of the f	following:
			Fasses		monial Role Dther C cking "Ceremonial Role" or "Other" de	
					monial Role Dther c cking "Ceremonial Role" or "Other" de	
	C. Name of Outside (include address ar		Number of Ticket(s)/ Passes	Describe t	he public purpose made pur	rsuant to the agency's policy
	United Seniors of Oaklan County	d and Alameda	2	To reward a general pub		n for their service to the
	2					

4. Verification

	Nathan Miley	Supervisor	07/11/18
Signature of Agency Head or Designee	Print Name	Title	(month, day; year)
Comment:			

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp Alameda County Date Stamp

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Nathan Miley				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail				mprononon ni i art diy	
	(510) 272-6694	district4@acgov.org	3		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	et policy? Yes D	No 🗆	Face Value of	Each Ticket/Pass \$ 7	8
		· · · · · ·				
	Event Description: Oakland	Provide Title/ Explan	nation	Date(s)]	//
	Ticket(s)/Pass(es) provided			If no: Oakland	Athletics	
					Name of Source	
			If yes: Mauran	Nathan Miley Official's Name (Last. First)		
	of agency official?					
	A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s) Passes	/ Describe th	ie public purpose made pu	rsuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)	1	Identify one of the	following:
	(Last, Fir.	suj	Passes			
	Britta Johnson		2	To increase	nonial Role DOther [<i>king, "Ceremonial Role", or "Other" a</i> "attendance at a coun county facility	escribe below: ty event or to an event
					nonial Role 🔲 Other [iking "Ceremonial Role" or "Other" d	
	C. Name of Outside O (include address and		Number of Ticket(s) Passes	/ Describe th	ne public purpose made pu	rsuant to the agency's policy
					1	

4. Verification

	Nathan Miley	Supervisor	07/11/18			
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)			
Comment:						
C	eremonial Role Even	its and Ticket/Pa	ass Distr	ibutions	A	Public Document
----	--	-----------------------------	------------------------------------	-------------------------	--	--------------------------------
1.	Agency Name		Date Stamp	California		
	Alameda County			Form 802		
	Division, Department, or Reg	i on (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Nathan Miley					
	Area Code/Phone Number	a Code/Phone Number E-mail				rovide Explanation in Part 3.)
	(510) 272-6694	district4@acgov.org	3		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes 🛛	Each Ticket/Pass \$ $\frac{78}{-}$			
	Event Description: Oakland		<u>, 22 , 18</u>			
	Event Description:	Provide Title/ Explan		//		
	Ticket(s)/Pass(es) provided			f no: Oakland	Athletics	
				Nathan	Name of Source	
	Was ticket distribution made at the behest Yes 🖄 No 🔲 If yes			f yes: <u>Nathan</u>	Official's Name (Last, First)	
	of agency official?					
	A. Name of Agency, Dep		of Ticket(s)/ Passes	Describe tr	e public purpose made pur	suant to the agency's policy
			Number	0.000 5 5 5 5		
	B. Name of Inc (Last, F)		of Ticket(s)/ Passes		Identify one of the f	ollowing
					nonial Role D Other king "Ceremonial Rale" or "Other" de	
		<u> </u>			nonial Role Dother king "Ceremonial Role" or "Other" de	
	C. Name of Outside ((include address an		Number of Ticket(s)/ Passes	Describe t	ne public purpose made pur	suant to the agency's policy
	East Bay Community Fou	ndation	22	To reward a general pub	nonprofit organization	for their service to the

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. × 4

	Nathan Miley	Supervisor	07/11/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

C	eremonial Role Even	ts and Ticket/Pa	ass Distı	ributions	A	Public Document
1.	Agency Name		Date Stamp	California 000		
	Alameda County			Form 802		
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		·	-	
	Nathan Miley					
	Area Code/Phone Number	E-mail		<u></u>	Amendment (Must Pr	rovide Explanation in Part 3.)
	(510) 272-6694	district4@acgov.org	3		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			(*)	
	Does the agency have a tic	ket policy? Ves F		Face Value of	Each Ticket/Pass \$ $\frac{30}{2}$	5.55
	Event Description: Oakland Raiders Date(s) 8				<u> </u>	/
	Ticket(s)/Pass(es) provided			If no: Oakland	Athletics	
		by ageney: Tes L			Name of Source	
	Was ticket distribution made at the behest Yes 🗹 No 🔲 If yes: <u>Natha</u>			If yes: <u>Nathan</u>	Miley	
	of agency official?				Official's Name (Last, First)	
			Passes			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fe	ollowing:
		,	1 43363	Cara	nonial Role 🔲 Other 🗌	
	Tanya Washington		2	To reward a	king "Ceremonial Role" or "Other" de County employee for f ne community	
	Alma Ferguson		2	To increase	nonial Role DOther C king "Ceremonial Role" or "Other" de attendance at a county county facility	
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy

4. Verification

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

	Nathan Miley	Supervisor	07/11/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:V			

Agency Report of:

Ceremonial Role Events and	Ticket/Pass	Distributions
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1	Agency Name	<u> </u>		Date Stamp	California 802	
	County of Alameda		Form			
	Division, Department, or Region (If Applicat		For Official Use Only			
	Sheriff's Office					
	Designated Agency Contact (Name, Title)					
	Casey Nice, Assistant Sheriff			Amendment (Must pro	ovide explanation in Part 3.)	
	Area Code/Phone Number E-mail			Date of Original Filing: _		
	510 208-9811 cnice@ac	gov.org		Date of Original Filling	(Month, Day, Year)	
	Function or Event Information			(E h. Tiskat/Deee @	45.00	
	Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$		
1	Event Description Smashing Pumpkins (Concert	Date(s)	3 <u>27 18</u>	//	
	Provide Title/E	xplanation	AFG			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: AEG	Name of Sou	rce	
,	Was ticket distribution made at the behest No 🔲 Yes 🛛		If yes. Asst.	Sheriff Casey Nice		
	of agency official?		Official's Name (L	ast, First)		
2	Recipients					
	Use Section A to identify the agency's department					
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuant		
	Alameda County Sheriff's Office and County (GSA/HR) Employees	280	To promote attendance at an event held at County facility in ord to maximize potential county revenue from parking and			
			consession sales			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
		1 433(53)	Ceremonial Role If checking "Ceremon	Dether nial Role" or "Other" describe below:	Income	
			Ceremonial Role If checking "Ceremo	Other Inial 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	
			al "			
4.	Verification	L and 18042 / hours :	verified that the distribution sat	t forth above, is in accordance wi	th the requirements.	
	have read and understand PPPQ Regurations 18944.1			Assistant Sheriff	09/05/2018	
	transferre and access Hand or Designee	Charles Cas		Title	(Month, Day, Year)	
	Signature of Agency Head or Designee					
	Comment:	r Distribution to	o Alameda County Er	mployees		
					FPPC Form 802 (4/	

A Public Document

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A Public Document

1.	Agency Name			0	Date Stamp	California 802
	County of Alameda					Form OOZ
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Sheriff's Office			·		
	Designated Agency Contact (Name, Title)			-	
	Casey Nice, Assistant Sheri	iff				
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	510 208-9811	cnice@acgo	ov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform				<u> </u>	(monin, buy, roury
	Does the agency have a ticke		Yes 🛛 No	Face Value c	of Each Ticket/Pass \$	40.00
		ats Concert		Date(s)08	3 , 07 , 18	1
	Event Description	Provide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🔲 No	If no: AEG		
		, agonoy.			Name of Sou	Irce
	Was ticket distribution made a	t the behest	No 🔲 Yes	If yes: Asst.	Sheriff Casey Nice Official's Name (L	
	of agency official?					.ast, +irst)
3.	Recipients					
	Use Section A to identify the agency	's department or	al. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Alameda County Sheriff's Office and County (GSA/HR) Employees		217	To promote attendance at an event held at County facility in order to maximize potential county revenue from parking and		
				consession sales	· · · ·	
	B. Name of Individua (Last, First)	d	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		· · · · · · · · · · · · · · · · · · ·			Other	Income 🔲
				Ceremonial Role If checking "Ceremon	Other Other describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
1.	Verification /	200	1 18942 I have ve	rified that the distribution set fr	orth above, is in accordance witi	h the requirements.
			Charles Case		Assistant Sheriff	08/09/2018
	signee		Print Nam		Title	(Month, Day, Year)
	Tickets provided	by AEG for D	istribution to	Alameda County Em	ployees	
	Comment:	-			· · ·	

4.

1	Agency Name	المعادي والكانين فرأك سور وتوسيع الارد الأراد المعا			Martin Rowand Print Street Street	A Public Document
			Date Stamp	California 802		
	Alameda County Division, Department, or Regi	An Als And	J			
		on (If Applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Vame, Title)				
	Briana Brown					
	1	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	5102726695	briana.brown2@a	acgov.org)	Date of Original Filing:	
	Function or Event Inform			(Month, Day, Year)		
	Does the agency have a ticket		X No 🗆	Face Value or	f Each Ticket/Pass \$	200
	Event Description <u>Jeff Ly</u>	NES ELO- Provide Title/Explanation			12,18	
	Ticket(s)/Pass(es) provided by] No 🛛	If no:Gold	Ien Stelle Warr, Name of Source	2 Tot
١	Was ticket distribution made at	the behest No I]Yes 🛛			U C
	of agency official?	,		If yes:	Official's Name (Las	t, First)
	Recipients	and the second			and the second se	
-	• Gas Section A to identify me agency	a desire (155 es a) as as an	Use Section	n B to identify an individua	• Use Section C to identify	an outside organization
-	A. Nume of Auction Department or Unit		ber of (et(s)/ is(es)		c purpose made pursuant to	
				4 -	an the second of the second	
-						
						an a
-		Num	ber of			
_	B. Name of Individual (Last; First)		s(es)		Identify one of the following:	
	Senny Neilson	4			ndance at a County spor eld at a County facility in ential County revenue fro cession sales;	
				Ceremonial Role	Other Carlie Control C	Income
c	Name of Outside Organization (include address and description)		er of t(s)/ (es)	Describe the public	purpose made pursuant to th	ne agency's policy
					a di nama ya chi ya shi ya sa	
				An ang bang tanàna ang kaominina dia mang kaominina dia mang kaominina dia mang kaominina dia mang kaominina di		
Ve	rification	and the second		an a	a de la companya de l	
l ha	ve rock and under a constant of the gulation	is 18944.1 and 18942. I h	ave verified t	hat the distribution set forth	above, is in accordance with the i	
_	fer.	Brian	a Brown			requirements.
-	788		nt Name	Su	pervisor's Assistant	- 4/30/18
Со	mment: ;		55		100	(Month, Óay, Year)

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

	and the second se	مسروبه بيرك محاشاته وأركابها المحاصر والأعاط ومنعار بالمحاص والمحاص والمحاص والمحاص والمحاص		A Public Docum
1. Agency Name Alameda County	Date Stamp	California 80		
Division, Department, or Region				
		For Official Use Only		
Board of Supervisors				25
	Designated Agency Contact (Name, Title)			
Briana Brown				
	-mail	in any second symmetry and any second se	Amendment (Must pro	vide explanation in Part 3.)
	riana.brown2@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				(Monun, Day, Year)
Does the agency have a ticket p		lo 🔲 🛛 Face Value d	f Each Ticket/Pass \$	250
Event Description Dary & Jo	thn Cates& Tra	arn_Date(s)_B		
Ticket(s)/Pass(es) provided by a		o 🛛 If no: <u>Gold</u>	on Stotle Wars Name of Source	
Was ticket distribution made at the of agency official?	ne behest 🛛 No 🗋 Ye	s 🛛 If yes:	Official's Name (Las	st, First)
. Recipients	an tean an a			
· Lou Sections a to ocentify the against's e	epartment or and • Use Si	ection B to identify an individu	al. • Use Section C to Identify	an outside organization
A. Name of Agency Department of	Number of Ticket(s)/ Pass(es)		ic purpose made pursuant to	and the second se
				a an da an
B. Name of Individual,	Number of			
(Lasi, First)	Ticket(s)/ Pass(es)		Identify one of the following	:
(Lasi, First)		Ceremonial Role	Identify one of the following Other Role" or "Other" describe below:	: Income
(Lusi, First)		If checking "Ceremonia Ceremonial Role	Other .	
C. Name of Outside Organizatio (include address and description	n Number of Ticket(s)/ Pass(es)	If checking "Ceremonia Ceremonial Role	Other Role" or "Other" describe below:	Income
C. Name of Outside Organizatio (include address and description Oakland Family Histor	n Number of Ticket(s)/ Pass(es)	If checking "Ceremonia Ceremonial Role [If checking "Ceremonial Describe the public reward a Organizatio	Other Role" or "Other" describe below: Other Role" or "Other" describe below: purpose made pursuant to the school or nonprofing of the scontributions of the scontribution	Income Income
C. Name of Outside Organizatio (include address and description Oakland Family Histor 4766 Lincoln Are oakland. Verification	Pass(es) Number of Ticket(s)/ Pass(es) Y enter. 4	If checking "Ceremonia Ceremonial Role [If checking "Ceremonial Describe the public reward a organizatio to the comi	Other Role" or "Other" describe below: Other Role" or "Other" describe below: purpose made pursuant to the school or nonprofinite of the contributions n for its contributions munity;	Income Income he agency's policy it S
C. Name of Outside Organizatio (include address and description Oakland Family Histor 4766 Lincoln Are oakland.	Pass(es) Number of Ticket(s)/ Pass(es) Y enter. 4	If checking "Ceremonia Ceremonial Role [If checking "Ceremonial Describe the public reward a organizatio to the comi	Other Role" or "Other" describe below: Other Role" or "Other" describe below: purpose made pursuant to the school or nonprofinite of the contributions n for its contributions munity;	Income Income he agency's policy it S
C. Name of Outside Organizatio (include address and description Oakland Family Histor 4766 Lincoln Ave ogldand.	Pass(es) Number of Ticket(s)/ Pass(es) Y en ter. 18944.1 and 18942. I have ver.	If checking "Ceremonia Ceremonial Role If checking "Ceremonial Describe the public reward a organizatio to the comi	Other Role" or "Other" describe below: Other Role" or "Other" describe below: Purpose made pursuant to the school or nonprofile or the school or nonprofile of for its contributions munity; above, is in accordance with the	Income Income he agency's policy it S
C. Name of Outside Organization (include address and description Oakland Family Histor 4766 Lincoln Are oakland. Verification	Pass(es) Number of Ticket(s)/ Pass(es) Y enter. 4	If checking "Ceremonia Ceremonial Role If checking "Ceremonial Describe the public reward a organizatio to the comu	Other Role" or "Other" describe below: Other Role" or "Other" describe below: purpose made pursuant to the school or nonprofinite of the contributions n for its contributions munity;	Income Income he agency's policy it S

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

Ceremonial Role Events and Tic	cket/Pass	s Distributions	and the second	A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County Division, Department, or Region (If Applicable	a)		-	Form OUZ For Official Use Only	
	e)			for Onicial Ose Only	
•	Board of Supervisors				
Designated Agency Contact (Name, Title)					
Briana Brown					
Area Code/Phone Number E-mail				rovide explanation in Part 3.)	
5102726695 briana.brow	n2@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				2-53	
Does the agency have a ticket policy?	Yes 🛛 No		f Each Ticket/Pass \$	305.	
Event Description Raiders Gor Provide Title/Expl	m-e	Date(s)	10,18	8,24,18	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd Athletics Name of Sol	urce	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes:	Official's Name (L	ast Firefl	
3. Recipients					
Use Section A to identify the agency is department and	Use Se	ction B to identify an individu	at. • Use Section C to ident	ify an outside organization	
A. (Battic of Attendy Department or Usin	Number of Ticket(s)/ Pass(es)		ic purpose made pursuant		
B. (Name of Individual (Lest, Firel)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
Chisom obeoach		Ceremonial Role	Other		
-		To promoto attendo			
		event or event held	nce at a County spor at a County facility in	nsored	
		maximize potential	County revenue from	parking	
		and concession sale	es;	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	o the agency's policy	
FreshMIN	4	health, motivat	e and provide expand		
	т		DIE DODUIations in the		
		i son as the disat	Died. Underprivilogiaal		
		and youth in tost	ler care. To promote		
. Verification			provide expanded		
I have a provide the Pagulations 18944.1 and 1	18942. I have vei	rified that the distribution set for	th above, is in accordance with	the requirements.	
5 2	Briana Bro		upervisor's Assistant	al2n1+B	
- 788	Print Name		Title	(Month, Day, Year)	

Comment: + Parking Pass

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

1. Agency Name			o pistributions	A	Public Documen
Alameda County					alifornia 000
	Division, Department, or Region (If Applicable)				
					For Official Use Only
Board of Supervisors Designated Agency C					
	ontact (Name, Title))		1	
	riana Brown				and the second
Area Code/Phone Nun				Amendment (Must provide e	explanation in Part 3.)
5102726695		na.brown2@acgov.org		Date of Original Filing:	nth, Day, Year)
. Function or Event			annan an gan an Man an Mariana an Anna		60)
Does the agency have		Yes 🔀 No	Face Value o	f Each Ticket/Pass \$(20
Event Description	ad Bunny	,		, 26 , 1B	
	Provide Title	e/Explanation	Date(s)		
Ticket(s)/Pass(es) prov	-		If no: Grolc	Len Stelle Woun Name of Source	riors
Was ticket distribution r of agency official?	made at the behe	est No 🗋 Yes	If yes:		
			-	Official's Name (Last, Firs	st)
Recipients	•			the second state of the se	
Use Section A to identify the upency's dependence of A. Nume of Agency Department of Unit		Number of Ticket(s)/	r	 Use Section C to Identify an or c purpose made pursuant to the a 	Contraction of the local division of the loc
		Pass(es)			
5 1					
B. Name of In (Last, F.		Number of Ticket(s)/ Pass(es)		Identify one of the following:	
kanely sel	je	2	event or event	endance at a County sponso held at a County facility in ord tential County revenue from ncession sales;	red Income 🗖 der
=			Ceremonial Role		Income
C. Name of Outside ((include address an	Organization nd description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to the ag	ency's policy
		1 1			
Verification	, Regulations 18944.1 al	nd 18942. I have verifi	ed that the distribution set forth	above is in eccenter in the	
Verification	Regulations 18944.1 a	nd 18942. I have verifi Briana Brov		above, is in accordance with the requir	rements.
Verification have read and inderstant PPC	Regulations 18944.1 a	nd 18942. I have verifi Briana Broy Print Name		above, is in accordance with the requir Dervisor's Assistant Title	erments. 9/30/18

4.

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1. Agency Name		Contraction of Street of S			A Public Documer	
Alameda County				Date Stamp	California QOC	
Division, Department, or Regi	on (If Applicat			4		
Board of Supervisors	(m - ipplical				For Official Use Only	
Designated Agency Contact (Nome Title					
Briana Brown	vane, niej					
Area Code/Phone Number	gen en			Amendment (44)		
5102726695	E-mail	100 m m m	i i i i i i i i i i i i i i i i i i i	Amendment (Must pro		
2. Function or Event Inform	Dhana.DIOM	/n2@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
Does the agency have a ticket	t policy 2				100.00	
Event Description <u>J. Cole</u>	policy :	Yes 🛛 No	_		100	
Event Description	Provide Title/Evo	lapetion	Date(s)	,29,18	/ /	
Ticket(s)/Pass(es) provided by					an a	
nokel(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: 0100	Len State War Name of Sour	rion C	
Was ticket distribution made at	the behest	No 🗌 Yes	If yes:			
of agency official?			n yes	Official's Name (La	st, First)	
. Recipients			n men han san ang ang ang kalang pang ang ang ang ang ang ang ang ang ang			
• use Section A to monthly the againty i	a depertitient ar		ction B to Identify an individua	. • Use Section C to Identify	an outside organization	
A. Notine, Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy	
D5		3	To reward a (County employee fo	r	
	in a state of the		his or her exe	emplary service to the	ne	
			development;	ncourage staff		
Name of Individual.		Number of				
B. Name of Individual, (Lest, First)		Ticket(s)/ Pass(es)		Identify one of the following	:	
Cameron Burks		5	to maximize pot	To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking and concession sales;		
			Ceremonial Role	Other Role" or "Other" describe below:	Income	
C. Name of Outside Organizat (Include address and description	ion	Number of Ticket(s)/	Departite the set of			
	niorų	Pass(es)		purpose made pursuant to t	he agency's policy	
Verification	s 18944.1 and 18	1942. have vorifi	ed that the distribution			
		Briana Brow			requirements.	
esignee		Print Name		Dervisor's Assistant	- 15/15/18	
Comment:					(Mohth, Day, Year)	

С	eremonial Role Even	ts and Ticket/I	Pass Dist	ributions	Α	Public Document
1.	Agency Name				Date Stamp	California 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				
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	510-272-661	leeann.fergerson@))acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u></u>	5, \$35
	Event Description:	Baseba Provide Title/Expla		Date(s) <u>8</u>		8 , 5 , 18
	Ticket(s)/Pass(es) provided	•		lf no: Oakland	Athletics	
	(č.				Name of Source	
	Was ticket distribution made	at the behest Yes	No 🗌	If yes: Haggert	Official's Name (Last. First)	
	of agency official?				emolare Hame (East, Fridy	
	• Use Section A to identify the agend A. Name of Agency, Depa		Number of Ticket(s)/ Passes		e public purpose made purs	
						is
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
	St. Michael, Rebecca To pr Edy, Derrick 2, 2, 2 eve		ever reve	omote attendance at a nt in order to maximize enue for concession a	e potential county	
					onial Role U Other U ng "Ceremonial Role" or "Other" desci	lncome L_
	C. Name of Outside Org (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
		5				Y
	Varifiaatian			1		

4. Verification

1

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	8/6/18
Signature of Agency-Head or Designet	Print Name	Title	(month, day, year)
Comment:			

С	eremonial Role Even	ts and Ticket/F	Pass Dist	tributions	Α	Public Document
1.	Agency Name				Date Stamp	California
	Alameda County					Form 802
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Lee Ann Fergerson, Ticket	Administrator				
	Area Code/Phone Number	E-mail			Amendment (Must Pr	rovide Explanation in Part 3.)
	510-272-661	leeann.fergerson@)acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation		····	······································	
	Does the agency have a tick	et policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u>25</u>	0.00
	_					
	Event Description: Train, Da	Provide Title/ Expla	nation	Date(s)8		//
	Ticket(s)/Pass(es) provided			If no: GSW		
					Name of Source	
	Was ticket distribution made	at the behest Yes	No 🗆	If yes: <u>Haggert</u>	Official's Name (Last, First)	
	of agency official?				Unicial's Name (Last, Pilst)	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	B. Name of Indiv		Number of Ticket(s)/		Identify one of the fol	lowing:
	(Last, Firs		Passes			
	Rotter,Juni; Dennis, Mary L Dustman, Patti	ou; Dennis, Steve;	4	e	promote attendance a vent in order to maxim evenue for concession	nize potential county
					onial Role 🔲 Other 🛄 ng "Ceremonial Role" or "Other" desci	Income 📙
	C. Name of Outside Org (include address and o		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy
			·			

4. Verification

2

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	8/20/18
	Print Name	Title	(month, day, year)
Comment:			

С	eremonial Role Ever	nts and Ticket/F	Pass Dist	tributions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Common Providence and the second s
	Division, Department, or Reg	jion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Ticket	Administrator		 Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				Towae Explanation in Fart 5.7
	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 tic	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ 4	5.00	
	Event Description: A's Baseball			Date(s)8		<u></u>
		anation	Oakland	Athletics		
	Ticket(s)/Pass(es) provided	🛛 No 🗌	lf no: <u>Oakland</u>	Name of Source	· · · · · · · · · · · · · · · · · · ·	
	Was ticket distribution made	Was ticket distribution made at the behest Yes 🖄 No 🗍				
	of agency official?	le li le seneer i les		If yes: <u>Hagger</u>	Official's Name (Last, First)	
3.	Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit		Number of Ticket(s)/			tify an outside organization. suant to the agency's policy
	Information Technology Department		Passes 2	To exem	To reward a County employee for his or her kemplary service to the public or to encourage	
			Mumber		staff develo	pment
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role D Other C	
	<u> </u>				nonial Role D Other C	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	
4	Varifiation					

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 Wİ 1 **Ticket Administrator** 8/8/18 Lee Ann Fergerson Print Name Title (month, day, year) Signature or Agency Head of Designee Comment:

С	eremonial Role Even	its and Ticket/I	Pass Dis	tributions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Lee Ann Fergerson, Ticket	Administrator				
	Area Code/Phone Number	E-mail			Amendment (Must Pri	ovide Explanation in Part 3.)
	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 \$ <u>30</u>	5.55
	Event Description: Raiders			Date(s) <u>8</u>		//
	Ticket(a)/Reas(as) provided	Provide Title/ Expla		If no: Raiders		
	Ticket(s)/Pass(es) provided	by agency? Yes	🖾 No 🗀	IF NO: TRAINER	Name of Source	
	Was ticket distribution made	at the behest Yes		If yes: Hagger	ty, Scott	
	of agency official?	100			Official's Name (Last, First)	
5.	• Use Section A to identify the agen • Use Section A to identify the agen A. Name of Agency, Depa		Use Section B t Number of Ticket(s)/ Passes		ual. • Use Section C to identif	· · · · · · · · · · · · · · · · · · ·
						£
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
	Williams, Anton		4/1	ev	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.	
					ing "Ceremonial Role" or "Other" descri	ibe below:
	C. Name of Outside Org (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant 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

>	Lee Ann Fergerson	Ticket Administrator	8/10/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

_		its and Ticket/	Pass Dis	tributions	Α	Public Document
Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name					Date Stamp	California 802
	Alameda County					1 Still
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must Pro	vide Explanation in Part 2)
7	Area Code/Phone Number	E-mail				side Explanation in Fan 3.7
	510-272-661	leeann.fergerson@	@acgov.org		Date of Original Filing: -	(month, day, year)
2.	Function or Event Infor	mation				
I	Does the agency have a tick	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u>35.</u>	00
1	Event Description: <u>A's Base</u>	ball	<u></u>	Date(s)8		1 1
		Provide Title/ Expl				
	Ticket(s)/Pass(es) provided	by agency? Yes	🗌 No 🗌	If no: Oakland	Name of Source	
١	Was ticket distribution made	at the behest ves		If yes: Hagger	ty, Scott	
	of agency official?	168		,	Official's Name (Last, First)	
	• Use Section A to identify the agence A. Name of Agency, Depa	· · · · · · · · · · · · · · · · · · ·	• Use Section B i Number of Ticket(s) Passes		ual. • Use Section C to identif	··
	B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the foll	owing:
Thompson, Wanda		4	To promote attendance at a county spo event in order to maximize potential c revenue for concession and parking s		e potential county	
	C. Name of Outside Org (include address and o		Number of Ticket(s)/ Passes	If checki	onial Role 🔲 Other 🗋 ng "Ceremonial Role" or "Other" descri public purpose made pursua	be below:
	orification					

4. Verification

1 how mad '	Regulations 18944,1 and 18942. I have v	verified that the distribution set forth a	bove, is in accordance
× -	-		
	Lee Ann Fergerson	Ticket Administrator	8/20/18
Signature of Agency Head/or Designee	Print Name	Title	(month, day, year)
Comment:			

Ceremonial Role Ever	A	Public Document				
1. Agency Name	Date Stamp	California				
Alameda County		Form OUZ				
Division, Department, or Rec	12:	For Official Use Only				
Board of Supervisors						
Designated Agency Contact	(Name, Title)					
Lee Ann Fergerson, Ticket	Administrator			Amendment (Must Pro	vide Exploration in Dari 1 V	
Area Code/Phone Number	E-mail				vide Explanation in Part 3.)	
510-272-661	leeann.fergerson@	Dacgov.org		Date of Original Filing:	(month, day, year)	
2. Function or Event Infor	mation		··	•		
Does the agency have a tic	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u>40.0</u>	00	
Event Description: <u>A's Base</u>	Provide Title/ Expla		Date(s) <u>8</u>		//	
Ticket(s)/Pass(es) provided	•		If no: Oakland	Athletics		
			Heased	Name of Source		
Was ticket distribution made of agency official?	e at the behest Yes	🖄 No 🗌	If yes: <u>Hagger</u>	Official's Name (Last, First)		
3. Recipients • Use Section A to identify the agen A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes		ual. • Use Section C to identify e public purpose made pursu.		
B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the follo	following:	
Markel, Marci		4	ever	omote attendance at a nt in order to maximize nue for concession an	potential county	
				onial Role 🛄 Other 🛄 ng "Ceremonial Role" or "Other" describ	Income	
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	int to the agency's policy	
					<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

w.	5	Lee Ann Fergerson	Ticket Administrator	8/20/18
Signature of Agency Head or Designee		Print Name	Title	(month, day, year)
Comment:		·		

	elemonial Role Even	is and lickel/	Pass Dis	riputions	A	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County			Form OU		
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	· ·			
	Lee Ann Fergerson, Ticket	Administrator				
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	510-272-661	leeann.fergerson@	Dacgov.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 \$ 40	.00
	Event Description: <u>A's Base</u>	ball		Date(s)8	/ 18 / 18	1 1
		Provide Title/ Expla	anation			//
	Ticket(s)/Pass(es) provided	by agency? Yes	🗆 No 🗋	If no: <u>Oakland</u>		<u> </u>
	3.87 11-1-1 (11-1-11) I			If yes: Hagger	Name of Source tv. Scott	
	Was ticket distribution made	at the behest Yes	🖾 No 🗌	If yes: <u>1139901</u>	Official's Name (Last, First)	
	of agency official?					
3.	Recipients Use Section A to identify the agenu 	cy's department or unit.	Use Section B to	o identify an individ	lual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe th	e public purpose made purs	uant to the agency's policy
			Passes	· · · · · · · · · · · · · · · · · · ·		
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
				т	o promote attendance	at a county sponsored
	Arthur, Catherine		4		event in order to maxi revenue for concession	mize potential county
	Ť				onial Role 🛄 Other 🛄 ing "Ceremonial Role" or "Other" descri	
		Outside Organization Idress and description)		Describe the	e public purpose made pursu	ant to the agency's policy
١.	Verification					

4 ~

I have been and understand FADA	Regulat	ions 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
	<u> </u>	Lee Ann Fergerson	Ticket Administrator	8/20/18
Signature of Agen¢y Head or Designee		Print Name	Title	(month, day, year)
Comment:		<u>-</u>		

Ceremonial Role Events and Ticket/	Pass Distr	ibutions	A	Public Document		
1. Agency Name	······································		Date Stamp	California 802		
Alameda County				CONTRACTOR CONTRACTOR		
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 6	Provide Explanation in Part 3.)		
Area Code/Phone Number E-mail	<u> </u>	L_J	Amendment (mustr	Torride Explanation In Part 3.7		
510-272-6691 leeann.fergerson(@acgov.org	Dat	te of Original Filing:	(month, day, year)		
2. Function or Event Information						
Does the agency have a ticket policy? Yes	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of					
Event Description: Raiders	Date(s) <u>8 / 2</u>		/			
Provide Title/ Exp	lanation	f no: GSW				
Texes and assisted provided by agency in the						
Was ticket distribution made at the behest Yes	yes: <u>Haggerty</u> , So	cott cial's Name (Last, First)				
of agency official?		Om	ciai s ivame (Last, First)			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the pub	lic purpose made pur	suant to the agency's policy		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	ollowing:		
Louden, Charlie Johnstone, Holt	4/1	event in	promote attendance at a county sponsored ent in order to maximize potential county venue for concession and parking sales.			
		Ceremonial F If checking "Cer	Role 🔝 Other 上 remonial Role" or "Other" des			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the publ	ic purpose made pur	suant 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

	Lee Ann Fergerson	Ticket Administrator	8/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:	ŝ.	<u> </u>	

Ceremonial Role Even	ts and Ticket/P	A	A Public Document		
1. Agency Name		Date Stamp	California 802		
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	Amondmont (Must	Provide Explanation in Part 3.)		
Area Code/Phone Number E-mail					Fronde Explanation in Fan 3.7
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 ticl	ket policy? Yes] No []	Face Value of I	Each Ticket/Pass \$ <mark>1</mark>	00.00
Event Description: Bad Bun			Date(s) <u>8</u>		//
Ticket(s)/Pass(es) provided			If no: <u>GSW</u>		
	by agonoy . Tes			Name of Source	
Was ticket distribution made	at the behest Yes	No 🗆	If yes: <u>Haggert</u>	y, SCOII Official's Name (Last, First)	
of agency official?				Onicial S Name (East, 1989)	
A. Name of Agency, Depa	A. Name of Agency, Department or Unit B. Name of Individual (Last, First)		Describe the		rsuant to the agency's policy
				Identify one of the following:	
Cabrera, Stephanie		4	ev		at a county sponsored nize potential county n and parking sales.
				onial Role L Other L ng "Ceremonial Role" or "Other" da	
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
*					

4. Verification

C Regu	lations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
5	Lee Ann Fergerson	Ticket Administrator	8/29/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

	eremonial Role Even	its and licket/	ass Dist	ributions	A	Public Document
1.	Agency Name	· · · · ·			Date Stamp	California Form 802
	Alameda County		1	the second second second second second second second second second second second second second second second se		
	Division, Department, or Reg	ion (if applicable)		Pi -	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must Pi	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6691	leeann.fergerson@)acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			41.	
	Does the agency have a tick	ket policy? Yes	🗆 No 🗌	Face Value of	Each Ticket/Pass \$ <u>tk</u>	
	Event Description: <u>J. Cole</u>			Date(s)	<u>, 29 , 18</u>	//
	Ticket(a)/Decc(ac) provided	Provide Title/ Expla		If no: GSW		
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source	
	Was ticket distribution made	at the behest Yes		If yes: Hagger	ty, Scott	
	of agency official?	100			Official's Name (Last, First)	x
3.	Recipients				<u> </u>	· · · · · · · · · · · · · · · · · · ·
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	o identify an individ	lual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	District 5 Board of Supervi	sors	4		reward a County empl plary service to the pu	
				exem	staff develop	
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					noniał Role D Other D	Income
		<u> </u>			nonial Role Other other desc	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
			L			

4. Verification

I have road and understand FPPC Regul	ation's 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
5	Lee Ann Fergerson	Ticket Administrator	8/29/18
signature of Agency Head by Designee Comment:	Print Name	Title	(month, day, year)

Cere	emonial Role Even	ts and Tio	A Public Document				
1. Ag	gency Name		Date Stamp	California 802			
A	ameda County				÷.	I CITILI	
Div	vision, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
Вс	pard of Supervisors						
De	signated Agency Contact	(Name, Title)					
Ga	abriela Christy				Amondmont (Must	provide explanation in Part 3.)	
Ār	ea Code/Phone Number	E-mail					
(5	10) 272-6692	Gabriela.Ch	nristy@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
2. Fu	unction or Event Infor	mation				200-	
	es the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	000	
Ev	ent Description	e's ELO		Date(s)	3 <u>, 02 , 18</u>	//	
	·	Provide Title/Exp	planation				
Tic	:ket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: GSW	Name of Sc	ource	
10/2	as ticket distribution made :	at the hehest	, Richard- Supervisor	District 2			
	f agency official?	at the benest	No 🗌 Yes	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)			
3. R	ecipients						
	se Section A to identify the agence	y's department o		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
Ά	, Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
В	Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
	Androw			Ceremonial Role		Income [
JC	hnstone, Andrew		4		nonial Role" or "Other" describe below: mmunity volunteer for his or her service to th		
			,	public	interney voluneour for h		
				Ceremonial Role	Other	Income	
				If checking "Ceremo	nial Role" or "Other" describe below:	5	
				12			
c	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's		t to the agency's policy	
.			Pass(es)	<u> </u>	<u></u>	· · · · · · · · · · · · · · · · · · ·	
				1			
	·						
				(#			
4 \/4	erification						
	ave read and under the land	ⁱ ons 18944.1 ai	nd 18942. I have v	erified that the distribution set	forth above, is in accordance w	ith the requirements.	
			Gabriela C	Christy	Supervisor's Assistar	t 1/0/19	
			Print Nan		Title	(Month, Day, Year)	
C	omment:			-34			

Anameda County For Division, Department, or Region (If Applicable) For Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy	
Area Code/Phone Number E-mail (510) 272-6692 Gabriela Christy@acgov.org 2. Function or Event Information Date of Original Filing:(Month, Does the agency have a ticket policy? Yes X No X Event Description Daryll Hall & John Oates and Train Date(s)	
Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Gabriela. Christy@acgov.org Date of Original Filing:(Month, (510) 272-6692 Gabriela. Christy@acgov.org Date of Original Filing:(Month, (510) 272-6692 Gabriela. Christy@acgov.org Description or Event Information Does the agency have a ticket policy? Yes No Function or Event Information Does the agency have a ticket policy? Yes No Fuent Description Daryll Hall & John Oates and Train Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: GSW Was ticket distribution made at the behest of agency official? Name of Agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit.	
Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Christy@acgov.org Date of Original Filing: (510) 272-6692 Dest of Original Filing: (510) 272-6692 Gabriela.Christy@acgov.org Date of Original Filing: (Month, Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$ Provide Title/Explanation Date(s) 08 / 07 / 18 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes X No Yes X Vas ticket distribution made at the behest of agency official? No Yes Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outsi A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency	Official Use Only
Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Christy@acgov.org Date of Original Filing: (510) 272-6692 Dest of Original Filing: (510) 272-6692 Gabriela.Christy@acgov.org Date of Original Filing: (Month, Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$ Provide Title/Explanation Date(s) 08 / 07 / 18 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes X No Yes X Vas ticket distribution made at the behest of agency official? No Yes Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outsi A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency	
Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Christy@acgov.org Date of Original Filing: 	
Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Christy@acgov.org Date of Original Filing: 	
(0 rol) 212-0002 Contribution 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Event Description Daryll Hall & John Oates and Train Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: GSW Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Valle, Richard- Supervisor District 2 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 outsi	nation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$2 Event Description Daryll Hall & John Oates and Train Date(s)0 /1 8/ Provide Title/Explanation Date(s)0 /1 8/ Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: GSW Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Valle, Richard- Supervisor District 2 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 outsi A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency	Day Year)
Event Description Daryll Hall & John Oates and Train Date(s) 08 07 18 Event Description Daryll Hall & John Oates and Train Date(s) 08 07 18 Ticket(s)/Pass(es) provided by agency? Yes No If no: GSW Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) 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 outsi A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency	
Event Description Daryll Hall & John Oates and Train Date(s) 08 07 18 ////////////////////////////////////	50
Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Valle, Richard- Supervisor District 2 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 outsi A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency	/
of agency 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 outsi A. Name of Agency, Department or Unit Number of Ticket(s)/	· · · · · · · · · · · · · · · · · · ·
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outsi Number of Ticket(s)/ Describe the public purpose made pursuant to the agency.	
A. Name of Agency, Department or Unit Ticket(s)/ Describe the public purpose made pursuant to the agency.	ide organization.
	ncy's policy
	· · · · · · · · · · · · · · · · · · ·
B. Name of Individual (Last, First) Number of (Last, First) Identify one of the following: Pass(es)	
Ceremonial Role 🗋 Other 🗋	Income
Leocario, Brenda If checking "Ceremonial Role" or "Other" describe below:	
 – To reward a County employee for his or her exe to the public or to encourage staff development 	mplary service
Ceremonial Role Other I	Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agent	ncy's policy
4. Verification	

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

	Gabriela Christy Supervisor's Assistant		1/0/17
· · · ·	Print Name	Title	(Month, Day, Year)

Comment: _

С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1.	Agency Name	Date Stamp	California 802				
	Alameda County				Form		
	Division, Department, or Region (If Applicable	e)		-	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			-			
	Gabriela Christy						
	Area Code/Phone Number E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must p	rovide explanation in Part 3.)		
		risty@acgov	.ora	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information			(MUNUN, Day, Tear)			
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	305.55/35		
	Deidere vertiere						
	Event Description Raiders vs. Lions Provide Title/Expl	anation	Date(s)		//		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	nd Athletics	2 C		
			<u>.</u>	Name of So			
	Was ticket distribution made at the behest	No 🗌 Yes 🔀 🛛 If yes: Valle		, Richard- Supervisor	District 2		
	of agency official?		i	Omicial s Name (i			
3.	• 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)					
					·		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Baddinger Bahart		Ceremonial Role		Income		
	Rodriquez, Robert	3		ial Role" or "Other" describe below:	in an lann ann ian ta tha		
			public	munity volunteer for n	s or her service to the		
			Ceremonial Role		Income		
			If checking "Ceremor	ial Role" or "Other" describe below:			
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		
		1					

 Gabriela Christy
 Supervisor's Assistant
 ()?

 Dee
 Print Name
 Title
 (Month, Day, Year)

С	eremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					So Carlonation	
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	···-				
	Gabriela Christy						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6692		risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation			• • • •		
	Does the agency have a ticke	et policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	160	
	Event Description <u>A.R. Rahr</u>	nan		Date(s) 08	, 18 , 18	1 1	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: <u>GSW</u>	Name of Dr		
	Was ticket distribution made a	at the helicat					
	of agency official?	at the benest	No 📙 Yes	If yes: Valle,	Official's Name (Last, First)		
2							
٥.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Departme	Number of					
	,		Pass(es)			to the agency s policy	
	N						
			Number of				
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role	Other		
	Dhami, Tejinder						
			4	For Official Use For Official Use For Official Use Amendment (Must provide explanation in Part Date of Original Filing:(Month, Day, Year) No Face Value of Each Ticket/Pass \$(Month, Day, Year) Date(s) 08 / 18 / 18 / Date(s) 01000 Describe the public purpose made pursuant to the agency's policy set(s) Ceremonial Role 0 Other 0 Inc Inc if checking 'Ceremonial Role' or 'Other' describe below. - To reward a community volunteer for his or her service to public Ceremonial Role 0 Other 0 Inc if checking 'Ceremonial Role' or 'Other' describe below. findexing 'Ceremonial Role' or 'Other' describe below.	s or her service to the		
		·		•			
						Income	
	227						
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy	
			Pass(es)		<u>.</u>		
4.	Verification					ini -	
			l 18942. I have ver	ified that the distribution set fo	orth above, is in accordance witi	n the requirements.	
	6 S					1819	
			Print Name	9	Title	(Month, Day, Year)	

Comment: _

Ceremonial Role Events a	nd Ticket/Pass	Distributions		A Public Documen
1. Agency Name		· · ·	Date Stamp	California 802
Alameda County				Form OUZ For Official Use Only
Division, Department, or Region (#	Division, Department, or Region (If Applicable)			
Board of Supervisors				
Designated Agency Contact (Name	, Title)			
Gabriela Christy				
Area Code/Phone Number E-m			Amendment (Must pr	ovide explanation in Part 3.)
	an oriela.Christy@acgo	1.010	Date of Original Filing:	
2. Function or Event Information				(Month, Day, Year)
				305.55/35
			f Each Ticket/Pass \$	
Event Description Raiders vs. Pac		Date(s)		//
Provid	de Title/Explanation			
Ticket(s)/Pass(es) provided by age	ncy? Yes 🗌 No	If no: Oaklar	nd Athletics	
Moo tickot diateitation and a stat	hahaat —		Name of Sou	
Was ticket distribution made at the of agency official?	behest No 🗌 Yes	If yes: Valle,	Richard- Supervisor E	District 2
3. Recipients				
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu			fy an outside organization.
A. Name of Agency, Department or U	i i onoqoji			
	Number of	<u> </u>		
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followir	ıg:
	1 635(65)	Ceremonial Role	Other	
Archelta, Raquel			al Role" or "Other" describe below:	Income
	3	- To reward a comr	munity volunteer for his or her service to the	
		public		
		Ceremonial Role	Other	Income
		If checking "Ceremonia	al Role" or "Other" describe below:	
C. Name of Outside Organization		Describe the publ	ic purpose made pursuant t	a the exercise self-
(include address and description	n) Pass(es)		ic purpose made pursuant t	o the agency's policy
	· · · · · · · · · · · · · · · · · · ·			
Verification				
I have read and understand FPPC Regulations 1	8944.1 and 18942. I have ve	rified that the distribution set for	rth above, is in accordance with	the requirements.
	Gabriela C	hristy S	Supervisor's Assistant	1/9/19
mee	Print Nam		Title	(Month, Day, Year)

Comment: ____

С	Ceremonial Role Event	s and Tio	cket/Pass	Distributions		A Public Document		
1.	Agency Name			Date Stamp	California 802			
	Alameda County							
	Division, Department, or Region (If Applicable)			±	For Official Use Only			
	Board of Supervisors							
3		Designated Agency Contact (Name, Title)						
	Gabriela Christy		£					
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)			
		Gabriela.Cl	nristy@acgov.	org	Date of Original Filing: ,	(Month, Day, Year)		
2.	. Function or Event Inform	nation		······		100		
	Does the agency have a ticket policy? Yes X No Face \		Face Value c	ue of Each Ticket/Pass \$				
	Event Description Bad Bunny Date(s)			8,26,18,,,,				
	Event Description	Provide Title/Exp	planation		//	///		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛙	If no: <u>GSW</u>		80		
					Name of Sou			
	Was ticket distribution made at	the behest	No 🗌 Yes 🛛	If yes: Valle,	, Richard- Supervisor [District 2		
_	of agency official?				Official's Name (L	.ast, First) 		
3.	 Recipients Use Section A to identify the agency' 	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				
		·			8			
	B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:				
	Rodriquez, Roberto		4		Other	Income		
				-	ial Role" or "Other" describe below:	·		
				 Ioreward a com public 	munity volunteer for hi	s or her service to the		
				Ceremonial Role	Other	income		
					ial Role" or "Other" describe below:			
					Ð			
				6				
	C. Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
					1			
	<u></u>							
4.	Verification				·			
	I have read and understand FPPC Regula	tions 18944.1 an				A - 1 -		
	8		Gabriela Ch		Supervisor's Assistant			
	3		Print Name		Title	(Month, Day, Year)		

Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number [510] 272-6692 Gabriela. Christy@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description The Smashing Pumpkins Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: GSW Name of Source Vas ticket distribution made at the behest no Yes Section B to identify an individual. •Use Section A to identify the agency's department or unit. •Use Section A to identify the agency's department or unit. •Use Section A to identify the agency's department or unit. •Use Section A to identify the agency's department or unit. •Use Section A to identify the agency's department or unit. •Use Section C to identify an of ticket(s)/ Pass(es) B. Name of Individual (art. find) (art. find) Pass	onth, Day, Year)
Ainteud County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Cabriela Christy@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes X Event Description The Smashing Pumpkins Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes X Vast ticket distribution made at the behest No Yes X if no: GSW Name of Agency, Department or unit • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency is department or unit. • Use Section A to identify the agency is department or unit. • Use Section B to identify an individual. (Last /Fix) Describe the public purpose made pursuant to the a the checksy. Pass(es) B. Name of Individual (Last /Fix) (Last /Fix) Ceremonial Role or "Other desche below: <th>For Official Use Only explanation in Part 3.) onth, Day, Year) 2.00</th>	For Official Use Only explanation in Part 3.) onth, Day, Year) 2.00
Bioard of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 Gabriela. Christy@acgov.org Designated Agency have a ticket policy? Yes No Description The Smashing Pumpkins Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Yes If no: GSW Name of Source Vas ticket distribution made at the behest of agency official? Name of Agency, Department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. (datt. Find) Pass(es) B. Name of Individual (datt. Find) (datt. Find) Pass(es) Ceremonial Role Other If theteling "Caremonial Role Other If theteling "Caremonial Role Other	explanation in Part 3.) onth, Day, Year)
Designated Agency Contact (Name, Title) Gabriela Christy Area Code/Phone Number (510) 272-6692 E-mail Gabriela.Christy@acgov.org Date of Original Filing:(Moriginal Filing) 2. Function or Event Information Does the agency have a ticket policy? Yes INO Face Value of Each Ticket/Pass \$	onth, Day, Year)
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Area Code/Phone Number (510) 272-6692 E-mail Gabriela. Christy@acgov.org Date of Original Filing:	onth, Day, Year)
Area Code/Phone Number (510) 272-6692 E-mail Gabriela. Christy@acgov.org Date of Original Filing:	onth, Day, Year)
(510) 272-6692 Gabriela. Christy@acgov.org Date of Original Filing:	2.00
2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$	2.00
Does the agency have a ticket policy? Yes INO Face Value of Each Ticket/Pass \$	//
Event Description The Smashing Pumpkins Date(s) 08 27 18 Provide Title/Explanation Date(s) 08 27 18 Ticket(s)/Pass(es) provided by agency? Yes No If no: GSW Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District Official's Neme (Last, Fire) 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 or A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the apency's department or Unit B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the approximation or Unit Smith, Peter Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his or his To reward a community volunteer for his or his	// ct 2
Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No X If no: GSW Was ticket distribution made at the behest No Yes X If yes: Valle, Richard- Supervisor District Official's Name (Last, First) Smith, Peter No X If yes: Valle, Richard- Supervisor District Official's Name (Last, First) No X If yes: Valle, Richard- Supervisor District Official's Name (Last, First) Official? If yes: Valle, Richard- Supervisor District Official's Name (Last, First) Official? No X If yes: Valle, Richard- Supervisor District Official's Name (Last, First) Summe of Agency, Department or unit. • Use Section B to identify an individual. • Use Section C to identify an of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the approximation of Ticket(s)/ Pass(es) B. Name of Individual (Last, First) Ceremonial Role I other describe below: Smith, Peter Other describe below: Other describe below: - To reward a community volunteer for his or his or h	// ct 2
Was ticket distribution made at the behest of agency official? No Yes X If yes: Valle, Richard- Supervisor Distric 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 or A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the a pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Smith, Peter Ceremonial Role Other If the chain of the control of the con	ct 2
Was ticket distribution made at the behest of agency official? No Yes X If yes: Valle, Richard- Supervisor Distric 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 or A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the a pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Smith, Peter Ceremonial Role Other If the chain of the control of the con	ct 2
of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an or A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the a pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Smith, Peter Ceremonial Role Other Other' describe below: To reward a community volunteer for his or his or his or his or him 	ct 2
of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an or A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the a pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Smith, Peter Ceremonial Role Other Other' describe below: To reward a community volunteer for his or his or his or his or him 	
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an or A. Name of Agency, Department or Unit • Use Section B to identify an individual. • Use Section C to identify an or Ticket(s)/ Pass(es) • Describe the public purpose made pursuant to the a • Describe the public purpose made pursuant to the a • Describe the public purpose made pursuant to the a • Use Section C to identify an or • Use Section C tor	rst)
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the and pass (es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Smith, Peter Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his or his	outside organization.
B. Name of individual (Last, First) Ticket(s)/ Pass(es) Identify one of the following: Smith, Peter Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: If the checking the community volunteer for this or the the community volunteer for the community volunteer	agency's policy
B. Name of individual (Last, First) Ticket(s)/ Pass(es) Identify one of the following: Smith, Peter Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: If the checking the community volunteer for this or the the community volunteer for the community volunteer	а в 1
B. Name of individual (Last, First) Ticket(s)/ Pass(es) Identify one of the following: Smith, Peter Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: Other If checking "Ceremonial Role" or "Other" describe below: If the checking the community volunteer for this or the the community volunteer for the community volunteer	
Smith, Peter If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his or his	
- To reward a community volunteer for his or h	Income
' public	her service to the
Ceremonial Role Other I If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the a	
(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the a	agency's policy
	ò
4 Verification	

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

Gabriela Christy Supervisor's Assistant I છ 19 nee Print Name Title (Month, Day, Year)

Comment:

Ce	eremonial Role Even	ts and Tic	ket/Pass D	istributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				Form	
	Division, Department, or Region (If Applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Gabriela Christy					_
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6692		nristy@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				200
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	
	Event Description J. Cole			Date(s)08	, 29 , 18	/
		Provide Title/Exp	lanation		2	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	lf no: <u>GSW</u>	Name of So	
	Was ticket distribution made a	t the behast		. Valle		
	of agency official?	at the benest	No 🗌 Yes 🛛	If yes:	Richard- Supervisor I Official's Name (I	ast, First)
3.	Recipients			į.		
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual.			al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
-	8				2 <u>1</u>	Ē
	B. Name of Individua (Last, First)	Name of Individual (Last, First)		Identify one of the following:		
Ngu				Ceremonial Role	Other	Income
	Nguyen, Long		4		al Role" or "Other" describe below:	
				 To reward a comr bublic 	munity volunteer for hi	s or her service to the
					Other	
					al Role" or "Other" describe below:	,
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
•		-		<u></u>		
				· · · · ·	·	
	Verification		<u> </u>			<u></u> #
	I have read and understand FPPC Regu	lations 18944.1 and		7.		ilalia
			Gabriela Chri	sty	Supervisor's Assistant	1/8/19
	gnee	,	Print Name		Title	(Month, Day, Year)