	Agency Name		Ket/Pass	Distributions		A Public Document
١.	•				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)		····		
	Briana Brown					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	5102726695	briana.browr	n2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				(Monun, Day, Year)
	Does the agency have a ticke	t policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	90 /45
	Event Description BaseBall C	Game			, 1 , 18	9,5,18
	Event Description	Provide Title/Expl	anation	Date(s)		-[_3_/0
	Ticket(s)/Pass(es) provided by	v adencv?	Yes 🗌 No	If no: Oaklar	nd Athletics	
	×				Name of So	purce
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes:		
	or agency official?			_	Official's Name (	Last, First)
3.	Recipients					
	<ul> <li>Jas Bactrin - to mentify the ogene.</li> </ul>	i a declaranant or i	Number of	tion B to identify an individu	at • Use Section C to Iden	tify an outside organization.
	A. Name of Agenticy Departme	58 SF (2010)	Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy
	1		Pass(es)			
	9					
	B. Name of Individua	1	Number of			
	(Lest, First)		Ticket(s)/ Pass(es)	ă.	Identify one of the follow	ing:
				Ceremonial Role	Other	Income
				If checking "Ceremoni	al Role" or "Other" describe below:	
	Taimas Brain				=	
	James Brown		2	event or event	tendance at a County s held at a County facilit	sponsored Income
				to maximize p	otential County revenue	ly in order e from
				parking and co	pncession sales;	
	C. Name of Outside Organi	zation	Number of			· · · · · · · · · · · · · · · · · · ·
	(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	(A)	1				
	C					
	Verification	- 10 <sup>-1</sup> - 10-10-10-10-10-10-10-10-10-10-10-10-10-1			······································	
	have hard and understand FPPC Regula	ations 18944.1 and	18942. I have ver	ified that the distribution set fo	the above is in consideration to	
	have hard and understand FPPC Regula	ations 18944.1 and	18942. I have ver	ified that the distribution set fo	rth above, is in accordance with	h the requirements.

7	 -	Briana Brown Print Name	Supervisor's Assistant	(Month, Day, Year)

			ΑΡι	Iblic Document			
. Agency Name		Date	Stamp Cal	ifornia 802			
Alameda County		Provide State of Concession, Name	orm OUZ				
Division, Department, or Region (If Applica	Division, Department, or Region (If Applicable)						
Board of Supervisors							
Designated Agency Contact (Name, Title)	· · · · · · · · · · · · · · · · · · ·						
Briana Brown							
Area Code/Phone Number E-mail		Ameno	ment (Must provide exp	lanation in Part 3.)			
	wn2@acgov.org	Date of Or	ginal Filing:				
. Function or Event Information	0 3 3 3 3		(Month	n, Day, Year)			
Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of Each Tick	00-	- / 145			
		1					
Event Description BaseBall Game Provide Title/E	xolanation	. Date(s) <u>69 / 1</u>	1 <u>8</u> a	<u>,5</u> ,18			
Ticket(s)/Pass(es) provided by agency?		If no: Oakland Athletics					
noted sin assess provided by agency ?	Yes 🗌 No 🛛	If no:	Name of Source				
Was ticket distribution made at the behest	No 🗌 Yes 🛛	If yes:					
of agency official?		n yoo (	fficial's Name (Last, First)				
Recipients		and a second					
<ul> <li>Use Section A to identify the igency is department.</li> </ul>	• Use Section E	to identify an individual	tion C to identify an out	side organization.			
A. House of Ageney Bepartment of Unit	Number of Ticket(s)/	Describe the public purpose m	ade pursuant to the ad	ency's policy			
	Pass(es)		parotant to the ag	ency s policy			
B. Name of Individual	Number of Ticket(s)/	Identify one	of the following:				
	Pass(es)						
		Ceremonial Role Conternation Other		Income			
		a brooking beremanar the of other	describe below:				
		Ceremonial Role D Other		Income			
		If checking "Ceremonial Role" or "Other"	describe below:				
	Number of						
C. Name of Outside Organization (include address and description)	Ticket(s)/	Describe the public purpose m	ade pursuant to the age	ency's policy			
North Hills Community Assoc	Pass(es)						
PO. BOX 5844 Berkeley	õ	rentional and					
	'	reward a schoo	or nonprofit				
CALIFORNIEL NORSHWESS Education Dening	ront 4	organization for its	S COntributions				
Emerguille CA		to the community;					
Verification							
I pave read and anderstand PPC Regulations 18944.1 an	nd 18942. I have verified ti	hat the distribution set forth above, is in	accordance with the requir	ements.			
	Briana Brown	Supervisor'		9/20/10			
<b>X</b>	Print Name	771	the second s	(Month, Day, Year)			

4.

1. Agency Name			PISCIPULIONS		A Public Documen
Alameda County		Date Stamp	California Q00		
Division, Department, or Regi	on /If Applicable	-			Form OUZ
		7)			For Official Use Only
Board of Supervisors Designated Agency Contact (/	1				
	vame, i itle)				
Briana Brown					
	E-mail			Amendment (Must)	provide explanation in Part 3.)
5102726695	briana.browr	12@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform					
Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	
Event Description	Smith		Date(s)	4,18	
		anation	Date(3)		
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No 🛛	If no: Oaklar	and the second	
Was ticket distribution made at	the behest			Name of So	ource
of agency official?		No 🗌 Yes 🛛	X If yes:	Official's Name (	l oot Find
. Recipients	la ton, a service a service por		an a		
• Use Surface A to-signify the agency's	a Department or a	ul Use Sect	ion B to identify an individu	ellse Section C to idea	A.F.
A. Reise of Agency, Countries	t we close	Number of Ticket(s)/		lic purpose made pursuant to the agency's policy	
	· · · · · · · · · · · · · · · · · · ·	Pass(es)		iic purpose made pursuant	to the agency's policy
				alan denangan di Kangalan di Kanga di Kanga	an a
				and an	
B. Name of Individual		Number of	and a second		
B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	na:
owen Goodwin		1 435(65)			
		4	I o promote atter event or event h	ndance at a County spo eld at a County facility	in order
			to maximize pote	ential County revenue f	rom
			parking and con	cession sales;	
			Ceremonial Role		Income
			n checking "Ceremonial	Role" or "Other" describe below:	
C. Name of Outside Organiza	tion	Number of			
(include address and descrip	ption)	Ticket(s)/ Pass(es)	Describe the public	: purpose made pursuant t	o the agency's policy
		T		and and a second se	
(Marine State of the State of t					
		Contraction of Contra	n an ann an Anna an Ann		
THE ARE IN DESCRIPTION OF A DESCRIPTION OF					
Verification			an a		
I have read and understand FPPC Production	ns 18944,1 and 18	942. I have verifie	ed that the distribution set forth	above, is in accordance with i	the requirements
		Briana Brow		pervisor's Assistant	al-16
		Print Name		Title	(Month, Day, Year)
Comment:					(inclus, Lary, Tear)

1. Agency Nam	19. Il			istributions	15 - againstant and an and a stranger	A Public Document
•					Date Stamp	California 802
Alameda Cour Division, Depar	,	an //6 A		Form OUZ		
		ion (if Applicable	9)			For Official Use Only
Board of Supe						
<b>Designated Age</b>	ency Contact	Name, Title)				
Briana Brown						
Area Code/Pho	ne Number	E-mail			Amendment (Must,	provide explanation in Part 3.)
5102726695		briana.brow	n2@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or	Event Infor	mation				00
Does the agend	y have a ticke	t policy?	Yes 🛛 No 🗆	Face Value o	of Each Ticket/Pass \$ _	
Event Description	BaseBall C	Same		G	,5,10	
		Provide Title/Expl	anation	_ Date(s)		//
Ticket(s)/Pass(e	es) provided by	agency?	Yes 🗌 No 🔀	If no: Oaklar	nd Athletics	
					Name of So	Durce
Was ticket distri		t the behest	No 🗌 Yes 🔀	If yes:		
of agency offic		······		-	Official's Name	(Last, First)
3. Recipients		8				
	dentify the agenci	s department of		E to identify in individu	al • Use Section C to ider	tify an outside organization.
A. home of A	gelly Departme	er of Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	
Dilatio	D.0 10	C	ц	To reward	a County employe	e for
TUDIC	Defence	r office	7	his or her	exemplary service	to the
				developme	o encourage staff	
					зпц,	
B. 🛚	ame of Individua (Lest, First)	•	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ling:
				Ceremonial Role		Income
				in checking Celemonia	al Role" or "Other" describe below:	
				Ceremonial Role	Other	
					al Role" or "Other" describe below:	
C. Name o	f Outside Organi	zation	Number of		······	
(include a	ddress and desc	ription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
					987	
					e	
. Verification	1	a communication of the second se		an and a second s	1000 - 1, 1, 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	an gana an an an ar
I have read and unders	stand FPPG Regula	tions 18944.1 and	18942. I have verified	that the distribution set for	rth above, is in accordance wit	h the requirements
			Briana Brown			
			Print Name		Supervisor's Assistant	
						(Month, Day, Year)

I. Agency Name			SUBUIDUTIONS		A Public Documen
Alameda County		Date Stamp	California 802		
Division, Department, or Reg	ion (If Applicable		Form OUZ For Official Use Only		
		~/			
Board of Supervisors Designated Agency Contact	(Nome Title)	,			
	Name, Hue)				
Briana Brown				Amendment (Must o	rovide explanation in Part 3.)
Area Code/Phone Number 5102726695	E-mail	200000000000000000000000000000000000000			
. Function or Event Infor		n2@acgov.or	9	Date of Original Filing:	(Month, Day, Year)
Does the agency have a ticke					802
		Yes 🛛 No 🛛		f Each Ticket/Pass \$ _	002
Event Description BaseBall C	>ame Provide Title/Expl	anation	Date(s)	5,18	//
Ticket(a)/Dens(as) provided b			If no: Oaklan	d Athletics	
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛		Name of So	urce
Was ticket distribution made a	t the behest	No 🗌 Yes 🛛	If yes:		
of agency official?				Official's Name (I	Last, First)
Recipients			s		
<ul> <li>Dec Section A to identify the agence</li> </ul>	🚯 designtment or	And the second s	ion B to Identify an individu	et. • Use Section C to Ident	tify an outside organization.
A. Barn of Agency Logration	of or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
B. Name of Individua	1	Number of			
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other	Income
			Ceremonial Role	Other I	Income
C. Name of Outside Organ (include address and dest		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant	to the agency's policy
				hool or nonprofit	
2847 Penalta St Or	sakland	4	to the commu		
(Include address and desi	s akland	Ticket(s)/ Pass(es)	reward a sc organization for to the commu	hool or nonprofit or its contributions nity;	a the requirements.

.0	Print Name	Title	(Month, Day, Year)
Comment: <u>+ Parking Pass</u> (2	.)		

Comment: \_\_

-		ts and Tic	ket/Pass D	istributions		A Public Document
1. Agency Na					Date Stamp	California 802
Alameda Co	•			Form 002		
Division, Dep	partment, or Reg	ion (If Applicable	9)			For Official Use Only
Board of Su	pervisors					
Designated A	gency Contact	(Name, Title)	······································			
Briana Brow	'n					
Area Code/Pl	none Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
5102726695	5	briana.brow	n2@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function c	or Event Infor	mation				(Mohin, Day, Year)
Does the age	ncy have a ticke	t policy?	Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$ _	35
Event Denni	ation BaseBall (	Game		0	9,18	9,19,18
Event Descri	Duon	Provide Title/Exp	lanation	Date(s)		-1 17 18
Ticket(s)/Pas	s(es) provided b	v agencv?	Yes 🗌 No 🔀	If no: Oaklar	nd Athletics	
					Name of Sc	purce
	stribution made a	at the behest	No 🗌 Yes 🛛	If yes:		
of agency of	· · · · · · · · · · · · · · · · · · ·				Official's Name (	Last, First)
3. Recipients						
	te dentify the agenc	y a corportment as	Number of	i d to identify an individu	ual. • Use Section C to Iden	tify an outside organization.
A. Bane o	t Agency, Departing	ant or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
<u></u>					ē.	······································
В.	Name of Individu. (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	
				If checking "Ceremoni	al Role" or "Other" describe below:	
				Ceremonial Role		
					A Other and A other and A other A other A other A other A other	Income
	e of Outside Organ		Number of Ticket(s)/	Deparihe the sub-		
	de address and des		Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
U.C. Ber	k LGBT	Center	4	reward	a school or non	profit
Center Fa	Commun it	y Chanos		•	ation for its contribu	utions
Remponer	ment	• • •	4	to the co	ommunity;	
4. Verification	••••••••••••••••••••••••••••••••••••••			the second s		
I have read and in		ations 18944.1 and	18942. I have verifier	d that the distribution set fo	orth above, is in accordance wi	16 46
-						1.1.6
-,	1		Briana Brown		Supervisor's Assistant	
	-				1100	(Month, Day, Year)

. Agency Name		Neur uss	Distributions		A Public Documen	
•				Date Stamp	California 802	
Alameda County			Form 002			
Division, Department, or Reg	<b>gion</b> (If Applicable		For Official Use Only			
Board of Supervisors						
<b>Designated Agency Contact</b>	(Name, Title)			1		
Briana Brown						
Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
5102726695	briana.brow	n2@acgov.o	rg	Date of Original Filing: .		
Function or Event Infor	mation		Cardena and a		(Month, Day, Year)	
Does the agency have a tick	et policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	305	
Event Description	's Game		a	, 10 , 10		
Event Description	Provide Title/Expl		Date(s)	10,10	//	
Ticket(s)/Pass(es) provided t	v agency?		If no: Oaklar	nd Athletics		
	y agency:	Yes 🗌 No		Name of Sou	rce	
Was ticket distribution made	at the behest	No 🗌 Yes	If yes:			
of agency official?				Official's Name (L	ast, First)	
Recipients						
<ul> <li>Use Section A to identify the agence</li> </ul>	y's department or a	📶 🕩 Usa Sec	tion 5 to identity or individu	DI. • Use Section C to identi	fy an outside organization.	
А. Мание от Арексу, Верогли	ent of Chat	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy	
D5		13	To reward a County employee for			
		4	his or her e	exemplary service to	o the	
				encourage staff		
			developme	nt;		
B. Name of Individu (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followir		
Paul Grutierry	22	4	Ceremonial Role	Other	Income	
				ndance at a County sp	onsored	
····				eld at a County facility		
			maximize potent	ial County revenue fro		
			and concession :	sales;		
C. Name of Outside Organ (Include address and des	ization cription)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy	
(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	
Verification	ations 18944.1 and	18942. I have veri	fied that the distribution set for	th above, is in accordance with	the requirements	

÷	1 <del>0</del>	Briana Brown Print Name	Supervisor's Assistant	430/18 (Month, Day, Year)
Comment: + Parking Pase	\$			, , , , , , , , , , , , , , ,

Comment:

I. Agency Name	and the second		Distributions		A Public Document
Alameda County				Date Stamp	California 800
Division, Department, or R	ndion //f Annitast	]	Form OUZ		
	egion (il Applicad		For Official Use Only		
Board of Supervisors					
Designated Agency Contac	t (Name, Title)				
Briana Brown					
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
5102726695		vn2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
. Function or Event Info					00
Does the agency have a tic	-	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	200-
Event Description Rolling	Provide Title/Exp		Date(s)	, 16 , 18	
Ticket(s)/Pass(es) provided		Yes 🗌 No 🛛	If no: Oaklar	nd Athletics Name of Sou	Irce
Was ticket distribution made of agency official?	e at the behest	No 🗋 Yes [	If yes:	Official's Name (L	ast Firsti
Recipients	and the state of t	1997 - 19	e oor strange aan ee strang dat oor strang as weed as the strange of the strange of the strange of the strange	a di spinordano.	a management of the state of the
Geo Section A to report ty the agent	ing a department or	• Use Sect	tion B to identify an individu	al. • Use Section C to ident	ify an outside establish
A. Nam of success General	in at or Dan	Number of Ticket(s)/ Pass(es)		ic purpose made pursuant	the second s
D5		4	To reward a C	ounty employee for	
			his or her exer	nplary service to th	e
sternesses and a second se			public or to en development;	courage staff	
B. Name of Individ (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:
			Ceremonial Role	Other Role" or "Other" describe below:	Income
			Ceremonial Role	Other Role" or "Other" describe below:	Income
C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy
	.*				c . , c poloj
Verification					
I have read and understand EERC Reau	lations 18944.1 and a	18942. I have verifie	ed that the distribution set forth	above is in account	
2		Briana Brow			he requirements.
re re	anti-iperang Arentes	Print Name	SL SL	Ipervisor's Assistant	0/15/18

Dutions		A Public Document
	Date Stamp	California O O O

-						A Fublic Document
1.	Agency Name	L. L			Date Stamp	California 802
	Alameda County					1 GHII
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Briana Brown					
		E-mail		······································	Amendment (Must pr	ovide explanation in Part 3.)
	5102726695		n2@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation	and the second of the second AT and the second s			
	Does the agency have a ticket	policy?	Yes 🔀 🛛 🗋	Face Value o	of Each Ticket/Pass \$	78-
	Event Description BaseBall G	Same		Date(s) 9	23	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	Yes 🗌 No 🔀	lf no: Oaklar	nd Athletics		
	Was ticket distribution made a	t the behant			Name of Sou	
	of agency official?	t the benest	No 🗌 Yes 🔀	If yes:	Official's Name (L	ast First)
3	Recipients					
	Use Section A to monthly line agency	a impartment or	• Use Section E	3 to identify an indevicu	eai. • Use Section C to identi	ify an outside organization.
	A. Name of Agency Department	on or these	Number of		lic purpose made pursuant	
			Ticket(s)/ Pass(es)		ne purpose made pursuant	to the agency's policy
	B. Name of Individual (Lest, First)		Number of Ticket(s)/	Identify one of the following:		
			Pass(es)			
				• •	al Role" or "Other" describe below:	Income
				=	Other	Income
				If checking "Ceremonia	al Role" or "Other" describe below:	
	C. Name of Outside Organia	zation	Number of			
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy
	Peter Pan C GOP NU	insery	18			
	- Play Based School	SUPPOR		reward	a school or nor	profit
	early learning Band	Education		organiz	zation for its contribu	
				to the c	community;	
4.	Verification			· · · · · · · · · · · · · · · · · · ·		
	I have read and understand FPPC Regula	tions 18944.1 and	18942. I have verified ti	hat the distribution set fo	rth above, is in accordance with	the requirements.
;			Briana Brown		Supervisor's Assistant	In/ic/110
	38		Print Name		Title	(Month, Day, Year)
	Comments					
	Comment:	······				

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

Agency Name				A Public Documen
Alameda County			Date Stamp	California 000
Division, Department, or Regio		Form OUZ		
	n ( <i>in Applicable)</i>			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Na	ame, Title)			
Briana Brown			n Nan alampina - na Arabin, iza ana ana alampina arabina arabina arabina arabina arabina arabina arabina arabina 	
	-mail	a and an and a second	Amendment (Must pr	ovide explanation in Part 3.)
5102726695 t	priana.brown2@acgov.	org	Date of Original Filing: .	
<b>Function or Event Inform</b>		an a		(Month, Day, Year)
Does the agency have a ticket p		Face Value o	f Each Ticket/Pass \$	9755
Event Description TGP RA!	VK world Champrone	Boling a	28 1Q	
p	rovide Title/Explanation	Date(s)	10,10	//
Ticket(s)/Pass(es) provided by a		If no: Grad	len gelle war	Nerg
Was ticket distribution made at t			Name of Sou	rce
of agency official?	he behest No 🗌 Yes	If yes:		27-110-11-2
Recipients	and the second	an a she and a she was a she	Official's Name (La	ast, First)
Use Section A territeduly the distriction	and the second second second second			
		ction B to identify an individua	al • Use Section C to identit	y an outside organization.
A. Native of Agency Departments	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	o the agency's policy
			- an anna a chairte a suitean ann	ang
				terra a ser a construction de la co
B. Name of Individual, (Lest, First)	Number of Ticket(s)/			والاعداد والمسيوية والمراجع والمراجع والمتراجع والمتحو والمراجع والمحاوي والمحاوي والمحاور والمتح
	Pass(es)		Identify one of the following	g:
Jason Jones		To promote atter	ndance at a County spo	nsored Income
	4	event or event h	eld at a County facility i	n order
		to maximize pote parking and con	ential County revenue fr	om
		and a second		
		Ceremonial Role	Other  Role" or "Other" describe below:	Income
			ner er erner deschbe below:	
Name of Outside Organization (Include address and description)	on Number of Ticket(s)/	Describe the public		
	Pass(es)		purpose made pursuant to	the agency's policy
				an a
		· · · · ·		
			aan international aan ingerikaan ingerikaan ingerikaan ingerikaan	
erification				

	+	Print Name	Supervisor's Assistant	(Month, Day, Year)
Comment:				

1.	Agency Name			· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 802
	Alameda County Division, Department, or Region (If Applicable)					Form 002
						For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number E-mail				Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information				¢	205 55 ticket/\$25 perk
	Does the agency have a ticke	t policy?	Yes 🗵 🛛 No 🛛	Face Value of Face Value of Face Value	of Each Ticket/Pass \$ <mark>⊅</mark>	305.55 ticket/\$35 park
	Event Description	ame		Date(s) 09	9 , 10 , 18	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Oaklar				nd Raiders Name of Sol	1/200
						uice
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Chan			Official's Name (I	Last, First)	
_					· · · · · · · · · · · · · · · · · · ·	
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individ				ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the pu Pass(es)		blic purpose made pursuant	to the agency's policy
			1 200(00)			
	B. Name of Individu	al	Number of		1	
	D. (Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:		
				Ceremonial Role		Income
	Gordon, James		3+1park		nial Role" or "Other" describe below:	ald at a County facility in
					potential County rever	neld at a County facility in nue
	· · · · · · · · · · · · · · · · · · ·			Ceremonial Role	Other	Income
			3+1park	If checking "Ceremo	nial Role" or "Other" describe below:	
				12		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy

# 4. Verification

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

	Sarah Oddie	Supervisor's Assistant	09.25.2018
ie	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_

**A Public Document** 

**A Public Document** 

1. /	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	:)		-	For Official Use Only
I	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			-	
	Sarah Oddie	·				
	Area Code/Phone Number	E-mail			Amendment (Musi	provide explanation in Part 3.)
-	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Infor	mation				
[	Does the agency have a ticke	t policy?	Yes 🛛 No [	Face Value	of Each Ticket/Pass \$	\$305.55 ticket/\$35 park
ſ	Event Description <u>Football g</u>	ame		Date(s) 0	9 , 30 , 18	/
L		Provide Title/Exp				
-	Ticket(s)/Pass(es) provided by agency? Yes D No X If no: Oakla				and Raiders	Source
						Source
1	Was ticket distribution made a of agency official?	at the benest	Official's Name	e (Last, First)		
	• Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to id	entify an outside organization.
•	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pu	iblic purpose made pursua	ant to the agency's policy
	······································		Pass(es)		<u> </u>	
						14
	· · · · · · · · · · · · · · · · · · ·					
	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the follo	owing:
			Pass(es)	Ceremonial Role	Other	
	Angulo, Jesus		0.11.0.01		onial Role" or "Other" describe belo	W.
			3+1park			t held at a County facility in
					e potential County rev	
				Ceremonial Role	e 🔲 Other 🛄 nonial Role" or "Other" describe belo	Income
			3+1park	in chickling coroni		
	C. Name of Outside Orga	inization	Number of Ticket(s)/	Describe the pr	be the public purpose made pursuant to the agency's policy	
	(include address and de	escription)	Pass(es)		anno harbare	
						Υ.
4.	Verification		4			

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	09.25.2018
inee	Print Name	 Title	(Month, Day, Year)

**A Public Document** 

1.	Agency Name				Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			4	
	Sarah Oddie					
	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticke	t policy?	Yes 🗵 No [	Face Value c	of Each Ticket/Pass \$	\$200
	Event DescriptionSam Smith	ı		Date(s) 09	9 _ 04 _ 18	
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors Name of Sou	1700
						nce
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes [	If yes: Chan	Official's Name (L	.ast, First)
-						
3.	• Use Section A to identify the agence	y's department o	runit. •Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		blic purpose made pursuant	
	<u></u>		Pass(es)			
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income
	Li, Rosanna		4	•	nial Role" or "Other" describe below:	
					ance at a(n) event h potential County rever	eld at a County facility in nue
				Ceremonial Role If checking "Ceremo	Other	Income
			4			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
						. <u>.</u>
			:			
					<u></u>	

#### 4. Verification

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

	Sarah Oddie	Supervisor's Assistant	09.25.2018
signee	Print Name	Title	(Month, Day, Year)

**A Public Document** 

1.	Agency Name				Date Stamp	California 000
•••	Alameda County Division, Department, or Region ( <i>If Applicable</i> )					Form 802
						For Official Use Only
	Board of Supervisors		9			
	Designated Agency Contact (Na	me,Title)		· · · · ·		
		. ,				
	Sarah Oddie Area Code/Phone Number E	-mail			Amendment (Must pr	ovide explanation in Part 3.)
		arah.oddie@	acdov ord		Date of Original Filing:	
2	Function or Event Information					(Month, Day, Year)
<b>~</b>					f Each Ticket/Pass \$	\$200
	Event Description Childish Gan	rovide Title/Explan	ation	Date(s)		
		Torde Increspindadi			n State Warriors	
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 If no: Otto				Name of Sou	irce
	Was ticket distribution made at t	he behest	No 🗌 Yes [	If yes: <u>Chan</u>	, Wilma	
	of agency official?				Official's Name (L	ast, First)
	Use Section A to identify the agency's department or		Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	to the agency's policy
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Huynh, Vinh		4	To promote attenda	hial Role" or "Other" describe below:	eld at a County facility in
			4	Ceremonial Role	Other Other other other	
	C. Name of Outside Organiz (include address and descr	ation iption)	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 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	09.25.2018
signee	Print Name	Title	(Month, Day, Year)

A Public Document

1. A	gency Name	<u>-</u>			Date Stamp	California 802
A	Alameda County					Form OOZ
D	livision, Department, or I	Region (If Applicabl		For Official Use Only		
Е	Board of Supervisors					
	esignated Agency Conta	act (Name, Title)				
5	Sarah Oddie					
	Area Code/Phone Numbe	r E-mail	· · · · · · · · · · · · · · · · · · ·			provide explanation in Part 3.)
(	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing	(Month, Day, Year)
2. F	Function or Event In					
D	Does the agency have a ticket policy? Yes			Face Value o	of Each Ticket/Pass \$ _	\$20
_	Event Description BTS			Date(s) 09	9 , 12 , 18	/
L.,		Provide Title/Ex	planation			
Т	Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛			If no: Golde	n State Warriors Name of S	auroa
						ource
	Nas ticket distribution ma of agency official?	ide at the behest	Na 🗌 Yes 🛛	If yes: Chan	Official's Name	(Last, First)
-						
-	Use Section A to identify the a		Number of		ual. • Use Section C to ide	
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)			
-						
Ī	B. Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)			wing:
-	<u> </u>			Ceremonial Role 🔲 Other 🗌		income
				If checking "Ceremo	nial Role" or "Other" describe belov	w:
				Ceremonial Role If checking "Ceremo	Other D	income [
						2
-	C. Name of Outside Organization (include address and description) Asian Health Services, 101 8th St, Oakland, CA 94607		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	ant to the agency's policy
-			4	To reward a school to the community	ol or nonprofit organiz	zation for its contributions
	Health care services for Asian populations	or underserved				

4. Verification

I have read and ungerstand 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	09.25.2018
•	r Designee	Print Name	Title	(Month, Day, Year)

Ce	remonial Role Events and Tick	et/Pass [	Distributions		A Public Document
1. /	Agency Name			Date Stamp	California 802
ł	Alameda County				Form For Official Use Only
۵	Division, Department, or Region (If Applicable)				FOI Official Use Offy
I	Board of Supervisors				
	Designated Agency Contact (Name, Title)		······		
ļ	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				¢100
[	Does the agency have a ticket policy?	Yes 🔀 🛛 No 🕻	Face Value o	of Each Ticket/Pass \$ _	\$100
	Event Description J Balvin	Date(s) 09	92018	1 1	
t	Provide Title/Explan				
-	Ticket(s)/Pass(es) provided by agency?	n State Warriors			
				Name of So	
1	Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: Chan	n, VVIIma Official's Name (	Last, First)
3.	<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or un</li> </ul>		tion B to identify an individ	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		
			1.2		
	=				
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:       Ceremonial Role		
	Calpotura, Francis	2	If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his or her service to public		
			Ceremonial Role		Income
		2	If checking "Ceremo	nial Role" or "Other" describe below.	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	The Unity Council, 1900 Fruitvale Ave Suite 2A, Oakland, CA 94601	2	To reward a school to the community	ol or nonprofit organiza	ation for its contributions
	Social equity development nonprofit in Oakland				
4.	Verification				

I have read and understand "PPC 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	09.25.2018
or Designee	Print Name	Title	(Month, Day, Year)

Ce	eremonial Role Events a	and Tick	et/Pass D	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OOL		
	Division, Department, or Region (	If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nam	e, Title)				
	Sarah Oddie					
		nail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693 sa	rah.oddie@	)acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informat	ion				+on 75
	Does the agency have a ticket pol	licy?	res 🛛 No 🗆	] Face Value c	of Each Ticket/Pass \$ _	\$97.55
	Event Description World Champi			Date(s)	), 28, 18	, ,
	Event Description	vide Title/Explar	//			
	Ticket(s)/Pass(es) provided by ag	ency?	n State Warriors			
			Name of So	burce		
	Was ticket distribution made at the	e behest	No 🗌 Yes 🛛	If yes: Chan	, VVIIMa Official's Name	(1 ast First)
	of agency official?				Cincial S Manie	
3.	Recipients			maa talaastii aan taatiatad	und a line Cention C to Mar	tife on outside exceptation
	Use Section A to identify the agency's defined as a section of the section o	epartment or u	Number of			
	A. Name of Agency, Department o	r Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
			1 400(00)		<u> </u>	<u></u>
	B. Name of Individual		Number of		Identify one of the follow	ving:
	D. (Last, First)		Ticket(s)/ Pass(es)	· · · · · · · · · · · · · · · · · · ·		vilig.
					Other	Income
				If checking "Ceremo	nial Role" or "Other" describe below.	
	·			Ceremonial Role	Other	
					nial Role" or "Other" describe below	
	C. Name of Outside Organizat		Number of Ticket(s)/	Describe the pu	blic purpose made pursual	nt to the agency's policy
	(include address and descrip	otion)	Pass(es)			
	Deputy Sheriff's Activities Leag		4		ol or nonprofit organiza	ation for its contributions
	E 14th St, San Leandro, CA 94	4578	4	to the community		
	Youth sports/activities league i	n				
	unincorporated Alameda Coun					
4	. Verification		I			() <b></b> () <b></b> ()
	I have read and understand FPPC Regulation	ons 18944.1 and	' 18942. I have ve	rified that the distribution set	forth above, is in accordance i	with the requirements.
	-~		Sarah Od	ldie	Supervisor's Assista	nt <del>01.31</del> .2018
	d or Designee		Print Name	e	Title	(Month, Day, Year)

**A Public Document** 

. Agency Name		Date Stamp	California 802		
Alameda County			Form <b>OOZ</b>		
	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	t provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	:(Month, Day, Year)
. Function or Event Infor	mation				\$204 80 Holest/\$20 port
Does the agency have a ticke	t policy?	Yes 🛛 No [	Face Value o	of Each Ticket/Pass \$	\$304.80 ticket/\$30 park
Event Description Basketbal	I Game		Date(s) 09	30 <u>18</u>	1 1
Provide Title/Explanation					
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛙	If no: Golde	n State Warriors	Source.
			Source		
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [	If yes: <u>Chan</u>	Official's Name	e (Last, First)
Recipients     Use Section A to identify the agend	:y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to id	entify an outside organization.
A. Name of Agency, Departm		Number of Ticket(s)/			ant to the agency's policy
	· · · · · · · · · · · · · · · · · · ·	Pass(es)			······
0					
B. Name of Individu (Last, First)	B. Name of Individual (Last, First)		Identify one of the following:		owing:
				Other	Income
Kubo, Theresa		2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a Coun order to maximize potential County revenue		
		_			
			Ceremonial Role	Other	Income [
Dagenais, Alison		2		nial Role" or "Other" describe belo	
			To promote attendance at a(n) event held at a County fac order to maximize potential County revenue		
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursu	ant to the agency's policy
<u> </u>		_			
4. Verification			I		

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	10.01.2018
10 25	ad or Designee	Print Name	Title	(Month, Day, Year)

C	eremonial Role Event	s and Ticl	ket/Pass I	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form GOZ
	Division, Department, or Regi	on (If Applicable	)			For Onicial 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 Inform	nation				÷
	Does the agency have a ticker		Yes 🛛 No [	_ Face Value of	of Each Ticket/Pass \$ _	\$40
	Event Description Baseball g	ame	9 , 01 , 18	l /		
	Event Description	Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗖 No 🛙	If no: Oakla	nd A's	
	•••			_		ource
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Chan, Wilma					(Last, First)
-	of agency official?					
3	• Use Section A to identify the agenc	via donartmont or	unit a Lise Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
			Number of		blic purpose made pursuar	
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pu		
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follo	wing:
	(Last, First)		Pass(es)		Other	Income
	Austin, Gwen			Ceremonial Role	Diner	
			2		te attendance at a(n) event held at a County fa	
					potential County reve	
				Ceremonial Role		
			2	If checking "Cerem	onial Role" or "Other" describe belov	V.
			Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	int to the agency's policy
	<u> </u>		1 200(00)			
						in

### 4. Verification

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

	94	Sarah Oddie	Supervisor's Assistant	09.25.2018
~	iesignee	Print Name	 Title	(Month, Day, Year)

Comment: \_\_\_\_\_

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Ce	eremonial Role Events and Tick	(et/Pass [	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form For Official Use Only
	Division, Department, or Region (If Applicable)				For Onicial Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	·			
	Sarah Oddie				
	Area Code/Phone Number E-mail	<u> </u>		Amenament (Must)	provide explanation in Part 3.)
	(510) 272-6693 sarah.oddie@	Dacgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Information				¢00 tieket/\$20 perking
	Does the agency have a ticket policy?	Yes 🖾 No 🕻	Face Value of	of Each Ticket/Pass \$ _	\$90 ticket/\$20 parking
	Event Description Baseball game	anation	Date(s)	9 , 01 , 18	//
		Yes 🗌 No 🛙	If no: Oakla	nd A's Name of S	ource
			Char		00/08
	Was ticket distribution made at the behest No Yes If yes: Char of agency official?		Official's Name	(Last, First)	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			Ceremonial Role		Income
	Bazely, Toby	3+p	To promote attend	nial Role" or "Other" describe below lance at a(n) event potential County reve	held at a County facility in
		3+p		Ceremonial Role D Other D Income If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu		
_	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	09.25.2018
signee	Print Name	Title	(Month, Day, Year)

Comment: \_

California Date Stamp 1. Agency Name 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.) E-mail Area Code/Phone Number 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 <u>Baseball game</u> 02 09 18 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 🛛 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 Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First, Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) To promote attendance at a(n)... event held at a County facility in Alameda County Social Services 2 order to maximize potential County revenue... Agency, 2000 San Pablo, Oakland CA Public agency

### 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	09.25.2018
-	nee	Print Name	Title	(Month, Day, Year)

Comment: \_

**A Public Document** 

Cerem	onial Role Event	s and Tic	ket/Pass [	Distributions		A Public Document
I. Agen	cy Name				Date Stamp	California 802
Alame	eda County			Form OOZ For Official Use Only		
Divisio	on, Department, or Regi	on (If Applicable	)			For Onicial Use Only
Board	l of Supervisors					
	nated Agency Contact (	Vame, Title)			-	10 10
Sarah	n Oddie					
	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. Func	tion or Event Inform	nation		·····		¢ 4 5
Does t	the agency have a ticke	t policy?	Yes 🖾 No 🕻	Face Value	of Each Ticket/Pass \$ _	\$45
	Description Baseball g	ame		Date(s)	9 , 04 , 18	1 1
Event	Description	Provide Title/Exp				
Ticket	(s)/Pass(es) provided by	y agency?	Yes 🗌 🛛 No 🛙	If no: Oakla	Name of S	
						ource
	Was ticket distribution made at the behest No 🗌 Yes 🖾 If yes: Chan, Wilma					(Last, First)
	_					
3. Reci	pients Section A to identify the agenc		unit - Llos Cost	tion R to identify an indivis	tual a lise Section C to ide	ntify an outside organization.
-			Number of			
Α.	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the pu	iblic purpose made pursuar	it to the agency's policy
В.	Name of Individu	al	Number of Ticket(s)/		Identify one of the follo	wing:
	(Last, First)	<u>idi n'ili</u>	Pass(es)			
lohn	nson, Julius			Ceremonial Role	Other	ncome
50111	13011, 301103		2		munity volunteer for hi	
				public		
				Ceremonial Role	e 🗌 Other 🗌	Income
			2	If checking "Cerem	onial Role" or "Other" describe below	V:
			2			
			Number of			
C.	Name of Outside Orga (include address and de		Ticket(s)/	Describe the p	ublic purpose made pursua	int to the agency's policy
			Pass(es)			

### 4. Verification

I have read and understand #PPC 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	09.25.2018
4	√ignee	Print Name	Title	(Month, Day, Year)

**A Public Document** 100

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)				
	Sarah Oddie	Amendment (Must p	rovide explanation in Part 3.)		
	Area Code/Phone Number E-mail				
	(510) 272-6693 sarah.oddie@	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			\$	100 ticket/\$20 parking
		Yes 🖾 🛛 No 🕻			100 ticket/\$20 parking
	Event Description Baseball game		Date(s)	04 , 18	//
	Provide Title/Explar	nation			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar			Name of So	urce
	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 up	nit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Describe the put	olic purpose made pursuan	t to the agency's policy	
		Pass(es)			
	B. Name of Individual (Last, Firsi)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
				nial Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	it to the agency's policy
	SanLeandro Chamber of Commerce, 120	6+1p		lanceevent held at a	
	Estudillo Ave, San Leandro, CA 94577		tacilitymaximize	potential County reve	nueconcession sales
	Business support organization in San Leandro				
Δ	Verification	· · · · · · · · · · · · · · · · · · ·			

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	09.25.2018
	signee	Print Name	Title	(Month, Day, Year)
1				
Comment:				

#### Date Stamp California 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game 09 04 18 Date(s). 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 🕅 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number of Name of Outside Organization Ċ. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) To reward a school or nonprofit organization for its contributions St. Joseph Notre Dame High School, 6+1p 1011 Chestnut St, Alameda, CA 94501 to the community School in Alameda

#### 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	09.25.2018
Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

**A Public Document** 

#### 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$100 ticket/\$20 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game 09 04 18 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Chan, Wilma Was ticket distribution made at the behest If ves: 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) Income Other 🗋 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) To reward a school or nonprofit organization for its contributions San Leandro Boys+Girls Club, 401 6+1p to the community Marina Blvd, San Leandro, CA 94577 Youth services/program nonprofit in San Leandro 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	09.25.2018
esignee	Print Name	Title	(Month, Day, Year)

Comment: \_

A Public Document

**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Region (If Applicable)				Form 002	
					For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693		@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation			<u>.</u>	
	Does the agency have a ticke	t policy?	Yes 🛛 No 🛛		of Each Ticket/Pass \$ .	
	Event Description Baseball g	jame			), 05, 18	///
	Event Description	Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No 🛙	If no: Oakla	nd A's Name of S	<u> </u>
						Source
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🕻	If yes: Chan	Official's Name	(Last. First)
	of agency official?					
•.	• Use Section A to identify the agence A. Name of Agency, Departm		Number of	······································	ual. • Use Section C to ide	
	A. Name of Agency, Departm		Ticket(s)/ Describe the public purpose made pursuant to u Pass(es)			
	<u></u>					
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follo	wing:
	<u> </u>		Pass(es)	Ceremonial Role	Other	
	Lam, Marianne				nial Role" or "Other" describe below	
			2		anceevent held at	
				facilitymaximize		enueconcession sales
				Ceremonial Role		Income
			2	If checking "Ceremo	nial Role" or "Other" describe belo	w:
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	ant to the agency's policy
	·					<u>_</u>
	un		-			

#### 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	09.25.2018
Designee	Print Name	Title	(Month, Day, Year)

C	eremonial Role Event	s and Ticl	ket/Pass I	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form For Official Use Only	
	Division, Department, or Regi	on (If Applicable,	)	· · · · · · · · · · · · · · · · · · ·	1	For Onicial Ose 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 Infor	nation				40
	Does the agency have a ticke	t policy?	Yes 🛛 No [	Face Value of	of Each Ticket/Pass \$ _	40
				9,07,18	///	
	Event Description	Provide Title/Expl	anation	Date(s)	/,,/	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛙	If no: Oakla	nd A's Name of S	
						ource
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Char	Official's Name	(Last, First)
_						
3.	• Use Section A to identify the agence	v's department or	unit a Lisa Sac	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
	-		Number of		blic purpose made pursual	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	Dire purpose made pursua	it to the agency's policy
				· · · · · · · · · · · · · · · · · · ·		
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follo	wing:
	(Last, First)		Pass(es)	0 un un int Data	Other	income
	Poon, Eva			Ceremonial Role If checking "Ceremo	Diner L	
	1 00h, ±10		2			s or her service to the
				public		
				Ceremonial Role		
			2	if checking "Cerem	onial Role" or "Other" describe belov	V.
			Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pr	ıblic purpose made pursua	int to the agency's policy
					······································	
			_		<u> </u>	
				1		

### 4. Verification

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

	÷	Sarah Oddie	Supervisor's Assistant	09.25.2018
7	jnee	Print Name	Title	(Month, Day, Year)
-				

C	eremonial Role Even	ts and Tic	ket/Pass I	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Term
	Division, Department, or Reg	ion (If Applicable	<i>;)</i>		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of			of Each Ticket/Pass \$ .	40	
	Event Description Baseball game Date(s) 09			9,08,18	//	
	Ticket(s)/Pass(es) provided I		Yes 🔲 No [	If no: Oakla	nd A's Name of S	ource
	Was ticket distribution made	Was ticket distribution made at the behest No I Yes If yes: Chan			n, Wilma	
	Was ticket distribution made at the behest No Yes If yes: Chan of agency official?			Official's Name	(Last, First)	
3	Recipients					
ν.	Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ide	ntify 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 Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
				Ceremonial Role		Income
	McCormick, Tom				onial Role" or "Other" describe belov	
					lanceevent held at a potential County reve	a County enueconcession sales
				Ceremonial Role If checking "Ceremo	Other D onial Role <sup>®</sup> or "Other" describe below	income
		C. Name of Outside Organization (include address and description)		Describe the pu	ublic purpose made pursua	ant to the agency's policy
i.			<del>~</del>			

#### 4. Verification

I have repd 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	09.25.2018
2	esignee	Print Name	Title .	(Month, Day, Year)

A Public Document

1. <i>F</i>	Agency Name				Date Stamp	California 802
	Alameda County				Form OUZ	
	Division, Department, or Region (If Applicable)					For Official Use Only
E	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			1	
¢	Sarah Oddie					
	rea Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693		@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. F	Function or Event Inform	mation				00 tickot/20 park
C	Does the agency have a ticke	t policy?	Yes 🛛 No [	Face Value o	of Each Ticket/Pass \$ _	90 ticket/20 park
F	Event Description Baseball g	ame	2	Date(s)	9,08,18	
٦	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oaklar			nd A's Name of S		
					ource	
۷	Was ticket distribution made at the behest No 🗋 Yes 🖾			X If yes: Chan	Official's Name	(Last. First)
	of agency official?				(	
	Recipients <ul> <li>Use Section A to identify the agenc</li> </ul>		tion B to identify an individ	ual. • Use Section C to ide	ntify 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 po		nt to the agency's policy
-						
-						
-	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
•				Ceremonial Role	Other	Income
	McCormick, Mike		2	-	nial Role" or "Other" describe below	
			_	facilitymaximize	lanceevent held at a potential County reve	a County nueconcession sales
				Ceremonial Role		Income
	Carmona, Laurie		2	-	onial Role" or "Other" describe below	
				To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sal		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	nt to the agency's policy

#### 4. Verification

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

		Sarah Oddie	Supervisor's Assistant	09.25.2018
-	esignee	Print Name	Title	(Month, Day, Year)
1				

#### Date Stamp California 1. Agency Name 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 90 ticket/20 park Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Baseball game 80 18 09 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 🛛 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 Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last. First) Pass(es) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Laber, Rocky 4 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: 4 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description)

#### 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	09.25.2018
ü.	r Designee	Print Name	Title	(Month, Day, Year)

Comment: \_

A Public Document

Ce	eremonial Role Even	ts and Tic	ket/Pass I	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OVZ
	Division, Department, or Reg	ion (If Applicable	<i>;)</i>			For Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	4			
	Sarah Oddie					
	Area Code/Phone Number	E-mail		<u> </u>		provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	mation				00. tieket
	Does the agency have a tick	et policy?	Yes 🛛 No [	Face Value of	of Each Ticket/Pass \$ _	90 ticket
	Event Description Baseball	game Provide Title/Exp	lanation	Date(s)	9 <u>,</u> 08 <u>,</u> 18	///
	Ticket(s)/Pass(es) provided I		Yes 🗌 No 🛙	If no: Oakla	nd A's	
				Name of S	ource	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Char			n, Wilma Officiai's Name	(Last Cimt)	
	of agency official? Official's Name (Last, First)					(Last, Filst)
3.	• Use Section A to identify the agen	cv's department or	unit. • Use Sec	tion B to identify an individ	Iual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		blic purpose made pursua	
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	
	D' Lucas Deckel			Ceremonial Role		Income
	Richman, Rachel		2		onial Role" or "Other" describe belov dance…event held at a	
						enueconcession sales
			2	Ceremonial Role If checking "Cerem	Other Other Other Other	income
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	ant to the agency's policy
		<u></u>		8		
_	······································					
-						

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	09.25.2018
Designee	Print Name	Title	(Month, Day, Year)

Ceremonial Role Events and Ti	cket/Pass I	Distributions		A Public Document		
1. Agency Name			Date Stamp	California 802		
Alameda County				Form GOZ		
Division, Department, or Region (If Application	ble)	· · · · · · · · · · · · · · · · · · ·		For Onicial Use Only		
Board of Supervisors			1			
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)					
Sarah Oddie						
Area Code/Phone Number E-mail				rovide explanation in Part 3.)		
(510) 272-6693 sarah.odd	ie@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information				00 ticket/20 park		
Does the agency have a ticket policy?	Yes 🔀 🛛 No [	Face Value of	of Each Ticket/Pass \$ _	90 ticket/20 park		
Event Description Baseball game		Date(s)	9 08 18	/		
Provide Title/E	xplanation					
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	X If no: Oakla	nd A's Name of So	UITCA		
		- Char				
Was ticket distribution made at the behes of agency official?	t No 🗌 Yes [	If yes: Char	Official's Name (	Last, First)		
	Ticket(s)/ Pass(es)					
	Number of					
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	<i>v</i> ing:		
Geisner, Benjamin	4+1p	To promote attend	onial Role" or "Other" describe below: danceevent held at a			
	4+1p	Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuar	nt to the agency's policy		
				1		
4. Verification						

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

	51B	Sarah Oddie	Supervisor's Assistant	09.25.2018
-	signee	Print Name	Title	(Month, Day, Year)

1. A	gency Name				Date Stamp	California 802
	lameda County					Form OUZ
	ivision, Department, or Regi	on (If Applicable	)		1	For Official Use Only
F	loard of Supervisors					
	esignated Agency Contact (	Name, Title)				
ç	Sarah Oddie					
	rea 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. F	unction or Event Infor	mation				00 ticket/\$40 MV/D
C	loes the agency have a ticke	t policy?	Yes 🗵 No 🛛	Face Value of	of Each Ticket/Pass \$ -	90 ticket/\$40 MVP
F	vent Description Baseball g	jame		Date(s)	9,08,18	
	vent Description	Provide Title/Expl	anation			
Т	icket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛙	If no: Oakla	nd A's Name of S	
						ource
V	Vas ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Char	Official's Name	(Last, First)
3.	Recipients Use Section A to identify the agence	w's department or	unit • Use Sect	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
-	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		blic purpose made pursua	
-						
-					····	
-	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
-				Ceremonial Role		Income
	Milkie, Anne		4		nial Role" or "Other" describe belov	
			4		danceevent held at a potential County reve	a County enueconcession sales
				Ceremonial Role	Other Dinial Role" or "Other" describe below	Income [
			· 4	in checking octant		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursua	int to the agency's policy
_	Verification					· · · · · · · · · · · · · · · · · · ·
4.	verincation					

### 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	10.01.2018
-	e	Print Name	Title	(Month, Day, Year)
*				

Comment: \_\_\_

**A Public Document** 

Ce	remonial Role Events and Ticke	et/Pass [	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OUL
	Division, Department, or Region (If Applicable)		, <b>-</b> •		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 X No Face Value of			of Each Ticket/Pass \$ _	\$78 ticket/\$20 parking
	Event Description Baseball game	pation	Date(s)	9 <u>09 18</u>	///
	Ticket(s)/Pass(es) provided by agency?	If no: Oakla	nd A's		
		_	Name of Sc	ource	
		If yes: Char	n, Wilma Official's Name	(Last Eirst)	
	of agency official?			Onicial's Name	
3.	• Use Section A to identify the agency's department or un	nit. • Use Sect			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	it to the agency's policy
					<u> </u>
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role If checking "Ceremo	Other D onial Role" or "Other" describe below	Income
			Ceremonial Role	Dther Dother or "Other" describe below	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursua	nt to the agency's policy
	Building Futures Women+Children, 1395 Bancroft Ave, San Leandro, CA 94577	18+3p	To reward a schoot to the community	ol or nonprofit organiz	ation for its contributions
_	Domestic violence shelter + advocacy group				
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	09.25.2018
jnee	Print Name	Title	(Month, Day, Year)

Ce	remonial Role Events and Tic	ket/Pass [	Distributions		A Public Document	
1. /	Agency Name			Date Stamp	California 802	
	Alameda County				Form OUL	
Ĩ	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.oddied	@acgov.org		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Information				¢05	
	Does the agency have a ticket policy?	Yes 🛛 No 🕻	Face Value of	of Each Ticket/Pass \$ .	\$35	
	Event Description Baseball game	Date(s)	9 , 09 , 18	//		
	Trovido This Explanation					
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 🛛 No 🕻	If no: Oakla	Name of S	Source	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Ch			i, 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 individual. • Use Section C to identify an outside organization.					
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
			Ceremonial Role If checking "Ceremo	Other D	Income [	
			Ceremonial Role	Other Donial 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 pursua	ant to the agency's policy	
	Satellite Affordable Housing Associates, 1835 Alcatraz Ave, Berkeley, CA 94703	2	To reward a school to the community	ol or nonprofit organiz	zation for its contributions	
_	Affordable housing development + advocacy					

4. Verification

I have read and upgerstand 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	09.25.2018
r Designee	Print Name	Title	(Month, Day, Year)

California 1. Agency Name 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: . sarah.oddie@acgov.org (510) 272-6693 (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 18 18 09 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, Wilma</u> 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 Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: В. Ticket(s)/ (Lest First) Pass(es) Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Reed, Charles 2 To reward a community volunteer for his or her service to the public Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 2 Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. Ticket(s)/ (include address and description) Pass(es)

#### 4. Verification

I have fead 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	09.25.2018
·Designee	Print Name	Title	(Month, Day, Year)

A Public Document
California 1. Agency Name 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 09 19 18 Date(s) Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source Chan, Wilma Was ticket distribution made at the behest No 🗌 Yes 🛛 If ves: Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Income Ceremoniai Role Other If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other 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 C. Ticket(s)/ (include address and description) Pass(es) To reward a school or nonprofit organization for its contributions Assumption Catholic School, 1851 136th 2 to the community Ave, San Leandro, CA 94578

#### 4. Verification

School in San Leandro

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	09.25.2018
	esignee	Print Name	Title	(Month, Day, Year)
•				

Comment: \_\_\_

**A Public Document** 

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name	*****	· · · · · · · · · · · · · · · · · · ·		Date Stamp	California 802
	Alameda County			TOTIL		
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			4	
	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 Infor	mation		· · · · · · · · · · · · · · · · · · ·		
	Does the agency have a ticke	et policy?	Yes 🛛 No [	Face Value of	of Each Ticket/Pass \$ _	35
	Event Description Baseball	game	9 <u>, 20 , 18</u>	/		
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [	If no: Oakla	nd A's Name of So	
	AND 25 A. 1. 12 A. 1. 12			Jurce		
	Was ticket distribution made of agency official?	at the benest	n, Wilma Official's Name	(Last, First)		
				· · · · · · · · · · · · · · · · · · ·		
3.	• Use Section A to identify the agend	cv's department or	∙unit.  ● Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	Number of Department				blic purpose made pursuan	
	,		Ticket(s)/ Pass(es)			
					·····	
	· · · · · · · · · · · · · · · · · · ·		Number of			
	B. Name of Individ	ual	Ticket(s)/		Identify one of the follow	ving:
			Pass(es)	Ceremonía! Role	Other	Income
	Pisano, Charles				nial Role" or "Other" describe below	
			2		munity volunteer for his or her service to the	
	·····			public		
				Ceremonial Role	Differ Di	
			2	in checking objerne		
	C. Name of Outside Orga	nization	Number of		1.11	the the energy of the flow
	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	it to the agency's policy

#### 4. Verification

I have radid 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	09.25.2018
-	signee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_

Agency Name				Date Stamp	California 802
Alameda County					- Onn
Division, Department, or Re	egion (If Applicab	le)	···· · · · · · · · · · · · · · · · · ·	-	For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Title)				
Sarah Oddie					provide explanation in Part 3.)
Area Code/Phone Number	E-mail	······································			
(510) 272-6693	sarah.oddi	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event info	ormation				35
Does the agency have a tic		Yes 🗵 No		of Each Ticket/Pass \$ _	
Event Description Baseba	ll game Provide Title/Ex	planation	Date(s)	9 , 20 , 18	//
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Oakla	Name of Sc	purce
Was ticket distribution mad	o at the heheet		If yes: Char		
of agency official?	e al life perfest	No 🗌 Yes	If yes:	Official's Name (	(Last, First)
• Use Section A to identify the age		Number of	I		
A. Name of Agency, Depar	tment or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
·					
D Name of India		Number of			
B. Name of Indiv (Last, First)	idual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
B. Name of Indiv (Last, First) Rivera, Nancy	idual	Ticket(s)/		onial Role" or "Other" describe below:	Income
(Ləst, First)	idual	Ticket(s)/ Pass(es)	If checking "Cerem	Other	Income
(Ləst, First)	idual	Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr public Ceremonial Role	onial Role" or "Other D nunity volunteer for his	Income s or her service to the Income
(Ləst, First)	rganization	Ticket(s)/ Pass(es) 2	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem	Other     Other     onial Role" or "Other" describe below:     nunity volunteer for his     Other	Income s or her service to the Income
(Last, First) Rivera, Nancy	rganization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem	Other	Income s or her service to the Income
(Last, First) Rivera, Nancy	rganization	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem	Other	Income s or her service to the Income
(Last, First) Rivera, Nancy C. Name of Outside O (include address and Verification	rganization description)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem Describe the p	Other	Income s or her service to the Income
(Last, First) Rivera, Nancy C. Name of Outside O (include address and Verification	rganization description)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a comr public Ceremonial Role If checking "Cerem Describe the p	Other	Income s or her service to the Income

**A Public Document** 

	Agency Name Alameda County					
						Form 002
	Division, Department, or Regi	on (If Applicable)				For Official Use Only
	Board of Supervisors					3
	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 Inform	nation				¢4E
	Does the agency have a ticket	t policy? Y	′es 🗵 🛛 No 🗌	Face Value c	of Each Ticket/Pass \$ _	\$45
	Event Description Baseball g	ame		Date(s)	), 22, 18	/
	Event Description	Provide Title/Explan	ation			
	Ticket(s)/Pass(es) provided by	y agency? ץ	/es 🗌 No 🛙	If no: Oaklai	nd A's Name of So	
				Chan		Juice
	Was ticket distribution made a of agency official?	at the behest	No 🗋 Yes 🛛	If yes: <u>Chan</u>	Official's Name	(Last, First)
3.	• Use Section A to identify the agency	y's department or ur		tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	wing:
			Pass(es)	Ceremonial Role	Other	income
					nial Role" or "Other" describe below	
				Ceremonial Role	Other	Income
				If checking "Ceremo	mial Role" or "Other" describe below	r.
			Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	nt to the agency's policy
	Afrikan Black Coalition, 120 Ave., Richmond, CA 94805		2		dance at a(n) event potential County reve	held at a County facility ir
	Student leadership & empo	owerment				

#### 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	09.26.2018
1	Print Name	Title	(Month, Day, Year)
	2#		

Comment: \_\_\_\_\_

	eremonial Role Events and Tick	eurassi	Distributions		A Public Document
1.	Agency Name	Date Stamp	California 802		
	Alameda County				Form OO22 For Official Use Only
	Division, Department, or Region (If Applicable)		For Onicial Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		u	-	
	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				<b>000</b> 111
	Does the agency have a ticket policy?	′es⊠ No[	Face Value	of Each Ticket/Pass \$	\$90 ticket
	Event Description Baseball game		Date(s)	9,22,18	
	Provide Title/Explan	ation			
	Ticket(s)/Pass(es) provided by agency?	res 🔲 🛛 No 🕻	If no: Oakla	nd A's Name of So	
		_			urce
	Was ticket distribution made at the behest No I Yes I If yes: Char of agency official?			Official's Name (	Last, First)
_	Recipients				
	Use Section A to identify the agency's department or un     A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	B. Name of Individual (Last, First)	Ticket(s)/	Ceremonial Role	Cther	
	B. Name of Individual (Last, First)	Ticket(s)/		····	
	B. Name of Individual (Last, First)	Ticket(s)/	If checking "Ceremo Ceremonial Role	Cther chair conial Role" or "Other" describe below:	Income [
	B. Name of Individual (Last, First)	Ticket(s)/	If checking "Ceremo Ceremonial Role	Cther	Income
	B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Cther	Income [
	(Last, First)	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pr	Cther Cher Conial Role" or "Other" describe below: Conial Role" or "Other Conial Role" or "Other" describe below: Conial Role" or "Other" describe below: Conial Role purpose made pursuar Conial Role purpose made purpose	Income

I have re- 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	09.25.2018
•	signee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOL
	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 p	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie@	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No [	Face Value o	f Each Ticket/Pass \$ _	\$35
	Event Description Baseball g	lame		Date(s) 09	9 <u>23 18</u>	/
		Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Oaklar	nd A's Name of So	
						burce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes [	If yes: Chan	Official's Name	(Last, First)
_						
3.	• Use Section A to identify the agenc	y's department or I	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuan	t to the agency's policy
	R Name of Individu	al	Number of			
	B. Name of Individu		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role It checking "Ceremon	Other D nial Role" or "Other" describe below.	income
				Ceremonial Role if checking "Ceremon	Other     Other     rial Role" or "Other" describe below	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	Lakeside Senior Apt., 1507 Oakland, CA 94606	2nd Ave,	2	To reward a schoo to the community	ol or nonprofit organiza	ation for its contributions
	Affordable housing apartm	ent complex				

#### 4. Verification

I have fread 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	09.25.2018
Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_

**A Public Document** 

Ce	eremonial Role Even	ts and Ticket	Pass Distri	ibutions		<b>A Public Document</b>
1.	Agency Name				Date Stamp	California 802
	Alameda County					1 onin
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact					
	Lee Ann Fergerson, Ticket				Amendment (Mus	st Provide Explanation in Part 3.)
2	Area Code/Phone Number	E-mail				
_	510-272-6691	leeann.fergerson	@acgov.org		Date of Original Filin	g:(month, day, year)
	Function or Event Infor					00.00
	Does the agency have a tick	et policy? Yes	s 🖾 No 🗔 🛛 F	ace Value of	Each Ticket/Pass \$	90.00
i	Event Description: <u>A's</u>		D	ate(s) 9	<u>, 3 , 18</u>	1 1
		Provide Title/ Exp	lanation			•
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🔲 🛛 İf	no: Oakland		······································
,	Non ticket distribution mode			vos. Hagger	Name of Source ty, Scott	
	Was ticket distribution made of agency official?	at the benest Yes	s⊠ No∐ "	yes. <u> </u>	ty, Scott Official's Name (Last, Firs	st)
	of agency official?					
3.	Recipients • Use Section A to identify the agent	cy's department or unit.	• Use Section B to i	dentify an individ	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	e following:
	Velez, Norberto		18/3	e\	ent in order to max	e at a county sponsored imize potential county on and parking sales.
					onial Role L Other ing "Ceremonial Role" or "Other"	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made p	ursuant to the agency's policy
					a.	
-						
4. V	erification		<u> </u>			<u> </u>

C Regu	Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accorda					
5	Lee Ann Fergerson	Ticket Administrator	9/4/18			
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)			
			(			
Comment:						

С	eremonial Role Even	its and Ticket/F	Pass Dist	ributions	Α	<b>Public Document</b>	
1.	Agency Name				Date Stamp	California Form 802	
	Alameda County						
	Division, Department, or Reg	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors						
	<b>Designated Agency Contact</b>	(Name, Title)	··				
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must P	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				,	
	501-272-6691	leeann.fergerson@	)acgov.org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u>2</u>	00.00	
	Event Description: Sam Sm	ith		Date(s)		1 1	
		Provide Title/ Expla					
	Ticket(s)/Pass(es) provided by agency? Yes 🖾 No 🗌 If no:			If no: <u>GSW</u>	Name of Source		
	Was ticket distribution made at the behest Yes 🔲 No 🗔			If ves: Hagger	If ves. Haggerty, Scott		
	of agency official?	at the benear yes			Official's Name (Last, First)		
3.	• Use Section A to identify the agen	cy's department or unit.		o identify an individ	lual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:	
	Giles, Charla		4	ev	To promote attendance at a county sponsore event in order to maximize potential county revenue for concession and parking sales.		
					nonial Role 🛄 Other L king "Ceremonial Role" or "Other" des		
	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	
_	<u>.</u>		<u> </u>				

#### 4. Venfication

Nhave readmand understand CPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance ¥

	Lee Ann Fergerson	Ticket Administrator	8/27/18
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ceremonial Role Eve	ents and licke	t/Pass Dis	tributions	A	Public Document
1. Agency Name				Date Stamp	California 802
ALAMEDA COUNTY					the state of the second st
Division, Department, or R	Division, Department, or Region (if applicable)				For Official Use Only
BOARD OF SUPERS					
Designated Agency Contac	Designated Agency Contact (Name, Title)				
LEE ANN FERGERSON				Amondmont (Must	
Area Code/Phone Number	E-mail				rovide Explanation in Part 3.)
510-272-6691	LEEANN.FERG	ERSON@AC	GOV.ORG	Date of Original Filing: .	(month, day, year)
2. Function or Event Info	ormation				
Does the agency have a t	icket policy? Ye	es 🛛 No 🗖	Face Value of	Each Ticket/Pass \$ <u>90</u>	).
Event Description: A'S BA	SEBALL		Date(s)	, 7 , 18	
	Provide Title/ Ex	cplanation			//
Ticket(s)/Pass(es) provide	d by agency? Ye	es 🖾 No 🗔	If no: OAKLAN	ID ATHLETICS	
			HAGGE	Name of Source	
Was ticket distribution man	de at the behest Ye	es 🖾 No 🗋	If yes: <u>HAGGE</u>	Official's Name (Last, First)	
of agency official?					
Recipients     Use Section A to identify the ag     A. Name of Agency, De		Number of Ticket(s)/	1	ual. • Use Section C to identi	······
		Passes	_		······································
GSA DEPARTMENT		4		eward a County emplo plary service to the pul	
				staff develop	
B. Name of In (Last, F		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
				onial Role D Other D ing "Ceremonial Role" or "Other" desc	Income  Income
		<u>.</u>		onial Role Other D ng "Ceremonial Role" or "Other" desc	
C. Name of Outside ( (include address an		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant 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	9/10/18
Signature of Agency Head of Decignou	Print Name	Title	(month, day, year)
Comment:			

Ce	remonial Role Even	ts and licket/l	ass Dis	tributions	A	Public Document
1. /	Agency Name				Date Stamp	California Form 802
	Alameda County					Form OUZ
Ī	Division, Department, or Reg	ion (if applicable)				For Official Use Only
J	Board of Supervisors					
Ĩ	Designated Agency Contact (	Name, Title)			1	
l	Lee Ann Fergerson, Ticket /	Administrator			Amendment (Must Pr	avida Exploration in Bort 2 )
Ā	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)
:	510-272-6691	leeann.fergerson@	@acgov.org		Date of Original Filing: _	(month, day, year)
2. 1	Function or Event Inform	nation				
[	Does the agency have a tick	et policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u>30</u>	5.55
E	Event Description: Raiders			Date(s)	<u>/ 10 / 18</u>	
		Provide Title/ Expla			-	
Г	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no: GSW	Name of Source	
V	Vas ticket distribution made	at the behast v		If yes: Hagger	ty, Scott	
	of agency official?	at the benest yes	⊠ No L	in yes	Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agend	cy's department or unit.	Use Section B t	o identify an individ	ual. • Use Section C to identif	fy an outside organization.
	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
						· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·		Number			·····
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
	Davidson, Allen				promote attendance a event in order to maxim	at a county sponsored
			4/1		evenue for concession	
-	<u></u>				onial Role	
	C. Name of Outside Org (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant 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	9/28/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if epplicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amondment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 35.00 Does the agency have a ticket policy? Yes 🛛 No 🗖 Event Description: Baseball Date(s) \_\_\_\_ / 18 / 18 Provide Title/ Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🖾 No 🗖 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes X No Official's Name (Lest, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes Number Name of Individual Identify one of the following: B. of Ticket(a)/ (Last, First) Passes ٦ To promote attendance at a county sponsored Chase, Stacey event in order to maximize potential county 2 revenue for concession and parking sales. Income Ceremonial Role Other 📙 If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s) C, (include address and description) Passes Verification Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance **Ticket Administrator** 8/24/18 Lee Ann Fergerson Title (month, day, year) Print Name Signature of Agency Head on Designae

Comment:



2	eremonial Role Even	is and nekeu	Pass Dist	induotis	/	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			· .	
	Lee Ann Fergerson, Ticket	Administrator				
	Area Code/Phone Number	E-mail	<u></u>		, Li Amenament (Musi	Provide Explanation in Part 3.)
	510-272-6691	leeann.fergerson(	@acgov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation	<u>n</u>	• 0		
	Does the agency have a ticl	ket policy? Yes		ace Value of	Each Ticket/Pass \$	35.00
	Event Description: Baseball				<u>, 18 , 18</u>	
	Event Description.	Provide Title/ Expl	anation l.		<u> </u>	/
	Ticket(s)/Pass(es) provided			f no: Oakland	Athletics	
				. Henner	Name of Source	
	Was ticket distribution made	at the behest Yes		f yes: Hagger	Official's Name (Last, First	)
	of agency official?					
3.	Recipients	5		.3		
•••	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to i	identify an individ	ual. • Use Section C to ide	atify an outside organization.
	18		Number			
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
			1		<u></u>	
	· · · · · · · · · · · · · · · · · · ·					
	R Name of India	///unol	Numbor		Identify one of the	fall
	B. Name of India (Last, First		of Ticket(s)/ Passes		treamy one of the	លោកណាមិះ
				Cerem	onial Role Other	Income
				ll check	ing "Ceremonial Role" or "Other" d	
				Cerem	onial Role 🔲 Other 🛙	income
				lf check	Ing "Ceremonial Role" or "Other" d	
						3
	Name of Outside Or	ganization	Number	Describe the	nuble numero modo nu	rsuant to the agency's policy
	C. (include address and		of Ticket(s)/ Passes	Describe un	a hanne hathaaa maaa ha	ioneur to rue affench o houch
	Livermore Unified School D	District				
			2	To rew	ard a school or non	-profit organization for
	685 East Jack LondonBouk	evard		T	its contributions to	the community
	Livermore, CA 94551-1855			Č		
4. 1	Verification					
	How Inter Comments	ations 18944	.1 and 18942. I	have verified t	hat the distribution set f	forth above, is in accordance
$\bigtriangledown^{l}$						• • • • • • • • • • • • • • • • • • • •
( <sup>;</sup>		Lee An	n Fergerson		Ticket Administrator	8/24/18
X	/ Signature of Agency Head or Designe		rint Name		Title	(month, day, year)
		)				

Comment:

	gency Report of: eremonial Role Even	its and Ticket/F	Pass Distri	butions	AI	Public Document
-	Agency Name				Date Stamp	California 802
	Alameda County					Form <b>OUZ</b>
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors				0	
	Designated Agency Contact	(Name, Title)			-	
	Lee Ann Fergerson, Ticket	Administrator				
	Area Code/Phone Number	E-mail				vide Explanation in Part 3.)
	510-272-6691	leeann.fergerson@	)acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				00
	Does the agency have a tick	ket policy? Yes	🛛 No 🗖 👎	ace Value of	Each Ticket/Pass \$	
	Event Description: Baseball	l	D	ate(s)	<u>, 18 , 18</u>	
		Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No 🛛 If	no: Oakland	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	🖾 No 🗋 🧍	yes: <u>Hagger</u>		
3.	• Use Section A to identify the agen         • Use Section A to identify the agen         A.         Name of Agency, Depa		Use Section B to id Number of Ticket(s)/ Passes		lual. • Use Section C to identif le public purpose made pursu	
	B. Name of Indi (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
	Chase, Stacey		2	eve	romote attendance at ent in order to maximiz /enue for concession a	e potential county
					nonial Role 🔲 Other 🗔 ing "Ceremonial Role" or "Other" descr	ibe below:
	C. Name of Outside Ou (include address and	rganization description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
						-

4. Verification

terstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance 1 h h ....

(	Lee Ann Fergerson	Ticket Administrator	8/24/18
Signature of Agency Head or Designae	Print Name	Title	(month, day, year)
Comment:			

-	eremonial Role Even	its and nekel	rass Dist	inducions	<b>F</b>	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					1 SALMA
	Division, Department, or Reg	ion (if applicable)	_		7	For Official Use Only
	Board of Supervisors			· · ·		
	<b>Designated Agency Contact</b>	(Name, Title)			<b>1</b>	
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Fronde Explanation in Part 3.)
	510-272-6691	leeann.fergerson	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor					E 00
	Does the agency have a ticl	ket policy? Yes	s 🖾 No 🗖	Face Value of	Each Ticket/Pass \$ _3	5.00
	Event Description: Baseball			Date(s)9	, 18 , 18	
		Provide Title/ Exp	lanation			/
	Ticket(s)/Pass(es) provided	by agency? Yes	s 🖾 No 🗔 🛛	f no: <u>Oakland</u>		
				f yes: <u>Hagger</u>	Name of Source	
	Was ticket distribution made	e at the behest Yes	No 🗋 🥤	ryes: <u></u>	Official's Name (Last, First)	
	of agency official?					
	A, Name of Agency, Depa		of Ticket(s)/ Passes			suant to the agency's policy
	B. Name of India (Last, First		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					nonial Role D Other C	
					ing "Ceremonial Role" or "Other" des	
				1		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
		description)	of Ticket(s)/			profit organization for

the following independent CDDC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

	Lee Ann Fergerson	Ticket Administrator	8/24/18
Signature of Agency Head or Designed	Print Name	Title	(month, day, year)
Comment:			

its and Ticket/	Pass Disti	ributions	Α	Public Document
			Date Stamp	California Form 802
				the subscription of the su
ion (if applicable)			-	For Official Use Only
(Name, Title)				
Administrator				vide Explanation in Part 2 )
E-mail		· · · · · · · · · · · · · · · · · · ·		Jonde Explanation In Fart 5.)
leeann.fergerson	@acgov.org		Date of Original Filing:	(month, day, year)
mation	·			
ket policy? Yes		ace Value of	Each Ticket/Pass \$	.00
				, ,
Provide Title/ Expl	lanation			/
by agency? Yes	No 🗌 🛛	f no: <u>Oakland</u>		
	<u>,</u>	Hagger		
at the behest Yes	No 🗌 🛛	t yes: <u>Hagger</u>	Official's Name (Last, First)	
rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursi	uant to the agency's policy
	Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
				ibe below:
				Income [
C. Name of Outside Organization (include address and description)		Describe the	the public purpose made pursuant to the agency's policy	
	1 23303			
	ion (if applicable) (Name, Title) Administrator E-mail leeann.fergerson mation ket policy? Yes Provide Title/ Expl by agency? Yes at the behest Yes at the behest Yes cy's department or unit.	jion (if applicable)   (Name, Title)   Administrator   E-mail   leeann.fergerson@acgov.org   mation   ket policy?   Yes ⊠ No □   Provide Title/ Explanation   by agency?   Yes ⊠ No □   at the behest Yes ⊠ No □   cy's department or unit.   • Use Section B to   irtment or Unit   of Ticket(s)/ Passes	(Name, Title)         Administrator         E-mail         leeann.fergerson@acgov.org         mation         ket policy?       Yes ⊠ No □       Face Value of	Date Stamp Date Stamp  Date Stamp  Date Stamp  Date Stamp  Date Stamp  Date of Original Filing:  Pare of Original Filing:  mation  ket policy? Yes INO  Face Value of Each Ticket/Pass \$ 35.  Provide Title/Explanation by agency? Yes INO  If no: Oakland Athletics Name of Source at the behest Yes INO  If no: Oakland Athletics Name of Source at the behest Yes INO  If yes: Haggerty, Scott Official's Name (Last, First)  cy's department or unit. • Use Section B to identify an individual. • Use Section C to identify rtment or Unit Of Ticket(s)/ Passes  vidual Number Ceremonial Role  Other  If checking "Ceremonial Role  If of Ticket(s)/ If of

4			
	Lee Ann Fergerson	Ticket Administrator	7/25/18
V Signature of Agency	Print Name	Title	(month, day, year)
Comment: Contact Person? Penn	y Peck, Vice President Alameda C	county School Board Association	. <u> </u>

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document**

1.	Agency Name				Date Stamp	California 802
	ALAMEDA COUNTY		2			Form 002
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact					
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				<u> </u>
	510-272-691	leeann.fergerson@	)acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation	<b>P</b>		20	4.00
	Does the agency have a tick	ket policy? Yes	🛛 No 🗖 🛛 F	ace Value of	Each Ticket/Pass \$ <u>30</u>	4.80
	Event Description: Warriors	/Timberwolves Provide Title/ Expla	C	Date(s) <u>9</u>	<u>, 29 , 18</u> .	//
	Ticket(s)/Pass(es) provided			f no: <u>GSW</u>	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	X No 🗆 If	yes: <u>Hagger</u>	Varie of Source ty, Scott Official's Name (Last, First)	
3.	Recipients         • Use Section A to identify the agen         A.         Name of Agency, Depa		Number of Ticket(s)/		ual. • Use Section C to identi e public purpose made purs	
		· · · · · · · · · · · · · · · · · · ·	Passes		·	
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	
	Paxton, Chris		4/1	eve	romote attendance at ent in order to maximiz renue for concession a	e potential county
	>			1	ionial Role 🔲 Other 🛄 ing "Ceremonial Role" or "Other" desc	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy

#### 4. Verification

I have read and understand FPPC Provintions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance 6

	Lee Ann Fergerson	Ticket Administrator	9/30/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of:	_	380
Ceremonial Role Events and Ticket/Pass Distributions	A	Public Document
1. Agency Name	Date Stamp	California 802

1. Agency Name			Date Stamp	California 202
Alameda County				Form 002
Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
Board of Supervisors				
<b>Designated Agency Contact</b>	(Name, Title)			
Lee Ann Fergerson, Ticket	Administrator		Amendment (Must Pro	wide Explanation in Part 3 )
Area Code/Phone Number	E-mail			wae Explanation in Fart 5.9
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	Each Ticket/Pass \$ <u>30</u> 4	4.80
Event Description: Warriors		Date(s)	<u>, 29 , 18</u> _	//
	Provide Title/ Explanation	CSM		
Ticket(s)/Pass(es) provided	by agency? Yes 🛛 No 🗌	If no: <u>GSW</u>	Name of Source	
Was ticket distribution made of agency official?	e at the behest Yes ⊠ No 🗌	If yes: <u>Haggert</u>		-
3. Recipients				

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
			· · · · · · · · · · · · · · · · · · ·
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role D Other D Income I Income I Income
			Ceremonial Role Other I Income I Income I 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
Chas	et, Nick	4	To reward a school or non-profit organization for its contributions to the community.
1111	Broadway, 3rd floor Oakland, CA 94607		

#### 4. Verification

I have read and in the distribution set forth above, is in accordance

	 Lee Ann Fergerson	Ticket Administrator	9/27/18
Signature of Agency F	Print Name®	Title	(month, day, year)
Comment:	<u> </u>		

## Agency Report of:

او	eremonial Role Even	is and Ticke	UPass Distr	inditions		A Public Document
•	Agency Name				Date Stamp	California 802 Form
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					2
	Designated Agency Contact					
	Lee Ann Fergerson, Ticket	Administrator				Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6691	leeann.fergersor	n@acgov.org		Date of Original Filing	(month, day, year)
•	Function or Event Infor	mation				
	Does the agency have a tick	et policy? Ye	s 🛛 No 🗍 🛛 F	ace Value of	Each Ticket/Pass \$	305.55
	Event Description: Raiders	ootball game Provide Title/Ex		ate(s) <u>9</u>	<u>30   18</u>	/
	Ticket(s)/Pass(es) provided			no: GSW		
					Name of Source	
	Was ticket distribution made	at the behest Ye	s⊠ No⊡ <sup>If</sup>	yes: <u>Haggert</u>	y, Scott Official's Name (Last, First	1
	of agency official?				Oniciai s Name (Last, Pirst)	,
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	following:
	Luna, Manuei		4/1	ever	omote attendance a ht in order to maxim enue for concession	
					nnial Role LJ Other L ng "Ceremonial Role" or "Other" de	
	C. Name of Outside Org (include address and o		Number of Ticket(s)/ Passes	Describe the	public purpose made pu	suant to the agency's policy

)	Lee Ann Fergerson	Ticket Administrator	9/27/18
nee	Print Name	Title	(month, day, year)

cy? Yes No X ehest Yes No I	Face Value of Each Ticket/Pass \$ 200 Date(s) _9 _4 _ 18 If no: Coliseum JPA Name of Source If yes: Miley, Nathan Official's Name (Last, First) Describe the public purpose made pursuant to the agency's policy
e) 4@acgov.org 4? Yes X No av/de Title/ Explanation cy? Yes No X vehest Yes No wehest Yes No wehest Yes No wehest Yes K No we hest Yes we he hest Yes K No we he hest Yes K No we he	Amendment (Must Provide Explanation in Part 3.)     Date of Original Filing:(month, day, year)  Face Value of Each Ticket/Pass \$ 200 Date(s) _9 _ 4 _ 18 If no: Coliseum JPA Name of Source If yes: Miley, Nathan Officiel's Name (Last, First)  Identify an Individual. • Use Section C to Identify an outside organization.
4@acgov.org Y? Yes X No cv/de Title/ Explanation cy? Yes No X rehest Yes No ment or unit. • Use Section B to ment or unit. • Use Section B to return ber of Ticket(s)/	Date of Original Filing:
4@acgov.org Y? Yes X No cv/de Title/ Explanation cy? Yes No X rehest Yes No ment or unit. • Use Section B to ment or unit. • Use Section B to return ber of Ticket(s)/	Date of Original Filing:
Y? Yes X No C avide Title: Explanation CY? Yes No X wheelest Yes No C ment or unit. • Use Section B to reumber of Ticket(s)/	Date of Original Filing:
Y? Yes X No C avide Title: Explanation CY? Yes No X wheelest Yes No C ment or unit. • Use Section B to reumber of Ticket(s)/	Date of Original Filing:
Y? Yes X No C avide Title: Explanation CY? Yes No X wheelest Yes No C ment or unit. • Use Section B to reumber of Ticket(s)/	(month, day, year) Face Value of Each Ticket/Pass \$ 200 Date(s) _9 _ 4 _ 18
Y?     Yes X     No       Guide Title: Explanation       Gy?     Yes     No       Gy?     Yes     No       Whethest     Yes     No       Incent or unit.     * Use Section B to       Unit     Fourther	Date(s) 9 4 18 If no: Coliseum JPA Name of Source If yes: Miley, Nathan Officiel's Name (Last, First) Didentify an Individual. • Use Section C to Identify an outside organization.
Cy? Yes No S ehest Yes No C mont or unit. • Use Section B to Pumber of Ticket(s)/	Date(s) 9 4 18 If no: Coliseum JPA Name of Source If yes: Miley, Nathan Officiel's Name (Last, First) Didentify an Individual. • Use Section C to Identify an outside organization.
Cy? Yes No S ehest Yes No C mont or unit. • Use Section B to Pumber of Ticket(s)/	Date(s) 9 4 18 If no: Coliseum JPA Name of Source If yes: Miley, Nathan Officiel's Name (Last, First) Didentify an Individual. • Use Section C to Identify an outside organization.
CV/de Title: Explanation CV? Yes No X rehest Yes No C mont or unit. • Use Section B to Poumber of Ticket(s)/	If no: Coliseum JPA Name of Source If yes: Miley, Nathan Officiel's Name (Last, First)
cy? Yes No X ehest Yes No O mont or unit. • Use Section B to Poumber of Ticket(s)/	Name of Source If yes: Miley, Nathan Officiel's Name (Last, First)
Inchi or unit. • Use Section B to Provide the	Name of Source If yes: Miley, Nathan Officiel's Name (Last, First)
incat or unit. • Use Section B to Pounder Unit of Ticket(s)/	Officiel's Name (Last, First) a identify an individual. • Use Section C to identify an outside organization.
Unit Number of Ticket(s)	a identify an individual. • Use Section C to identify an outside organization.
Unit Number of Ticket(s)	
Passes	
Number of Ticket(s)/ Passes	identify one of the following:
4	Commonial Role Other Income Income To increase attendance at a county sponsored event or at an event hosted in a county facility
	Coromonial Role Other Income Income
n) Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	A Number of Ticket(s)/ Passes 4

#### 4. Verification

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

	Nathan Miley	Supervisor	11/7/18
	Print Name	Titlo	(month. day, year)
Comment:V			

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

	Alameda County					Form COL	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors, Distric	rict 4				- 11 MA 1.540	
	Designated Agency Contact (	Name, Title)			1		
	Nathan Miley				Amendment (Must Pro	wide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail		-		,	
	(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 tick	ket policy? Yes	No 🗖 🖡	ace Value of	Each Ticket/Pass \$		
	Event Description: League of	of Legends	Г	)ate(s) 9	<u>, 8 , 18</u>	1 1	
	Event Description.	Provide Title/ Explai	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes [		no: <u>Coliseum</u>	Name of Source		
	Was ticket distribution made at the behast. Yes BL No L If ves: Miley, Nathan						
	of agency official?	at the benest Yes		, jour	Official's Name (Last, First)		
3.							
	• Use Section A to identify the agen	cy's department or unit. •		identify an individ	lual. • Use Section C to identif	ty an outside organization.	
	A. Name of Agency, Dept	artment or Unit	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made purs	uant to the agency's policy	
	B. Name of Ind (Last, Fit		Number of Ticket(s)/ Passes		Identify one of the following:		
	Gee, Terrance			To increase	Ceremonial Role Other Inn <i>f checking</i> , "Ceremonial Role" or "Other" describe below: ase attendance at a county sponsored event t hosted in a county facility		
	Chan, Kai	< .	2	To increase	monial Role D Other wing "Ceremonial Role" or "Other" des attendance at a county sted in a county facility	Income Income sponsored event or at	
	C. Name of Outside C. (include address and		Number of Ticket(s)/ Passes	Describe ti	he public purpose made purs	want to the agency's policy	

#### 4. Verification

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

		Nathan Miley	Supervisor	11/7/18
		Print Name	Title	(month, day, year)
Comment:	J		e	

Agency Report of: Ceremonial Role Events	s and Ticket/Pa	ass Distri	butions		A Public Document
I. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ For Official Use Only
Division, Department, or Regio	on (if applicable)				10, Oniola, Obo Only
Board of Supervisors, District					
Designated Agency Contact (A	lame,Title)				
Nathan Miley				Amendment (Mus	t Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail	к.			
(510) 272-6694	district4@acgov.org	1	-	Date of Original Filing	(month, day, year)
2. Function or Event Inform	nation	·			
Does the agency have a tick	et policy? Yes 🛛				
Event Description: League of	f Legends		)ate(s)9	<u>, 9 , 18</u>	/
	Provide Title/ Explan	nation			
Ticket(s)/Pass(es) provided b	by agency? Yes		f no: Coliseum	Name of Source	
Was ticket distribution made	at the behest. Yos D		f yes: <u>Miley, N</u>	lathan	
of agency official?				Official's Name (Last, Fir	st)
3. Recipients • Use Section A to identify the agence A. Name of Agency, Depart		Use Section B to Number of Ticket(s)/ Passes			entify an outside organization. oursuant to the agency's policy
B. Name of Indiv	vidual	Number of Ticket(s)/		identify one of th	ne following:
(Last, Firs	xi)	Passes		<u></u>	
Gee, Terrance		2	To increase	monial Role Othen cking, "Ceremonial Role" or "Othen attendance at a cou sted in a county faci	unty sponsored event or at
Chan, Kai		2	To increase	monial Role DOthe ching "Ceremonial Role" or "Other attendance at a Cou sted in a county faci	" describe below: Inty sponsored event or at
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe t	he public purpose made	pursuant to the agency's policy
at <u>a</u> 7					

#### 4. Verification

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

		Nathan Miley	Supervisor		
		Print Name	Title		
Comment:	$\bigvee$				
				0.00 0.00 0.00	

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

#### **Agency Report of: Ceremonial Ro**

Ceremonial Role Even	ts and Ticket/P	A Public Docume			
1. Agency Name				Date Stamp	California 802
Alameda County					For Official Use Only
Division, Department, or Reg					
Board of Supervisors, Distri					
Designated Agency Contact	(Name, Title)			· .	
Nathan Miley				Amendment (Mu	st Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6694	district4@acgov.org	3		Date of Original Filir	ng:(month, day, year)
2. Function or Event Info	mation				205 55
Does the agency have a tic	ket policy? Yes [	No 🛛 🖡	ace Value of I	Each Ticket/Pass \$	
Event Description: Raiders		[	)ate(s)	10 / 18	//
Ticket(s)/Pass(es) provided	Provide Title/ Explai	No 🖾 👖	no: <u>Coliseum</u>	Name of Source	
Was ticket distribution mad	e at the behest Yes		yes: <u>Miley, N</u>	athan Official's Name (Last, Fi	iref
of agency official?		-		Unicial's Marine (Less, F	131)
3. Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to i	dentify an outside organization.
A. Name of Agency, Ber	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made	pursuant to the agency's policy
B. Name of In (Last, F		Number of Ticket(s)/ Passes		Identify one of 1	the following:
Reems, Brondon		2	Ceren If chec.		er income er describe below: eer for their service to the

Reems, Brondon	2	Ceremonial Role Other Income To reward a community volunteer for their service to the public
Jackson, Bob	2	Ceremonial Role Other Income Income To reward a community volunteer for their service to the public
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification

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

		Nathan Miley	Supervisor	11/7/18
5		Print Name	Title	(month, day, year)
Comment:	/			
	I	9		

# Agency Report of: Ceremonial Role E 1. Agency Name

C	eremonial Role Even	ts and Ticket/P	ass Distri	butions		A Public Docume	
_	Agency Name				Date Stamp California Form		2
	Alameda County				2		
	Division, Department, or Reg	on (if applicable)	· ·		1.	For Official Use Only	
	Board of Supervisors, Distric	ct 4					
	Designated Agency Contact					a	
	Nathan Miley	·		t Provide Explanation in Part 3.)			
	Area Code/Phone Number E-mail						
	(510) 272-6694	district4@acgov.or	g		Date of Original Filing	g:(month, day, year)	
2.	Function or Event Infor	mation				200	
	Does the agency have a tic	ket policy? Yes			Each Ticket/Pass \$		
	Event Description: BTS Wo	rld Tour Provide Title/ Expla	<u>, 12 , 18</u>	//			
	Ticket(s)/Pass(es) provided			f no: Coliseun	Name of Source		
		Was ticket distribution made at the behast $V_{es} \not X$ No $\Box$ If yes: <u>Miley, N</u>					
	Was ticket distribution made	at the behest Yes	No 🗆 📍	f yes: <u>micy</u> , i	Vathan Official's Name (Last, Fir.	st)	•
	of agency official?						
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe t	ne public purpose made i	oursuant to the agency's polic	-1
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of th	ne following:	
	Muhammed, Ansar	<u>ani e ya ana ana ana an</u> ka kakana an	4	Cere To reward a public	monial Role Other cking "Ceremoniel Role" or "Other Community Volunte	r Incon " <i>describe below:</i> er for their service to the	ne 🗌 Ə
					monial Role Othe cking "Ceremonial Role" or "Othe		ne 🗌
	C. Name of Outside ( (include address an		Namber of Ticket(s)/ Passes	Describe	he public purpose made	pursuant to the agency's poll	су

#### 4. Verification

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

	Nathan Miley	Supervisor	11/7/18
-s -s	Print Name	Title	(month, day, year)
Comment:/			

Cere	emonial Role Even	ts and Ticket/Pa	ass Distril	outions		A Public I	Document
	jency Name	n an			Date Stamp		CONTRACTOR OF THE OWNER.
	lameda County					Form	and the first of
Div	vision, Department, or Reg	ion (if applicable)				For Or	ficial Use Only
Bo	ard of Supervisors, Distri	ct 4					
De	signated Agency Contact	(Name, Title)					
Na	athan Miley				C Amendment	(Must Provide Explana	tion in Part 3.)
Are	ea Code/Phone Number	E-mail				,	
(5	10) 272-6694	district4@acgov.org			Date of Original	Filing:(month, da	y, year)
2. Fi	unction or Event Info	rmation				100	
Do	oes the agency have a tic	ket policy? Yes D			Each Ticket/Pas	s \$	
Ev	vent Description: J Balvin		D	ate(s) <u>9</u>	<u>, 20 , 18</u>		
	cket(s)/Pass(es) provided	Provide Title, Explan	No 🖾 If	no: Coliseum	JPA		
10	ckel(s)rass(es) provided	Thy agency Tes L	and a construction		Mama of Source		
	as licket distribution mad	e at the behest Yes		yes: <u>Miley, N</u>	Valhan Officiel's Neme (Le	st, Firal)	Manufador II
3. 1	Recipients • Use Section A to identify the age	uses's dessetment or unit 🔹	Use Section B to i	dentify an individ	dual. • Use Section (	C to identify an outside	organization.
			Number	T	A ANALY AND A CONTRACT OF AN AND A		
4	A. Name of Agency, De	partment or Unit	of Ticket(s)/ Passes	Describe t	re public purpose n	ade pursuant to the	adouch a bouch
	an an air an tha air an an an ann an an an an an an an an an						
	B. Name of In (Last, I		Number of Ticket(s)/ Passes		identify on	e of the following:	
j	Rodriguez, Coco		4	Cere To reward a public	montal Role Community Vol	Other D White for their s	income ervice to the
		ing ge and all all all all all all all all all al			monial Role 🔲 cking "Ceremonial Role" o	Other	income
	C. Name of Outside (inclutis address a	Organization nd description)	Number of Ticket(s)/ Passos	Describe	tha public purpose r	nade pursuant to the	agency's policy
	and the second secon	a na managana na mangana na managana n Tangga na managana na managa			and the subscripting of th		<u> </u>

#### 4. Verification

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

	1.18	Nathan Miley	Supervisor	11/7/18
Sigr.	1-	Print Name	Title	(month, day, year)
Comment:	t			
oonanona.		and the second secon		

FPPC Form 802 (2/2016) FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

-	eremonial Role Even	is and TICKEUF	ass DISU	ioutions	A	Public Document	
1.	Agency Name	A STATE FILTER OF MULTIPLE AND A STATE OF A			Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg			For Official Use Only			
	Board of Supervisors, Distri						
	<b>Designated Agency Contact</b>	(Name, Title)					
	Nathan Miley			Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mall				and the second	
	(510) 272-6694	district4@acgov.org			Date of Original Filing:	(month, day, year)	
2.	Function or Event Information						
	Does the agency have a tic	ket policy? Yes D		Face Value of	Each Tickel/Pass \$ 3	04.80	
	Event Description: Warriors				, 29 , 18		
	Event Description.	Provide Title/ Explan	ation	Date(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes	No	If no: Coliseun	1 JPA	Market a state of the second st	
				Milov N	Name of Source		
	Was ticket distribution made	e at the behest Yes P	No 🗆	If yes: Miley, N	Official's Name (Last. First)	17.8	
	of agency official?						
3.	Recipients • Use Section A to identify the agen	ncy's department or unit. • 1		identify an individ	dual. • Use Section C to iden	tify an outside organization.	
	A. Nume of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	te public purpose made pu	suant to the agency's policy	
	B. Name of ind (Last. Fr		Number of Ticket(s)/ Passes		identify one of the	following:	
	Armstrong, Erin			Carar	nonial Role 🔲 Olher		
			2		County employee for		
	Brooks, Patricia		2		nontal Role DOther C king Carenaatiel Role or Other C COUNTY EMPLOYEE for I e public		
	C. Name of Outaide C (include address and		Number of Ticket(s)/ Passes	Describe th	a public purpose made pu	suant to the agency's policy	
	and the state of the						
_		_					
Æ	Varifiantian						

#### 4. Verification

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

	Nathan Miley	Supervisor	11/7/18
-	Print Name	Title	(month, day, year)
Comment:			
	 and and an an an and a state of the state of	and a second state of the	aliinee laan iyo garaa nii maanaa aanaa ii aa a
			CODO C

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline; 866/ASK-FPPC (866/275-3772)

4. 6

Agenc					Date Stamp	California Form 802
	a County					For Official Use Only
	, Department, or Reg					
	of Supervisors, Distri					
Nathan	ited Agency Contact	(Name, 110e)				
	ide/Phone Number	IE-mail			Amendment (Musi i	Provide Explanation in Part 3.)
	72-6694	district4@acgov.o	rg		Date of Original Filing:	(month, day, year)
Funct	ion or Event Info	rmation				
Does th	he agency have a tic	ket policy? Yes		ace Value of	Each Ticket/Pass \$ 3	05.55
				ete(e) 9	<u>, 30 , 18</u>	1 1
Eventi	Description: Raiders	Provide Title/ Exp	anation			<u>مرجوبتين ايسموييني</u>
Ticket(	s)/Pass(es) provided	i by agency? Yes	No X II	na: Coliseum		
			12 14	yes: Miley, N	Name of Source Nathan	
		e at the behest Yes		yes:	Official's Name (Last, First	
of ade	now official?					
. Reci	ency official? plents ection A to identify the ag	ency's department or unit.	• Use Section B to	identify an Indivi	dual. • Use Section C to ide	ntify an outside organization.
. Reci	plents		• Use Section B to Number of Tioket(s)/ Passos		Contraction of the Contraction of the Contraction	ntify an outside organization. arsuant to the agency's policy
. Reci	pients ection A to identify the ag Name of Agency, De Name of in	partment or Unit	Number of Tioket(s)/ Passos Number of Ticket(s)/		Contraction of the Contraction of the Contraction	arsuant to the agency's policy
. Reci • Use 5 A. B.	pients ection A to identify the ag Name of Agency, De Name of in (Linet, 1	partment or Unit	Number of Tioket(s)/ Passos	Describe ti	he public purpose made pu identify one of the	arsuant to the agency's policy
. Reci • Use 5 A. B.	pients ection A to identify the ag Name of Agency, De Name of in	partment or Unit	Number of Tioket(s)/ Passos Number of Ticket(s)/	Describe ti	he public purpose made pu identify one of the monial Role Other	arsuant to the agency's policy
B. Lintor	pients ection A to identify the ag Name of Agency, De Name of in (Linet, 1	partment or Unit	Number of Ticket(s)/ Passos Number of Ticket(s)/ Passes	Describe ti	he public purpose made pu identify one of the monial Role Other charg Community MomDer a Community MomDer	Following:
B. Lintor	pients ection A to identify the age Name of Agency, De Name of in <i>flutet</i> , J n, Donna	partment of Unit dividual 7217 Organization	Number of Ticket(s)/ Passos of Tickot(s)/ Passes 2	Describe ti	Identify one of the Identify one of the Imonial Role Other Child Community Member Imonial Role Other Imonial Role Other Community Member	arsuant to the agency's policy of following: Income for his or her service to Income
B. Linton	ipients ection A to identify the ag Name of Agency, De Name of Agency, De Name of In (Last, J n, Donna , Dorothy Name of Outside	partment of Unit dividual 7217 Organization	Number of Tioket(s)/ Passos of Tieker(s)/ Passes 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	Describe ti	Identify one of the Identify one of the Imonial Role Other Child Community Member Imonial Role Other Imonial Role Other Community Member	arsuant to the agency's policy a following:  for his or her service to  for his or her service to
B. Linton	ipients ection A to identify the ag Name of Agency, De Name of Agency, De Name of In (Last, J n, Donna , Dorothy Name of Outside	partment of Unit dividual 7217 Organization	Number of Tioket(s)/ Passos of Tieker(s)/ Passes 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	Describe ti	Identify one of the Identify one of the Imonial Role Other Child Community Member Imonial Role Other Imonial Role Other Community Member	arsuant to the agency's policy a following:  for his or her service to  for his or her service to

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	11/7/18
k	Print Name	Tille	(month. day, year)
1			
Comment:			

зe

Comment:

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					ronn
	Division, Department, or Reg	ion (If Applicable	e)	<u> </u>		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	Gabriela.Ch	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		2		
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	200
	Event Description Sam Smith	1		Date(s)09	, 04 , 18	
	Event Description	Provide Title/Exp	anation	Date(s)		
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: GSW		
		, -9,.			Name of So	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2
_	of agency official?				Official's Name (	Last, First)
3.	Recipients					
	Use Section A to identify the agenc	y's department or	-	ction B to identify an individu T	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)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	leach Amanda			Ceremonial Role	Other	
	Jacob, Amanda		4		ial Role" or "Other" describe below:	la contra construction de la contra
				public	munity volunteer for n	s or her service to the
			+	Ceremonial Role	Other	
					ial Role" or "Other" describe below;	
					77	
					1	
	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
					-	
					8	
4.	Verification	laliana 400444 ana	10040 16-00		- de la companya de l	
	I have read and understand EDDO D- Ju	1840NS 18944.1 ANC			orth above, is in accordance wil	
			Gabriela C	hristy	Supervisor's Assistant	1/8/19

Print Name

(Month, Day, Year)

Title

eremonial Role Even					A Public Documen
Agency Name				Date Stamp	California 802
Alameda County					ronn
Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Gabriela Christy					
Area Code/Phone Number	E-mail	X	·· ·	Amendment (Must)	provide explanation in Part 3.)
(510) 272-6692	Gabriela.Ch	risty@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation		14		(
Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value of	f Each Ticket/Pass \$ _	200
Event Description 2018 NA L	.CS Summer	Finals	Date(s)0	, 08 , 18	09 , 09 , 18
Event Description	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: GSW		
				Name of Sc	
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2
				Official's Name (	Last, First)
Recipients					
Use Section A to identify the agency		Number of			
A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
ia international		1 400(00)			·····
B. Name of Individua		Number of Ticket(s)/		Identify and of the follow	······
(Last, First)		Pass(es)	r	Identify one of the follow	ing:-
Nunez, Mario			Ceremonial Role	Other	Income
Nunez, Mario				al Role" or "Other" describe below:	
		4	1 ·		
		4	- To reward a com		is or her service to the
		4	– To reward a com public	munity volunteer for h	
Nguyen, Julie		4	– To reward a com public <sup>Ceremonial Role</sup>	munity volunteer for h	<u> </u>
Nguyen, Julie		4	– To reward a compublic Ceremonial Role If checking "Ceremoni	Munity volunteer for h	Income
Nguyen, Julie		4	– To reward a compublic Ceremonial Role If checking "Ceremoni	Munity volunteer for h	Income
C. Name of Outside Organ		A Number of	<ul> <li>To reward a compublic</li> <li>Ceremonial Role         If checking "Ceremonial     </li> <li>To reward a common public</li> </ul>	Munity volunteer for h	Income
		4	<ul> <li>To reward a compublic</li> <li>Ceremonial Role         If checking "Ceremonial     </li> <li>To reward a common public</li> </ul>	Munity volunteer for h	Income
C. Name of Outside Organ		A Number of Ticket(s)/	<ul> <li>To reward a compublic</li> <li>Ceremonial Role         If checking "Ceremonial     </li> <li>To reward a common public</li> </ul>	Munity volunteer for h	Income
C. Name of Outside Organ		A Number of Ticket(s)/	<ul> <li>To reward a compublic</li> <li>Ceremonial Role         If checking "Ceremonial     </li> <li>To reward a common public</li> </ul>	Munity volunteer for h	Income
C. Name of Outside Organ		A Number of Ticket(s)/	<ul> <li>To reward a compublic</li> <li>Ceremonial Role         If checking "Ceremonial     </li> <li>To reward a common public</li> </ul>	Munity volunteer for h	Income
C. Name of Outside Organ		A Number of Ticket(s)/	<ul> <li>To reward a compublic</li> <li>Ceremonial Role         If checking "Ceremonial     </li> <li>To reward a common public</li> </ul>	Munity volunteer for h	Income
C. Name of Outside Organ (include address and des	cription)	A Number of Ticket(s)/ Pass(es)	<ul> <li>To reward a compublic</li> <li>Ceremonial Role         <ul> <li>If checking "Ceremonial</li> <li>To reward a comm</li> <li>public</li> </ul> </li> <li>Describe the public</li> </ul>	Munity volunteer for h	Income or her service to the to the agency's policy
C. Name of Outside Organ (include address and des	cription)	A Number of Ticket(s)/ Pass(es)	<ul> <li>To reward a compublic</li> <li>Ceremonial Role         <ul> <li>If checking "Ceremonial</li> <li>To reward a comm</li> <li>public</li> </ul> </li> <li>Describe the public</li> </ul>	Munity volunteer for h	Income or her service to the to the agency's policy
C. Name of Outside Organ (include address and des	cription)	A Number of Ticket(s)/ Pass(es)	To reward a comp public Ceremonial Role <i>If checking *Ceremoni</i> <b>To reward a comm</b> public <b>Describe the pub</b>	Munity volunteer for h	Income or her service to the to the agency's policy

_	eremonial Role Even	ts and Tic	cket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					10mm
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					15 17
	Designated Agency Contact	(Name, Title)	-			
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692		nristy@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				(Mohin, Day, Your)
	Does the agency have a ticke	t policy?	Yes 🛛 No [	Face Value o	of Each Ticket/Pass \$	305.55/35
	Event Description Raiders vs	Rams				
	Event Description	Provide Title/Exp	lanation	Date(s)9		////
	Ticket(s)/Pass(es) provided by	v 00000v2		If no: Oaklar	nd Athletics	
	nover(s)/rass(es) provided b	y agency r	Yes 🗌 No 🛙		Name of Sol	urce
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛛	Valle,	Richard- Supervisor I	District 2
	of agency official?				Official's Name (L	.ast, First)
3.	Recipients					
	<ul> <li>Use Section A to identify the agency</li> </ul>	y's department or	unit. • Use Sect	ion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					<u>_</u>	×
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Alumanda, Oppina			Ceremonial Role	Other	Income
	Alvarado, Carina		3		al Role" or "Other" describe below:	
				<ul> <li>I o reward a comr public</li> </ul>	munity volunteer for his	s or her service to the
	······································	·		Ceremonial Role	Other	
					al Role" or "Other" describe below:	
	C. Name of Outside Organ	ization	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the according policy
	(include address and des	cription)	Pass(es)			to the agency a policy
				· · · · ·		
_						
4.	Verification					<u> </u>
	I have read and understand FPPC Recul	auons 78944.1 and	Gabriela Ch			the requirements.
	-		Print Name		Supervisor's Assistant	(Month, Day, Year)
						(·····································

Comment: \_

Ceremonial Role Events	and Tic	ket/Pass I	Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County				Form OUZ	
Division, Department, or Region	n (If Applicable	e)	<u> </u>		For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	ame, Title)			-	
	, ,				
Gabriela Christy Area Code/Phone Number	-mail	1	»	Amendment (Must p	rovide explanation in Part 3.)
		risty@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform	ation	_		-	20
Does the agency have a ticket p	olicy?	Yes 🗵 🛛 No 🗌	] Face Value c	f Each Ticket/Pass \$ _	20
Event Description BTS			Date(s)	, 12 , 18	
P	Provide Title/Expl	lanation			
Ticket(s)/Pass(es) provided by a	igency?	Yes 🗌 No 🗵	lf no: GSW		
	0			Name of So	
Was ticket distribution made at t	he behest	No 🗌 Yes 🗵	I If yes: Valle,	Richard- Supervisor I Official's Name (I	District 2
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 Individual		Number of Ticket(s)/		Identify one of the followi	nq:
(Last, First)		Pass(es)			
Lee, Chan U			-	al Role" or "Other" describe below:	Income
			Ceremonial Role	Other	
				al Role" or "Other" describe below:	
C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
2			· · · · · · · · · · · · · · · · · · ·		·····
	•				
	· ·		<u>,</u>		
	· .				e - 11
Varification	· · · · · · · · · · · · · · · · · · ·				
. Verification	ons 18944 1 and	118942   have verifi	ed that the distribution set fr	orth above is in accordance with	the requirements
• Verification I have_read and understand FPPC Regulation	ons 18944.1 and	1 18942. I have verifi Gabriela Chr		orth above, is in accordance with Supervisor's Assistant	1010

(Month, Day, Year)

Comment: \_

Ceremonial Role	Events and	licket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
<b>Division</b> , Departmer	t, or Region (If Applic	cable)	· · · · · · · · · · · · · · · · · · ·	1.	For Official Use Only
Board of Superviso	rs				
	Designated Agency Contact (Name, Title)			- · · ·	
Gabriela Christy	abriela Christv				
Area Code/Phone N	umber E-mail		······	Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692		.Christy@acgov	/.ora	Date of Original Filing:	
2. Function or Even			·····		(Month, Day, Year)
Does the agency have		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	100
Event Description <u>J</u>	Provide Title/	Explanation	Date(s)	, 20 , 10	///
Ticket(s)/Pass(es) pr	ovided by agency?	Yes 🗌 No	If no: GSW		
	ondod by agonoy.			Name of Sol	
Was ticket distributio	n made at the behes	st 🛛 No 🗖 Yes	If yes: Valle	, Richard- Supervisor I	District 2
of agency official?				Official's Name (L	Last, First)
3. Recipients					
		t or unit. • Use Sec Number of		ual. • Use Section C to ident	
A. Name of Agency	, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy
		1 400(00)			
	f Individual	Number of Ticket(s)/		Identify one of the following	ng:
(L)	nst, First)	Pass(es)			
				Other	Income
Schmidt,	Hanral	4		ial Role" or "Other" describe below: munity volunteer for his	a ar bar convice to the
S Change I	()0011 - )	,	public		s of her service to the
			Ceremonial Role	Other	
				al Role" or "Other" describe below:	
i		Number of			
	ide Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant f	to the agency's policy
		Pass(es)			
				· · · · · · · · · · · · · · · · · · ·	
4. Verification	PPC Regulations 18044.1	and 19042 Libour up	rified that the distribution act is	adh at ann ta ta ann an ta	
r navo read prio undersidila r				orth above, is in accordance with	Ialia
-t		Gabriela Cl		Supervisor's Assistant	
		Print Walte	<del>,</del>	Title	(Month, Day, Year)
Comment:					
					EDDC Earm 902 (4/42)

C	eremonial Role Even	ts and Ti	cket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County	5		I UIIII			
	Division, Department, or Reg	ion (If Applical	ble)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Gabriela Christy						
	Area Code/Phone Number	E-mail	<u>1</u>	· · · · · · · · · · · · · · · · · · ·	Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6692		hristy@acgov	ora	Date of Original Filing:		
2.	Function or Event Infor					(Month, Day, Year)	
	Does the agency have a ticke		Yes 🔀 No	Face Value	of Each Ticket/Pass \$	200	
	Childish C		Tes Man				
	Event Description	Provide Title/Ex	planation	Date(s)0	9 <u>, 27 , 18</u>	//	
	Ticket/a\/Deea/aa) provided b			If no: GSW	1		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛		Name of So		
	Was ticket distribution made a	at the behest	No 🗋 Yes 🛛	If yes: Valle	e, Richard- Supervisor I	District 2	
	of agency official?				Official's Name (Last, First)		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
					e - 19		
					28	0	
	B. Name of Individua (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	2			Ceremonial Role	Other Dother Dother Dother	Income	
				Ceremonial Role	Other Danial Role" or "Other" describe below:	Income	
	n <sup>1</sup>						
	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	
	AICO Democratic Party 510	.873.0222	4	To reward a scho to the community	ol or nonprofit organiza	tion for its contributions	
		· · · · · ·					
<u>A</u>	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	11819
е	Print Name	Title	(Month, Day, Year)

Comment: Fundraiser for their Unity Dinner Gala

	Distributions		A Public Documen
		Date Stamp	California 802
<u> </u>			Form OOZ For Official Use Only
pplicable)			The official Osc offig
		-	
itle)		-	
		Amendment (Must p	rovide explanation in Part 3.)
	v.org	Date of Original Filing:	(Month, Day, Year)
1			ant
		of Each Ticket/Pass \$ _	T.31
Alejandro Santiag	0 Date(s)	9 , 28 , 18	
	If no: GSW	Alama of Oa	
aboot in Eliza	- Valle		
No Yes	If yes:	Official's Name (L	.ast, First)
ment or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
t Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
		Χ	
Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Incóme
			Income
Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	<ul> <li>To reward a scho to the community</li> </ul>	ol or nonprofit organiz	ation for its contributions
' '			
	pplicable)         itle)         ela.Christy@acgov         ela.Christy@acgov         ?       Yes ⊠ No         ?       Yes ⊠ No         .Alejandro Santiag         Title/Explenation         CY?       Yes □ No         ehest       No □ Yes         tment or unit.       • Use Sec         it       Number of         Ticket(s)/       Pass(es)         Number of       Ticket(s)/         Pass(es)       Pass(es)	ille)         ela.Christy@acgov.org         ?       Yes ⊠ No □       Face Value of Comparison and the comparison of the compar	Date Stamp         pplicable)         ille)         ela.Christy@acgov.org         Date of Original Filing:         n         ? Yes INO I         ? Yes INO I         Title/Explanation         Date(s)       09 / 28 / 18         Title/Explanation         cy? Yes INO I         If no:       GSW         Name of Sociality         ehest       No I Yes If yes:         Valle, Richard- Supervisor I         Official's Name (I         tment or unit.       • Use Section B to identify an individual.         • Use Section B to identify an individual.       • Use Section C to identify the public purpose made pursuant Pass(es)         Identify one of the followi       Pass(es)         Identify one of the followi       Identify one of the followi         Pass(es)       Ceremonial Role I Other I         If checking "Ceremonial Role" or "Other" describe below:         If checking "Ceremonial Role" or "Other" describe below:         If checking "Ceremonial Role" or "Other" describe below:         If checking "Ceremonial Role" or "Other I describe below:         If checking "Ceremonial Role" or "Other I describe below:         If checking "Ceremonial Role" or "Other I describe below:         Number of Tecket(s)'

<u> </u>		to and m		Distributions		A Public Documer
1.	Agency Name		- 1		Date Stamp	California 802
	Alameda County					Ponti
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			4	
	Gabriela Christy Area Code/Phone Number	E mail	3		Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	E-mail	rich @coccu	ora	Date of Original Filing: _	
_			risty@acgov	.org		(Month, Day, Year)
2.	Function or Event Infor					304.80
	Does the agency have a ticke	• •	Yes 🛛 No	_	of Each Ticket/Pass \$	
	Event Description Warriors v	s. Timberwolv	ves	Date(s)	9 , 29 , 18	
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: GSW	Name of Sou	
		44b - b - b 1				
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor D	ast First)
_						
3.	Recipients	via dan arter art ar		Alexandra and a set of the set of the		· · · · · · ·
	Use Section A to identify the agence		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 Individua (Last First)	d	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ıg:
				Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income
	~			Ceremonial Role If checking "Ceremon	Other describe below:	Income [
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Alameda County School Bo Association (313 Winton Av		4	To reward a school to the community	or nonprofit organizati	on for its contributions
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
 1999

 gnee
 Print Name
 Title
 (Month, Day, Year)

Comment: \_\_\_\_\_\_Raffle to promote attendance at the School Board Association Ice Cream Social

0	eremonial Role Event	ts and Tic	ket/Pass	Distributions		A Public Document
1.	. Agency Name				Date Stamp	California 802
	Alameda County					i onni se se s
	Division, Department, or Regi	on (If Applicable	ə)			For Official Use Only
	Board of Supervisors					0
	Designated Agency Contact (	Name, Title)				
	Gabriela Christy		÷.			<u> </u>
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela Ch	ristv@acqov	/.ora	Date of Original Filing: _	
2.	Function or Event Inform					(Month, Day, Year)
	Does the agency have a ticket		Yes 🔀 No	En Eace Value o	f Each Ticket/Pass \$	305.55/35
	Paidare va					
	Event Description	Provide Title/Expl	anation	Date(s)	, 30 , 18	//
	Ticket(s)/Pass(es) provided by		_	Ist If no: Oaklar	nd Athletics	
	Tickel(3/1 ass(es) provided by	agency	Yes 🗌 No		Name of Sou	
	Was ticket distribution made at	t the behest	No 🗖 Yes	If yes: Valle,	Richard- Supervisor E	District 2
_	of agency official?			Official's Name (Last, First)		
3.	• Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy 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		
	El					
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followin	ng:
			Pass(es)		<u> </u>	
	Frausto, Marciano		1		Other [] al Role" or "Other" describe below:	Income
		•	3/1		nunity volunteer for his	s or her service to the
				Ceremonial Role		
				· If checking "Ceremonia	al Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)			Describe the publ	ic purpose made pursuant t	o the agency's policy
					2	
4.	Verification					

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

		Gabriela Christy	Supervisor's Assistant	11119
	nee	Print Name	Title	(Month, Day, Year)
Comment:				