U	eremonial Role Even	is and never	ass Dis	unputions	A	Fublic Document
Ι.	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			Amendment (Must Pro	ovide Explanation in Part 3 )
	Area Code/Phone Number	E-mail				
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	tet policy? Yes 🛛	No 🗌	Face Value of	Each Ticket/Pass \$	
	Event Description: Drake &	Migos		Date(s)10	<u>, 25 , 18</u>	/
	Ticket(s)/Pass(es) provided	Provide Title/ Explan	No 🗌	If no: GSW		17
				If yes: <u>Hagg</u> er	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	No 🗖	If yes: <u>Haggen</u>	Official's Name (Last, First)	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s) Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes	, .	Identify one of the fo	llowing:
	*				,	
	Haggerty, Scott		4		n oversight of facilities or County funding or suppo	
					onial Role LI Other LI ing "Ceremonial Role" or "Other" desc	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursi	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 w

	2	Lee Ann Fergerson	Ticket Administrator		11/6/18
Signature of Agency Head or Designee		Print Name	 Title		(month, day, year)
Comment:			 	·	

A Dublic Decument

С	eremonial Role Even	ts and Ticket/F	Pass Dist	tributions	A	<b>Public Document</b>
1.	Agency Name	2			Date Stamp	California 802
	Alameda County					the second se
	Division, Department, or Reg	ion (if applicable)		· · · · ·		For Official Use Only
	Board of Supervisors				Α.	
	<b>Designated Agency Contact</b>	(Name, Title)		····	7	
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				· · · · · · · · · · · · · · · · · · ·
	510-272-6691	leeann.fergerson@	)acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$	
	Event Description: Drake &	Migos		Date(s)	<u>, 26 , 18 </u>	· · · · · · · · · · · · · · · · · · ·
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no: <u>GSW</u>	Name of Source	
	When the last distribution mode	at the babast of		If yes: Hagger	ty, Scott	
	Was ticket distribution made of agency official?	e at the benest Yes		n yee	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen		Number			
	A. Name of Agency, Depa	artment or Unit	of Ticket(s) Passes	/ Describe tr		suant to the agency's policy
			ļ			
	B. Name of Indi (Last, Fire		Number of Ticket(s) Passes		Identify one of the f	ollowing:
	Gibbons, Colby Gibbons, Conner		4	ev	promote attendance a rent in order to maxim venue for concession	ize potential county
					nonial Role 🛄 Other L king "Ceremonial Role" or "Other" de	
	C. Name of Outside O (include address and		Number of Ticket(s) Passes	/ Describe th	ne public purpose made pur	suant to the agency's policy
						<u>.</u>
1	Verification		1			· _ · · · · · · · · · · · · · · · · · ·

4. Verification

Julations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

¥	Lee Ann Fergerson	Ticket Administrator	11/6/18
Bignature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			<u> </u>

Ceremonial Role Even	its and Ticket/F	Pass Distr	ibutions	A	<b>Public Document</b>
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Reg	ion (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		,		· · · ·
510-272-6691	leeann.fergerson@	)acgov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation				<u>*</u>
Does the agency have a tic	ket policy? Yes	🛛 No 🗖 👎	Face Value of	Each Ticket/Pass \$	
Event Description: Drake &	Migos	Г	$Date(s) = \frac{10}{10}$	<u>, 27 , 18</u>	1 1
	Provide Title/ Expla	nation			
Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌 🛛 🛛	f no: <u>GSW</u>	Name of Source	<u></u>
M- Holest distribution mode	at the helicet of		f yes: <u>Hagger</u>		
Was ticket distribution made of agency official?	e at the benest Yes	⊠ No∐ "	ycs. <u> </u>	Official's Name (Last; First)	<u> </u>
of agency officials					
8. Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to i	identify an individ	dual. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Depa	irtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
District 1		4	To reward	l a county employee f	or his or her
			exemplary	y service to the public	;
					8
R Name of Indi		Number			- 11
B. Name of Indi (Last, Fin		of Ticket(s)/ Passes		Identify one of the f	ollowing:
			1	nonial Role D Other king "Ceremonial Role" or "Other" de	
				nonial Role Other C king "Ceremonial Role" or "Other" de	
C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy
. Verification			I,	<u> </u>	
	lations 18944	.1 and 18942.	have verified	that the distribution set fo	orth above, is in accordance

R. C.	Lee Ann Fergerson	Ticket Administrator	11/6/18
Signature of Agency fiead or Designee	Print Name	Title	(month, day, year)
Comment:			

С	eremonial Role Even	ts and Ticket/P	ass Dist	ributions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	Oakland/Alameda County C	oliseum Authority	20	the state of the second se		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				, , , , , , , , , , , , , , , , , , ,
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation		254		
	Does the agency have a tic	ket policy? Yes	Each Ticket/Pass \$			
	Event Description: Drake &	Migos Provide Title/ Explai	<u>, 29 , 18</u>	//		
	Ticket(s)/Pass(es) provided	· · · · ·	If no: <u>GSW</u>			
				If yes: <u>Hagger</u>	Name of Source tv. Scott	
	Was ticket distribution made of agency official?	e at the behest Yes	No 🗌	If yes. <u></u>	Official's Name (Last, First)	<u> </u>
3.	Use Section A to identify the agen     A. Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes			tify an outside organization. suant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/		Identify one of the f	ollowing:
	(Last, Firs	st)	Passes			
	Ahnez, Celina		4	even	mote attendance at a it in order to maximize nue for concession a	e potential county
					king "Ceremonial Role" or "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy

# 4. Verification

I have read and understand EDDO D- julations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

	Lee Ann Fergerson	Ticket Administrator	11/6/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

C	eremonial Role Even	is and nekeur	ass Distri	DULIONS	A	Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name,Title)				
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must Pi	rovide Explanation in Part 3
	Area Code/Phone Number	E-mail				
	51-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation			·	
	Does the agency have a tick	ket policy? Yes	🗵 No 🗆 F	ace Value of	Each Ticket/Pass \$	
	Event Description: Disney of	n Ice	Г	ate(s) 10	<u>, 19 , 18 </u>	10 / 20 / 18
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🖾 No 🔲 🛛 If	no: <u>GSW</u>	Name of Source	
			If	yes: <u>Hagg</u> er		
	Was ticket distribution made of agency official?	at the benest Yes	⊠ No 🗂 "	yes. <u> </u>	Official's Name (Last, First)	
3.	Recipients					
	<ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or unit.	Use Section B to is	dentify an individ	lual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	·····					
	B. Name of Indiv	vidual	Number of Ticket(s)/		Identify one of the fo	bllowing:
	(Last, Firs	st)	Passes			
	Olinghouse, Dana Nielsen, Ryan		4, 4	eve	To promote attendance at a county sp event in order to maximize potential revenue for concession and parking	
					וסחוצו אסופ <b>בו טנחפר בו</b> King "Ceremonial Role" or "Other" desc	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	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

T,	Lee Ann Fergerson	Ticket Administrator	10/24/18
	Print Name	Title	(month, day, year)
Comment:		<u></u>	

Division, Department, or Region (If applicable)         Division, Department, or Region (If applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Ticket Administrator         Area Code/Phone Number         51-272-6691         Ileeann.fergerson@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?         Yes X       No         Foroide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes X       No         If no:       GSW         Name of Source         Was ticket distribution made at the behest Yes X       No         of agency official?       If yes:         Haggerty, Scott       Official?         3. Recipients       Use Section A to identify the agency's department or unit.       Use Section B to identify an individual.       Use Section C to identify an outside or         A. Name of Agency, Department or Unit       Of Ticket(s)/       Passes         B. Name of Individual       of Ticket(s)/       Passes         Curman Mistee       4       To promote attendance at a county st	eremonial Role Event	s and Ticket/Pa	ass Dist	tributions	Α	<b>Public Document</b>	
Provided Order       Fer Offic         Division, Department, or Region (If applicable)       Fer Offic         Board of Supervisors	Agency Name				Date Stamp	California Form 802	
Board of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Ticket Administrator         Area Code/Phone Number         51-272-6691         Ieeann.fergerson@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?         Yes X         No         Face Value of Each Ticket/Pass \$         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes X       No         If no: GSW         Was ticket distribution made at the behest Yes X       No         If yes:       Haggerly. Scott         Official?       Official?         3. Recipients       •Use Section B to identify an individual. • Use Section C to identify an outside or Ticket(s)/ Passes         A Name of Agency, Department or Unit       Number of Ticket(s)/ Passes         B.       Name of Individual (Last, First)         Guzman, Mistee       4         To promote attendance at a courtly spectral reaction and parking Usermonial Role or Other descret bease.         C.       Name of Outside Organization (findewing)         C.       Name of Outside Organization (findewing)         Passes       Other Ling Ticket(s)/ Passes         B.       Name of Individual (Include	Alameda County						
Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Ticket Administrator         Area Code/Phone Number         51-272-6691         Ieeann.fergerson@acgov.org         2. Function or Event Information         Does the agency have a ticket policy? Yes I No         Function or Event Information         Does the agency have a ticket policy? Yes No         Provide Title/ Explanation         Ticket(s)/Pass(es) provided by agency? Yes No         If no: GSW         Was ticket distribution made at the behest Yes No         of agency official?         3. Recipients         · Use Section A to identify the agency's department or unit.         · Use Section A to identify the agency's department or Unit         Recipients         · Use Section A to identify the agency's department or Unit         Passes         B.       Name of Individual         Guzman, Mistee       4         C.       Name of Outside Organization         Officiely Creenonial Role" or 'Other' describe zetor:         C.       Name of Outside Organization         Officiely Passes       To promote attendance at a countly set or 'Other' describe zetor:         C.       Name of Outside Organization         Otherul passes       To promote attendance at a countly set or	Division, Department, or Regio	n (if applicable)				For Official Use Only	
Lee Ann Fergerson, Ticket Administrator <ul> <li>Area Code/Phone Number 51-272-6691</li> <li>Lee ann.fergerson@acgov.org</li> <li>Date of Original Filing:(month.day.)</li> </ul> 2. Function or Event Information Does the agency have a ticket policy? Yes IN NO       Face Value of Each Ticket/Pass \$	Board of Supervisors						
Area Code/Phone Number 51-272-6691       E-mail leeann.fergerson@acgov.org       Date of Original Filling::	Designated Agency Contact (N	ame, Title)					
Area Code/Phone Number       E-mail         51-272-6691       leeann.fergerson@acgov.org       Date of Original Filing:	Lee Ann Fergerson, Ticket A	dministrator			Amendment (Must P	Provide Explanation in Part 3	
ST2720031       reterminengersonliget/SQV-Org       rmonth, day, j         2. Function or Event Information       Does the agency have a ticket policy? Yes ⊠ No □       Face Value of Each Ticket/Pass \$	Area Code/Phone Number	-mail					
Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Each Ticket/Pass \$	51-272-6691	leeann.fergerson@a	acgov.org		Date of Original Filing:	(month, day, year)	
Event Description:       Disney on Ice       Date(s)       10       21       18         Event Description:       Disney on Ice       Date(s)       10       21       18         Provide Title/Explanation       If no:       GSW       Name of Source         Was ticket distribution made at the behest Yes ⊠ No □       If no:       GSW         of agency official?       No □       If yes:       Haggerty, Scott         Official's Name (Last, First)       Official's Name (Last, First)       Official's Name (Last, First)         3.       Recipients       • Use Section B to identify an individual. • Use Section C to identify an outside or         • 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 or         • Use Section A to identify the agency, Department or Unit       of Ticket(s)/ Passes       Describe the public purpose made pursuant to the age         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Passes       Identify one of the following:         Guzman, Mistee       4       To promote attendance at a countly sp event in order to maximize potential revenue for concession and parking         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Passes       Describe the public purpose made pursuant to the age	Function or Event Inform	ation			• • • •		
Provide Title Explanation         Ticket(s)/Pass(es) provided by agency?       Yes X       No I       If no: GSW         Was ticket distribution made at the behest Yes X       No I       If yes: Haggerty, Scott         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 or         A. Name of Agency, Department or Unit       of Ticket(s)/ Passes       Describe the public purpose made pursuant to the age         B. Name of Individual (Last, First)       of Ticket(s)/ Passes       Identify one of the following:         Guzman, Mistee       4       To promote attendance at a county sp event in order to maximize potential revenue for concession and parking         C. Name of Outside Organization (include address and description)       Number of Ticket(s)/ Passes       Describe the public purpose made pursuant to the age	Does the agency have a ticke	t policy? Yes 🗵	Each Ticket/Pass \$				
Ticket(s)/Pass(es) provided by agency?       Yes ⊠ No □       If no: GSW         Was ticket distribution made at the behest Yes ⊠ No □       If yes: Haggerty, Scott         of agency official?         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 or         A. Name of Agency, Department or Unit       Number of Ticket(s)/Passes       Describe the public purpose made pursuant to the age         B. Name of Individual (Last, First)       Official?       Identify one of the following:         Guzman, Mistee       4       To promote attendance at a county sp event in order to maximize potential revenue for concession and parking         Useremonial Role	Event Description: Disney on	Ice Browide Title/Explore	<u>, 21 , 18</u>	/			
Was ticket distribution made at the behest Yes ⊠ No □       If yes: Haggerty, Scott         Official?       Official? 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 or         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Passes       Describe the public purpose made pursuant to the age         B. Name of Individual (Last, First)       Number of Ticket(s)/ Passes       Identify one of the following: Passes         Guzman, Mistee       4       To promote attendance at a county st event in order to maximize potential revenue for concession and parking         C. Name of Outside Organization (Include address and description)       Number of Ticket(s)/ Passes       Describe the public purpose made pursuant to the age	Ticket(s)/Pass(es) provided b			If no: <u>GSW</u>			
A.       Name of Agency, Department or Unit       Vumber of Ticket(s)/ Passes       Describe the public purpose made pursuant to the age passes         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Passes       Identify one of the following: Passes         Guzman, Mistee       4       To promote attendance at a countly sp event in order to maximize potential revenue for concession and parking Ucremonial Role or "Other describe below:         C.       Name of Outside Organization (Include address and description)       Number of Ticket(s)/ Passes       Describe the public purpose made pursuant to the age provide address and description				Hanner			
• 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 or     A. Name of Agency, Department or Unit     Of Ticket(s)/     Passes     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age     Describe the public purpose made pursuant to the age		at the behest Yes ⊠	If yes: <u>Hugger</u>	Official's Name (Lest, First)	<u></u>		
B.       Name of Individual (Last, First)       Number of Ticket(s)/ Passes       Identify one of the following:         Guzman, Mistee       4       To promote attendance at a county sp event in order to maximize potential revenue for concession and parking         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Passes       Describe the public purpose made pursuant to the age	• Use Section A to identify the agency		Number of Ticket(s)/			· · · · · · · · · · · · · · · · · · ·	
B.       Name of Individual (Last, First)       of Ticket(s)/ Passes       Identify one of the following:         Guzman, Mistee       4       To promote attendance at a county sp event in order to maximize potential revenue for concession and parking         Guzman, Mistee       4       Ceremonial Role L       Other L         If checking "Ceremonial Role" or "Other" describe below:       If checking "Ceremonial Role" or "Other" describe below:         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Passes       Describe the public purpose made pursuant to the age		· · · · · · · · · · · · · · · · · · ·	Passes				
Guzman, Mistee       4       event in order to maximize potential revenue for concession and parking         Guzman, Mistee       4       event in order to maximize potential revenue for concession and parking         Guzman, Mistee       0ther L       Other L         Guzman, Mistee       0ther L       0ther describe below:         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Passes       Describe the public purpose made pursuant to the age	<b>D</b> .	lual	of Ticket(s)/		Identify one of the following:		
C. Name of Outside Organization (include address and description) Number Passes Describe the public purpose made pursuant to the age	Guzman, Mistee		4	eve	promote attendance at a county sponsored rent in order to maximize potential county evenue for concession and parking sales.		
C. Name of Outside Organization (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursuant to the age							
			of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy	
	в —				<u> </u>		

### 4. Verification

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

÷ .	Lee Ann Fergerson	Ticket Administrator	10/24/18
Signature of Agency Head or Designee Comment:	Print Name	Title	(month, day, year)

C	eremonial Role Even	ts and Ticket/F	Pass Dist	ributions	A	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		· · · · ·	1	
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6691	leeann.fergerson@	Dacgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u>-</u> 30	05.55
	Event Description: Raiders			Date(s) <u>10</u>		//
		Provide Title/ Expla	anation	If no: <u>GSW</u>		
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source	<u> </u>
	Was ticket distribution made	at the behest Yes		If yes: Hagger	ty, Scott Official's Name (Last, First)	
	of agency official?	100			Official's Name (Last, First)	
3.	Recipients					· (
	• Use Section A to identify the agen	cy's department or unit.		identity an individ	mal. • Use Section C to ident	iry an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
		· -				
			1		·· ,: ,	
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the f	ollowing:
	Last, Firs		Passes			
	Gonzales, Roberta			То рі	romote attendance at	a county sponsored
			4/1	eve rev	ent in order to maximizenue for concession	and parking sales.
				1	nonial Role 🖵 Other 🗋	
	· · · ·					
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
					<u></u>	

# 4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	10/24/18
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:	· · · · · · · · · · · · · · · · · · ·		

A Public Document

1.	Agency Name		<u> </u>		Date Stamp	California 802
	Alameda County					Form OOL For Official Use Only
	Division, Department, or Region	(If Applicabl	e)			for onlotal osc only
	Board of Supervisors					
	Designated Agency Contact (Nan	ne, Title)			-	
	Gabriela Christy				Amendment (Must p)	rovide explanation in Part 3.)
	Area Code/Phone Number E-r					
	(510) 272-6692 Ga	abriela.Ch	risty@acgov	v.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information	tion				100
	Does the agency have a ticket po	licy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	Vec
	Event Description Nick Cannon	Wild N Ou	ut 👘	Date(s) <u>10</u>	06,18	//
	Pro	vide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by ag	ency?	Yes 🗌 No	If no: GSW	Name of Sou	1//29
				- Valle	Richard- Supervisor I	
	Was ticket distribution made at the of agency official?	e denest	No 🗌 Yes	If yes:	Official's Name (L	ast, First)
	• • •					
3.	• Use Section A to identify the agency's de	epartment or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department of		Number of		lic purpose made pursuant	
	A. Name of Agency, Department of	Unit	Ticket(s)/ Pass(es)	Deachbe the pub	ne parpose mado parotane	
	·					
	B. Name of Individual		Number of Ticket(s)/	La construction de la constructi	Identify one of the following	ng:
			Pass(es)	Occurrential Data	Other	income
				Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below:	
				Ceremonial Role		Income
				If checking "Ceremoni	al Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organization (include address and descript		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	ALCO Democratic Party (510) 3	26-3198	4	– To reward a scho	ol or nonprofit organiza	ation for its contributions
		20 0 100	1	to the community		
	· · · · · · · · · · · · · · · · · · ·					
4	Verification					
- <b>T</b> .		- *8944.1 and	1 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.
			Gabriela Cl	hristy	Supervisor's Assistant	1/8/19
			Print Name		Title	(Month, Day, Year)
	Comment. Fundraiser for the 48	th Annual	Unity Dinne	r		
	Comment:			-		FPPC Form 802 (4/12)
				F	FPPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)

Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Re	gion (If Applicab	nle)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			1	
Gabriela Christy					
Area Code/Phone Number	E-mail	<u></u>			rovide explanation in Part 3.)
(510) 272-6692		hristy@acgov	.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Info				·	204 00/20
Does the agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	304.80/30
Event Description Warriors			Date(s)	) _ 08 _ 18	//
·	Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided b	by agency?	Yes 🔲 🛛 No 🛛	If no: GSW	Name of So	
Was ticket distribution made	at the behart		valle		
of agency official?	מנ נווס מכווכפו	No 🔲 Yes [	It yes:	, Richard- Supervisor I Official's Name (L	ast, First)
Recipients	еş		· · · · · ·		· · · · ·
Use Section A to identify the agence	cy's department or	unit. • Use Seci	tion B to identify an individ	ual. • 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>	Number of			-
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
B. Name of Individue (Last, First)	al	Ticket(s)/	Ceremonial Role If checking "Ceremoni		ng: Income
B. Name of Individue (Last, First)	al	Ticket(s)/	If checking "Ceremoni Ceremonial Role	Other  I I I I I I I I I I I I I I I I I I	
B. Name of Individu. (Last, First)	al	Ticket(s)/	If checking "Ceremoni Ceremonial Role	Other  Control of the tell of	
B. Name of Individua (Last, First) C. Name of Outside Organ (include address and des	ization	Ticket(s)/	If checking "Ceremoni Ceremonial Role	Other  Control of the tell of	Income
(Last, First)	ization cription)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremoni Describe the publ	Other  A Cole" or "Other" describe below:  Other  C Other  A Role" or "Other" describe below:  C purpose made pursuant f	Income
(Last, First) C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)	If checking "Ceremonial Ceremonial Role If checking "Ceremonial Describe the public – To reward a school	Other  A Cole" or "Other" describe below:  Other  C Other  A Role" or "Other" describe below:  C purpose made pursuant f	Income
(Last, First) C. Name of Outside Organ (include address and des	ization cription) .873.0222	Ticket(s)/ Pass(es)	If checking "Ceremonial Ceremonial Role If checking "Ceremonial Describe the publ – To reward a schoo to the community	Other Identified and the image of	Income
C. Name of Outside Organ (include address and des AICO Democratic Party 510	ization cription) .873.0222	Ticket(s)/ Pass(es)	If checking "Ceremonial Ceremonial Role If checking "Ceremonial Describe the publ — To reward a schoo to the community fied that the distribution set for	Other  Control of the second below:  Other  Other  Other  Control of the second below:  Other  Othe	Income
C. Name of Outside Organ (include address and des AICO Democratic Party 510	ization cription) .873.0222	Ticket(s)/ Pass(es)	If checking "Ceremonial Ceremonial Role If checking "Ceremonial Describe the publ — To reward a schoo to the community fied that the distribution set for	Other Identified and the image of	Income

	· · · ·				A Public Docume
Agency Name				Date Stamp	California 802
Alameda County					Contractive Contractive
Division, Department, or Regio	n (If Applicabl	e)			For Official Use Only
Board of Supervisors					a
Designated Agency Contact (N	ame, Title)		<u></u>		
Gabriela Christy					
	-mail			Amendment (Must )	provide explanation in Part 3.)
(510) 272-6692	Gabriela.Ch	risty@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	ation				
Does the agency have a ticket p	oolicy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	100
Event Description Mike Eps				) <u>, 13 , 18</u>	
Event DescriptionF	Provide Title/Expl	lanation		//	
Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	If no: GSW		
			-	Name of Sc Diobord Supervisor	
Was ticket distribution made at t of agency official?	he behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name (	UISTRICT Z
				·	
Recipients • Use Section A to identify the agency's	department or	uniț. 🔹 Use Se	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			8		<u> </u>
*		1			
B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			1		······
Simms Angel			Ceremonial Role	Other	
Simms, Angel		2	If checking "Ceremon	ial Role" or "Other" describe below:	
Simms, Angel		2	If checking "Ceremon	ial Role" or "Other" describe below:	Income
(		2	If checking "Ceremoni – To reward a comi	al Role" or "Other" describe below: munity volunteer for hi	is or her service to the
Simms, Angel Simms, Stephen			If checking "Ceremoni — To reward a comp public Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below: munity volunteer for hi Other al Role" or "Other" describe below:	s or her service to the
=		2	If checking "Ceremon – To reward a comp public Ceremonial Role If checking "Ceremoni – To reward a com	al Role" or "Other" describe below: munity volunteer for hi Other al Role" or "Other" describe below:	is or her service to the
Simms, Stephen	Hon		If checking "Ceremoni — To reward a comp public Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below: munity volunteer for hi Other al Role" or "Other" describe below:	s or her service to the
(		2. Number of Ticket(s)/	If checking "Ceremoni – To reward a comp public Ceremonial Role If checking "Ceremoni – To reward a com public	al Role" or "Other" describe below: munity volunteer for hi Other al Role" or "Other" describe below:	is or her service to the Income
Simms, Stephen		2 Number of	If checking "Ceremoni – To reward a comp public Ceremonial Role If checking "Ceremoni – To reward a com public	al Role" or "Other" describe below: munity volunteer for hi Other al Role" or "Other" describe below: munity volunteer for h	is or her service to the Income
Simms, Stephen		2. Number of Ticket(s)/	If checking "Ceremoni – To reward a comp public Ceremonial Role If checking "Ceremoni – To reward a com public	al Role" or "Other" describe below: munity volunteer for hi Other al Role" or "Other" describe below: munity volunteer for h	is or her service to the Income
Simms, Stephen		2. Number of Ticket(s)/	If checking "Ceremoni – To reward a comp public Ceremonial Role If checking "Ceremoni – To reward a com public	al Role" or "Other" describe below: munity volunteer for hi Other al Role" or "Other" describe below: munity volunteer for h	is or her service to the Income
Simms, Stephen		2. Number of Ticket(s)/	If checking "Ceremoni – To reward a comp public Ceremonial Role If checking "Ceremoni – To reward a com public	al Role" or "Other" describe below: munity volunteer for hi Other al Role" or "Other" describe below: munity volunteer for h	is or her service to the Income
Simms, Stephen C. Name of Outside Organizat (include address and descrip		2. Number of Ticket(s)/	If checking "Ceremoni – To reward a comp public Ceremonial Role If checking "Ceremoni – To reward a com public	al Role" or "Other" describe below: munity volunteer for hi Other al Role" or "Other" describe below: munity volunteer for h	is or her service to the Income
Simms, Stephen	otion)	2- Number of Ticket(s)/ Pass(es)	If checking "Ceremoni – To reward a comp public Ceremonial Role If checking "Ceremoni – To reward a comp public Describe the public	al Role" or "Other" describe below: munity volunteer for hi Other al Role" or "Other" describe below: munity volunteer for h lic purpose made pursuant	is or her service to the Income is or her service to the to the agency's policy
Simms, Stephen C. Name of Outside Organizat (include address and descrip	otion)	2- Number of Ticket(s)/ Pass(es)	If checking "Ceremoni – To reward a comp public Ceremonial Role If checking "Ceremoni – To reward a comp public Describe the public	al Role" or "Other" describe below: munity volunteer for hi Other al Role" or "Other" describe below: munity volunteer for h lic purpose made pursuant	is or her service to the Income [ is or her service to the to the agency's policy

Ceremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Documen
. Agency Name			14 B	Date Stamp	California 802
Alameda County					Form GOZ For Official Use Only
Division, Department, or Regio	n (If Applicable	)			For Onicial Ose Only
Board of Supervisors					
Designated Agency Contact (A	lame, Title)				
Gabriela Christy					
	E-mail				rovide explanation in Part 3.)
(510) 272-6692	Gabriela.Chr	risty@acgov	.org	Date of Original Filing: .	(Month, Day, Year)
. Function or Event Inform	ation	8			204 20/20
Does the agency have a ticket	policy?	Yes 🛛 No	لسمي	of Each Ticket/Pass \$	304.80/30
Event Description Warriors vs	Suns		Date(s)	, 22 , 18	//
Event Description	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: GSW	Name of Sou	UTCR
101 ti-li-t distribution mode of	the heheet		valle	Richard- Supervisor	
Was ticket distribution made at of agency official?	the benest	No 🗌 Yes	If yes:	Official's Name (L	.ast, First)
				25	I
			,	18	
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role		
Nevas, Lucinda		4		ial Role" or "Other" describe below: munity volunteer for hi	s or her service to the
			public	numy volantoor for m	
			Ceremonial Role	Other describe below:	Income
C. Name of Outside Organiz		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
(include address and descr	iption)	Pass(es)			
Verification			····		h

Gabriela Christy Supervisor's Assistant 1999 Print Name Title (Month, Day, Year)

Comment: \_

Agency Name Alameda County Division, Department, or Region (If App			Date Stamp	California 802
-				
-				Division Contractory and Contractory and
	licable)	·		For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title	2)			
	<i>"</i>			
Gabriela Christy Area Code/Phone Number E-mail		□	Amendment (Must pr	ovide explanation in Part 3.)
	a.Christy@acgov	Lorg Dat	te of Original Filing: _	
	a.crimsty@acgot	<i>r.</i> org		(Month, Day, Year)
Function or Event Information		Ease Value of Eas	ah Tickat/Paga ¢	304.80/30
Does the agency have a ticket policy?	Yes 🛛 No		ch Ticket/Pass \$	
Event Description Warriors vs. Wizard		Date(s)/		//
Provide Tit	le/Explanation			
Ticket(s)/Pass(es) provided by agency	? Yes 🗌 No	If no: <u>GSW</u>	Name of Sou	rce
Nas ticket distribution made at the beh		Valle. Rich	hard- Supervisor D	
of agency official?	est No 🗌 Yes	IT yes:	Official's Name (La	ast, First)
Desinianto				ia <del>,1</del> .
Recipients <ul> <li>Use Section A to identify the agency's department</li> </ul>	entorunit. • Use See	tion B to identify an individual.	Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of		rpose made pursuant t	
A. Name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the public pu	ipose made paradant t	o the agency a policy
3. Name of Individual (Last, First)	Number of Ticket(s)/	lder	ntify one of the followin	
	Pass(es)	Ceremonial Role	Other	Income
		Ceremonial Role 🔲 If checking "Ceremonial Role"	Other  Other  or "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public pu	pose made pursuant t	o the agency's policy
New Haven Schools Foundation	4/1	<ul> <li>To reward a school or to the community</li> </ul>	nonprofit organiza	tion for its contribution
34200 Alvarado-Niles Rd, Union City 34587	, CA			
/erification			40	
Children	.1 and 18942. I have ve	rified that the distribution set forth ab	ove, is in accordance with	the requirements.
gave read and understand EDDC Populations 18944				
	Gabriela C	hristy Supe	ervisor's Assistant	1919

A Public Document

4	A goney Name				Date Stamp	California 002
1.	Agency Name			Form 802		
	Alameda County Division, Department, or Regi	on (If Applicab		For Official Use Only		
		•••• ( <i>n</i> / <i>ippn</i> ••••				
	Board of Supervisors					
	Designated Agency Contact (	vame, i itie)				
	Gabriela Christy				Amendment (Must p	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filing: .	
_	(510) 272-6692	_	nristy@acgov	/.org		(Month, Day, Year)
2.	Function or Event Inform					280
	Does the agency have a ticket		Yes 🛛 No		f Each Ticket/Pass \$	
	Event Description Phil Collins		-	Date(s)0	, 25 , 18	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗋 No	If no: <u>GSW</u>	Name of Sol	Irce
	Was ticket distribution made a	t the behest	No 🗌 Yes	IX If yes. Valle,	Richard- Supervisor I Official's Name (L	District 2
	of agency official?		110 1100	in yes	Official's Name (L	ast, First)
3.	Recipients					
-	Use Section A to identify the agency	's department o	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				18		
	· · · · · · · · · · · · · · · · · · ·					
	*					
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other	Income
	Hernandez, Patricia		4	-	al Role" or "Other" describe below:	a san la an aon dan ta tha
			T	<ul> <li>To reward a comr public</li> </ul>	nunity volunteer for hi	s or her service to the
				Ceremonial Role	Other	income
				If checking "Ceremonia	al Role" or "Other" describe below:	
						,
		· · · · · ·	Number of			11
	C. Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
			1 400(00)			· · · · · · · · · · · · · · · · · · ·
•	Verification	18944.1 and	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
					Supervisor's Assistant	1/8/19
	_	0	Gabriela Cl Print Name		Title	(Month, Day, Year)
					-	·····
	Comment:					
				F	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

**A Public Document** 

. Agency Name				Date Stamp	California 002
-					Form 802
Alameda County Division, Department, or Region	(If:Appliaphia)				For Official Use Only
Division, Department, or Region	(II Applicable)				
Board of Supervisors					-
Designated Agency Contact (Nan	ne,Title)				
Gabriela Christy					
	mail			Amenament (Must p	rovide explanation in Part 3.)
(510) 272-6692 G	abriela.Christy(	@acgov	/.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Informa	tion		······		200
Does the agency have a ticket po	licy? Yes	🗵 No	Face Value o	f Each Ticket/Pass \$ _	250
Event Description <u>Aubrey and the Presence</u>			 Date(s)10	, 26 , 18	10 , 27 , 18
Event Description	vide Title/Explanation	1	Date(s)		//
Ticket(s)/Pass(es) provided by ag		— N-	If no: GSW		· .
Ticket(s)/Pass(es) provided by ag	Jency: Yes	🗆 No		Name of So	
Was ticket distribution made at th	e behest No	🗋 Yes	If yes: Valle,	Richard- Supervisor	District 2
of agency official?			,	Official's Name (	Last, First)
• Use Section A to identify the agency's d	Nu	mber of		al. • Use Section C to iden	
A. Name of Agency, Department o		cket(s)/ ass(es)	Describe the pub		
				a)	
	5				
B. Name of Individual	Ti	mber of cket(s)/ ass(es)		Identify one of the follow	ing:
			Ceremonial Role		Income
Hansen, Michael		4		al Role" or "Other" describe below:	
		-	<ul> <li>To reward a comr public</li> </ul>	nunity volunteer for h	s or her service to the
		-	Ceremonial Role		Income
Hildreth, Jaqueen		4	_	al Role" or "Other" describe below:	
		•	<ul> <li>To reward a comr public</li> </ul>	nunity volunteer for hi	s or her service to the
C. Name of Outside Organizati (include address and descript	on Tic	mber of cket(s)/ ass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
				갶	
					. v-
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	1819
Π	Print Name	Title	(Nonth, Day, Year)

Comment: \_

eremonial Role Ever	its and Tio	cket/Pass	Distributions		A Public Documen	
. Agency Name	· · · · · · · · · · · · · · · · · · ·			Date Stamp	California 802	
Alameda County					Form	
Division, Department, or Reg	jion (If Applicabl	le)		1	For Official Use Only	
Board of Supervisors						
Designated Agency Contact	(Name, Title)			1		
Gabriela Christy		÷		Amendment (Must pi	ovide explanation in Part 3.)	
Area Code/Phone Number	E-mail		а.			
(510) 272-6692	Gabriela.Ch	nristy@acgov	.org	Date of Original Filing: .	(Month, Day, Year)	
Function or Event Infor			_		305.55/35	
Does the agency have a ticke	et policy?	Yes 🛛 No		of Each Ticket/Pass \$		
Event Description	s. Colts Provide Title/Exp	lanation	Date(s)	0 , 28 , 18	///	
Ticket(a)/Deca(aa) provided h	h'		If no. Oakla	and Athletics		
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		Name of Sou		
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Valle	e, Richard- Supervisor E Official's Name (L	District 2 ast, First)	
Recipients		unit a lles Sea	tion R to identify an individ	lual a Use Section C to ident	ify an outside organization.	
	Use Section A to identify the agency's department or     A. Name of Agency, Department or Unit			cribe the public purpose made pursuant to the agency's policy		
					3 g.	
B. Name of Individu (Lest, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	и		Ceremonial Role If checking "Ceremon	Other D	Income	
			Ceremonial Role	Other	Income	
				nial Role" or "Other" describe below:		
	54					
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
Our Lady of the Rosary Chu St Union City, Ca 94587	urch 703 "C"	3/1	<ul> <li>To reward a school to the community</li> </ul>	ool or nonprofit organiz	ation for its contributions	
Catholic Church Located in	Union City					
Gatholic Church Eocated in	ee., e,					
Verification	-	18942   have up	rified that the distribution set t	forth above, is in accordance with	the requirements	
Verification	-			forth above, is in accordance with	the requirements.	
Verification	-	d 18942. I have ve Gabriela C Print Name	hristy	forth above, is in accordance with Supervisor's Assistant Title	n the requirements.	

1. Agency Name

Division, Department, or Region (if Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number         [510] 272-6692         Gabriela Christy         Does the agency have a ticket policy?         Yes X         No X         Function or Event Information         Does the agency have a ticket policy?         Yes X         No X         Frowide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes X         No X         If no:         GSW         Name of Source         Was ticket distribution made at the behest         No X       If no:         GSW         Name of Agency. Department or unit.       • Use Section B to identify an individual.         • Use Section A to identify the agency's department or unit.       • Use Section B to identify one of the following:         Last Faug       Describe the public purpose made pursuant to the agency's policy         Pass(es)       The cast faug         Maxey, Jack       4	Д	Alameda County					Form 002	
Designated Agency Contact (Name, Title)         Gabriela Christy         Area Code/Phone Number (510) 272-6692       E-mail Gabriela. Christy@acgov.org         2. Function or Event Information Does the agency have a ticket policy? Yes INO Interesting Provide Title/Explanation       Face Value of Each Ticket/Pass \$	D	ivision, Department, or Reg	ion (If Applicable	э)		1	For Official Use Only	
Gabriela Christy	В	Board of Supervisors						
Area Code/Phone Number (510) 272-6692       E-mail Gabriela.Christy@acgov.org       Date of Original Filling: (Month, Day, Vear)         2. Function or Event Information Does the agency have a ticket policy? Yes INO INCENTION Provide Title/Explanation       Face Value of Each Ticket/Pass \$ Date(s) 10 / 29 / 18 / / / / / / / / / / / / / / / / /	D	esignated Agency Contact (	Name, Title)	1				
Area Code/Phone Number (510) 272-6692       E-mail Gabriela.Christy@acgov.org       Date of Original Filing:(Month, Day, Year)         2. Function or Event Information Does the agency have a ticket policy? Yes INO INTERCENT       Face Value of Each Ticket/Pass \$	G	Babriela Christy						
(Or to) 212-0002       (Month, Dey, Year)         2. Function or Event Information       Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	A	rea Code/Phone Number	E-mail	•			vide explanation in Part 3.)	
Does the agency have a ticket policy?       Yes X       No X       Face Value of Each Ticket/Pass \$	(5	510) 272-6692	Gabriela.Ch	risty@acgo	v.org	Date of Original Filing: _	(Month, Day, Year)	
Event Description       Aubrey and the Three Amigos       Date(s)       10       29       18         Event Description       Aubrey and the Three Amigos       Date(s)       10       29       18         Ticket(s)/Pass(es) provide Dy agency?       Yes       No       If no:       GSW       Name of Source         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Valle, Richard- Supervisor District 2         Official?       Official?       Official?       Official? Shame (Last, First)         3. Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Maxey, Jack       4       Ceremonial Role       Other       Incom         If case, First       A       A       Other       Incom	2. F	unction or Event Inform	nation				257	
B.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following: Pass(es)         Maxey, Jack       4       Ceremonial Role Other I on this or her service to the public purpose for this or her service to the public					Face Value of	of Each Ticket/Pass \$		
B.       Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following: Pass(es)         Maxey, Jack       4       Ceremonial Role Other I on this or her service to the public purpose for this or her service to the public	F۱	vent Description Aubrey and	d the Three A	migos	Date(s) 10	) , 29 , 18		
Was ticket distribution made at the behest of agency official?       No Yes X       If yes: Valle, Richard- Supervisor District 2         Official's Name (Last, First)         3. Recipients         - Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization         A. Name of Agency, Department or Unit       Number of Ticket(s)/Pass(es)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (Last, First)       Number of Ticket(s)/Pass(es)       Identify one of the following:         Maxey, Jack       4       Ceremonial Role       Other       Incom         If checking 'Ceremonial Role       Other       Incom       Incom         Use Ceremonial Role       Other       Incom       Incom	L1		Provide Title/Expl	anation				
Was ticket distribution made at the behest of agency official?       No Yes X       If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)         3. Recipients • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an outside organization         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Maxey, Jack       4       Ceremonial Role Official Role Off	Tie	cket(s)/Pass(es) provided by	agency?	Name of Sour	CP			
of agency official?       Official's Name (Last, First)         3. Recipients <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section B to identify an individual.</li> <li>Use Section C to identify an outside organization</li> </ul> <ul> <li>A. Name of Agency, Department or Unit</li> <li>Number of Ticket(s)/ Pass(es)</li> <li>Describe the public purpose made pursuant to the agency's policy</li> <li>Pass(es)</li> <li>Identify one of the following:                 <ul> <li>(Last, First)</li> <li>Identify one of the following:</li> <li>Ticket(s)/ Pass(es)</li> <li>Ceremonial Role</li> <li>Other d a community volunteer for his or her service to th public</li> <li>Ceremonial Role</li> <li>Other d a community volunteer for his or her service to th public</li> <li>Use Section Role</li> <li>Other d community volunteer for his or her service to th public</li> <li>Ceremonial Role</li> <li>Other d community volunteer for his or her service to th public</li> <li>Ceremonial Role</li> <li>Other d community volunteer for his or her service to th public</li> <li>Ceremonial Role</li> <li>Other d community volunteer for his or her service to th public</li></ul></li></ul>	۱۸/	as ticket distribution made a	t the hehest		Nalle.			
• Use Section A to identify the agency's department or unit.     • Use Section B to identify an individual.     • Use Section C to identify an outside organization     A. Name of Agency, Department or Unit     Number of     Ticket(s)/     Pass(es)     Describe the public purpose made pursuant to the agency's policy     B. Name of Individual     (Last, Firef)     Number of     Ticket(s)/     Pass(es)     Identify one of the following:         Last, Firef)     Maxey, Jack     4     Ceremonial Role      Other Individual     Incom     If checking "Ceremonial Role" or "Other" describe below:     - To reward a community volunteer for his or her service to th     public     Ceremonial Role Individual     Ceremonial Role Indition     Cer					If yes:	Official's Name (La	st, First)	
• Use Section A to identify the agency's department or unit.     • Use Section B to identify an individual.     • Use Section C to identify an outside organization     A. Name of Agency, Department or Unit     Number of     Ticket(s)/     Pass(es)     Describe the public purpose made pursuant to the agency's policy     B. Name of Individual     (Last, Firef)     Number of     Ticket(s)/     Pass(es)     Identify one of the following:         Last, Firef)     Maxey, Jack     4     Ceremonial Role      Other Individual     Incom     If checking "Ceremonial Role" or "Other" describe below:     - To reward a community volunteer for his or her service to th     public     Ceremonial Role Individual     Ceremonial Role Indition     Cer	3. R	ecipients						
A.       Name of Agency, Department or Unit       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Maxey, Jack       4       Ceremonial Role □ Other □ Incom If checking "Ceremonial Role" or "Other" describe below:         -       To reward a community volunteer for his or her service to th public		•	's department or i	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identify	y an outside organization.	
B.       Name of Individual (Last, First)       Ticket(s)/ Pass(es)       Identify one of the following:         Maxey, Jack       4       Ceremonial Role □ Other □ Incom If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his or her service to th public       Incom         Ceremonial Role □ Other □       Incom	Α	Name of Agency, Department	Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
B.       Name of Individual (Last, First)       Ticket(s)/ Pass(es)       Identify one of the following:         Maxey, Jack       4       Ceremonial Role □ Other □ Incom If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his or her service to th public       Incom         Ceremonial Role □ Other □       Incom								
B.       Name of Individual (Last, First)       Ticket(s)/ Pass(es)       Identify one of the following:         Maxey, Jack       4       Ceremonial Role □ Other □ Incom If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his or her service to th public       Incom         Ceremonial Role □ Other □       Incom								
B.       Name of Individual (Last, First)       Ticket(s)/ Pass(es)       Identify one of the following:         Maxey, Jack       4       Ceremonial Role □ Other □ Incom If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his or her service to th public       Incom         Ceremonial Role □ Other □       Incom								
Maxey, Jack       4       If checking "Ceremonial Role" or "Other" describe below:         4       - To reward a community volunteer for his or her service to th public         Ceremonial Role       Other       Incommunity	B			Ticket(s)/		Identify one of the following	g:	
4     - To reward a community volunteer for his or her service to th public       Ceremonial Role     Other					Ceremonial Role	Other	Income	
public Ceremonial Role Other I Income	M	axey, Jack		4				
						munity volunteer for his	or her service to the	
If checking "Ceremonial Role" or "Other" describe below:					Ceremonial Role	Other		
					If checking "Ceremonia	al Role" or "Other" describe below:		
0					0		2	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy	C.			Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy	
		·			· · · · · · · · · · · · · · · · · · ·			

#### 4. Verification

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

_	Gabriela Christy	Supervisor's Assistant	1/0/19
	Print Name	Title	(Month, Day, Year)

Comment:

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

**A Public Document** 

California Q

Date Stamp

**A Public Document** 

1.	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
	Division, Department, or Region	(If Applicable	e)			
	Board of Supervisors					
	Designated Agency Contact (Nan	ne, Title)			-	
	Gabriela Christy				Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number E-	nail				
	(510) 272-6692 Ga	abriela.Ch	risty@acgov	.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information	tion				304.80/30
	Does the agency have a ticket po	licy?	Yes 🖾 No	Face Value o	of Each Ticket/Pass \$	
1	Event Description Warriors vs. F	Pelicans		Date(s)10	) <u>, 31 , 18 </u>	//
	Pro	vide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by ag	jency?	Yes 🗌 No 🛛	If no: GSW	Name of Sou	
				- Valle	, Richard- Supervisor D	
1	Was ticket distribution made at the of agency official?	e benest	No 🗌 Yes 🛛	If yes:	Official's Name (L	ast, First)
_			<u>ຮັສ</u> (			
3.	• Use Section A to identify the agency's de	epartment or (	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
-			Number of		lic purpose made pursuant	
	A. Name of Agency, Department of	ronit	Ticket(s)/ Pass(es)	Describe the pub	ine purpose made pursuant	to the ugency a poney
-						
1	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the following	ng:
-			Pass(es)	Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	
						2
-				Ceremonial Role	Other	income
				If checking "Ceremon	ial Role" or "Other" describe below:	
_			Number of			
0	Name of Outside Organization (include address and descript)		Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy
-			Pass(es)			··· ·· ·· · · · · · · · · · · · · · ·
	Jewish Synagogue	Carden	$n^{2}$	<ul> <li>To reward a scho to the community</li> </ul>	ol or nonprofit organiza	ation for its contributions
(	shabad Jewish conter	ofcaunt	and I			
20	912BREDWOOD ROad		ľ			
					<u></u>	UU
	/erification	0 1 90 <i>1 1 1 0</i>	18012 1 hours	ified that the distribution set f	orth above, is in accordance with	the requirements
1		5 10944.1 and				1/0/10
÷			Gabriela Ch		Supervisor's Assistant	(Month Day Vearl
	9		Print Name	:	) III C	(monut, Day, real)
r	Comment:					
						FPPC Form 802 (4/12)

4

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) Gabriela Christy **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 304.80/30 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$\_ Yes 🛛 No 🗌 Warriors vs. Pelicans 10 , 31 18 Date(s) \_ **Event Description** Provide Title/Explanation lf no: <u>GS</u>W Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last. First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other 🔲 income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Rubys Place 1180 B St, Hayward, CA - To reward a school or nonprofit organization for its contributions 2/194541 to the community non-profit agency in Hayward providing shelter and supportive services Verification ⊓tions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements 1h Gabriela Christy Supervisor's Assistant Print Name Title Fundraiser for their 46th Anniversary Comment: FPPC Form 802 (4/12)

A Public Document

Ceremonial Role Events and Tic	cket/Pass	s Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Alameda County				Portin
Division, Department, or Region (If Applicable	le)			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	9	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🗵 No		of Each Ticket/Pass \$ _	100
Event Description Nick Cannon Presents: Provide Title/Exp	Wild N Out	Live Date(s)	0,06,18	/
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of Sol	urce
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	s⊠ If yes: <u>Char</u>	n, Wilma Official's Name (I	ast, First)
	Pass(es)			· · · · · · · · · · · · · · · · · · ·
B. Name of Individual (Last, Strist)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Velasquez, Shauntae	2	If checking "Ceremon To reward a comm	Other D Ial Role" or "Other" describe below: unity volunteer for his o	Income 🗆 or her service to the
Macias, Sandra	2		Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Verification	, ,			

# Verification

		Sarah Oddie	Supervisor's Assistant	10.29.2018
	signee	Print Name	Title	(Month, Day, Year)
Comment:				

eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Documen
Agency Name	· · · · ·		Date Stamp	California 802
Alameda County				Form OUZ
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Sarah Oddie				
Area Code/Phone Number E-mail		<u> </u>	Amendment (Must p.	rovide explanation in Part 3.)
(510) 272-6693 sarah.oddie@	Dacgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information			<u> </u>	204 80 ticket@20 nerk
Does the agency have a ticket policy?	Yes 🗵 No	E Face Value of	of Each Ticket/Pass \$ 🌥	304.80 ticket/\$30 park
Event Description Basketball Game		Date(s) 10	0, 08, 18	/
Provide Title/Expla	nation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	1/24
		- Chan		
	No 📋 Yes	If yes:	Official's Name (L	.ast, First)
Use Section A to identify the agency's department or u	nit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng.
r.		o o totti o ti ali ti o to		Income
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Trybe, Inc., 2000 Park Blvd, Oakland, CA 94606	4	To reward a school to the community	l or nonprofit organizat	ion for its contributions
Community-building neighborhood transformation			·.	
Verification				
II - Providence Copport Regulations 18944.1 and 1	18942. I have ve		orth above, is in accordance wit	n me requirements.
	Sarah Oc		Supervisor's Assistant	10.29.2018
	Agency Name         Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number         (510) 272-6693         Event Description         Basketball Game         Provide Title/Expla         Ticket(s)/Pass(es) provided by agency?         Was ticket distribution made at the behest of agency official?         Recipients         • Use Section A to identify the agency's department or unit         B.         Name of Individual         (Least First)         Trybe, Inc., 2000 Park Blvd, Oakland, CA         94606         Community-building neighborhood transformation         Verification	Agency Name         Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number       E-mail         (510) 272-6693       Eastendia         Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No         Event Description       Basketball Game         Provide Title/Explanation       No □ Yes         Ticket(s)/Pass(es) provided by agency?       Yes □ No □         Was ticket distribution made at the behest of agency official?       No □ Yes         e Use Section A to identify the agency's department or unit.       • Use Section A to identify the agency's department or unit.         B.       Name of Individual [Least Find]       Number of Ticket(s)/ Pass(es)         B.       Name of Individual [Least Find]       Number of Ticket(s)/ Pass(es)         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)         Trybe, Inc., 2000 Park Blvd, Oakland, CA 4       4       4         Community-building neighborhood transformation       4	Agency Name         Alameda County         Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number       E-mail         (510) 272-6693       sarah.oddie@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes 🖾 No 🗌 Face Value of         Event Description       Basketball Game       Date(s)       10         Provide Title/Explanation       If no: Golde       Golde         Was ticket distribution made at the behest of agency official?       No 🗌 Yes 🖾 No 🗌 Yes: Chan of agency official?       Describe the put         Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individ         A. Name of Agency, Department or Unit       Number of Ticket(st)       Describe the put         B.       Name of Individual (Lett Find)       Pass(es)       Ceremonial Role (Lett Find)         (include address and description)       Number of Ticket(st)       Describe the put         C.       Name of Outside Organization (Include address and description)       Number of Ticket(st)       Describe the put         Trybe, Inc., 2000 Park Blvd, Oakland, CA 4       4       To reward a school to the communitl	Agency Name       Date Stamp         Alameda County       Division, Department, or Region (If Applicable)         Board of Supervisors       Designated Agency Contact (Name, Trile)         Sarah Oddie

Ceremonial Role Ever	no and no				A Public Documer
. Agency Name	-			Date Stamp	California 802
Alameda County					Form
Division, Department, or Reg	gion (If Applicab	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			-	
Sarah Oddie				C Amondmont (Must	
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org	1	Date of Original Filing:	(Month, Day, Year)
. Function or Event Infor	rmation			·	100
Does the agency have a ticke	et policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	100
Event Description Mike Epp	s: Platinum Co	omedy Tour	Date(s)(	) <u>13 18</u>	//
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Golde	n State Warriors	
Was ticket distribution made	at the hebest		If yes:	Milma	
of agency official?	at the benest	No 🔲 Yes	If yes:	Official's Name (I	.ast, First)
Recipients			2		•
Use Section A to identify the agence	cy's department or	unit. • Use Se	ction B to identify an individ	ual. • 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
		Number of			
B. Name of Individua (Last, First)	81	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role		Income
Johnson-Forte, Desire		2		ial Role" or "Other" describe below:	or hor populae to the
			public	unity volunteer for his	or her service to the
			Ceremonial Role	Other	Income
Casanova, Elsa		2	If checking "Ceremon	ial Role" or "Other" describe below:	_
			To reward a commu	unity volunteer for his o	or her service to the
		Number of	public		
C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
<u></u>	· · · · · · · · · · · · · · · · · · ·	1 200(00)		(¥	
					<u>.</u> :
Verification				<u> </u>	
Verifjćation	lations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	n the requirements.
-	lations 18944.1 and	18942. I have ve Sarah Oc			n the requirements. 10.29.2018
-	-		ddie	orth above, is in accordance with Supervisor's Assistant <sub>Title</sub>	

С	eremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name	···· / ····			Date Stamp	California 802
	Alameda County					Form OOL For Official Use Only
	Division, Department, or Regi	on (If Applicable	e)			Por Official Ose Offiy
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)	· · · · · · · · · · · · · · · · · · ·			
	Sarah Oddie					
		E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org	-	Date of Original Filing:	(Month, Day, Year)
$\overline{2}$	Function or Event Inform	nation				
_	Does the agency have a ticket		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$304.80 ticket/\$30 park
	Event Description Basketball				) <u>16</u> 18	
	Event Description	Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗖 No	If no: Golder	n State Warriors	li
				—	Name of S	ource
	Was ticket distribution made at	t the behest	No 🗌 Yes	If yes: Chan	Official's Name	(Last. First)
_	of agency official?					
3.	• Use Section A to identify the agency	1	unit - Lloo Soc	tion R to identify an individu	uat • Use Section C to ide	ntify an outside organization.
			Number of		olic purpose made pursuan	
	A. Name of Agency, Department	nt or Unit	Ticket(s)/ Pass(es)	Describe the put	one purpose made pursuan	it to the agency's policy
	<u> </u>					
	B. Name of Individual	1	Number of Ticket(s)/		Identify one of the follow	ving:
	(Last, Pitst)		Pass(es)	Commini Dala	Other	
	Stock, Ron				All Role" or "Other" describe below:	
	Lam, Marianne		2	To promote attenda	anceevent held at a	County
	Brekke-Miesner, Lukas			facility maximize	potential County reve	nueconcession sales
	æ			Ceremonial Role		Income
	Milkie, Anne		2		nial Role" or "Other" describe below:	
			_	facility maximize r	anceevent held at a potential County rever	nueconcession sales
			Number of			
2	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	it to the agency's policy
				,		
	<u></u>					
_						

# 4. Verification

I ha distribution set forth above, is in accordance with the requirements.

		Sarah Oddie	Supervisor's Assistant	10.29.2018
7	iee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

Ceremonial Role Event	s and Tio	cket/Pass	Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County			54 1		Form For Official Use Only
Division, Department, or Regio	on (If Applicabl	le)			r or official ose only
Board of Supervisors					
Designated Agency Contact (A	lame, Title)				
Sarah Oddie					
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org	I	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	304.80 ticket/\$30 park
Event Description Basketball	Game			0 <u>, 16 , 18</u>	304.80 ticket/\$30 park
Event Description	Provide Title/Exp	lanation	Date(s)	//	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golder	n State Warriors	
				Name of So	urce
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (I	a at Fired)
of agency official?					
Recipients	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-			
Use Section A to identify the agency's	s department or	unit. • Use See	ction B to identify an individu	al. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		1 400(00)			
		· ·			
,			l		
			¥		
B. Name of Individual (Last, Firsi)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
			Ceremonial Role	Other	Income
Brown, Maddie		3+p		al Role" or "Other" describe below:	<b>.</b> .
				nceevent held at a ( otential County reven	
			Ceremonial Role If checking "Ceremonia	Uther [] al Role" or "Other" describe below:	
		3+p	To promote attenda	nceevent held at a (	County
				otential County reven	
C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
	·······				
Verification	9				· · · · · · · · · · · · · · · · · · ·

		Sarah Oddie	Supervisor's Assistant	10.29.2018
	signee	Print Name	Title	(Month, Day, Year)
Comment:				

					A Public Documer
. Agency Name				Date Stamp	California 802
Alameda County					Form UU2
Division, Department, or Regior	n (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Na	me, Title)	·····-	·····		
Sarah Oddie					
	-mail		<u></u>	Amendment (Must p	rovide explanation in Part 3.)
	arah.oddie@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Informa	ation				
Does the agency have a ticket p	olicy? Ye	es 🛛 No	Face Value o	f Each Ticket/Pass \$ _	:304.80 ticket/\$30 park
Event Description Basketball G	ame		Deta(a) 10	, 16 , 18	, ,
Event Description	ovide Title/Explana	tion	Date(s)		
Ticket(s)/Pass(es) provided by a	dency? Va	s 🗌 No	If no. Golder	State Warriors	
	зэлэ <i>г</i> . Үе			Name of Sol	urce
Was ticket distribution made at th	ne behest 🛛 📐	lo 🗌 Yes	If yes: Chan,	Wilma Official's Name (L	
of agency official?		8	,	Official's Name (L	ast, First)
		Pass(es)			
B. Name of Individual		Number of			
· · · · · · · · · · · · · · · · · · ·		Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Pass(es)	Ceremonial Role	Identify one of the following	ng: Income
Geisner, Benjamin		Pass(es)	-		
Geisner, Benjamin			If checking "Ceremonia To promote attenda	Other	Income [
Geisner, Benjamin		Pass(es)	If checking "Ceremonia To promote attenda facilitymaximize p Ceremonial Role	Other     Other     Role" or "Other" describe below: nceevent held at a C otential County revent	Income [
Geisner, Benjamin		Pass(es)	If checking "Ceremonia To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremonia To promote attenda	Other Cother Cother describe below: Cotential County revent Other Cother County revent Cother Cothe	Income [ County Jeconcession sales Income [ County
Geisner, Benjamin		Pass(es)	If checking "Ceremonia To promote attenda facilitymaximize p Ceremonial Role	Other Cother Cother describe below: Cotential County revent Other Cother County revent Cother Cothe	Inc County Jeconcession sa
Geisner, Benjamin C. Name of Outside Organizati (include address and descript)	tion)	Pass(es)	If checking "Ceremonia To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremonia To promote attenda facilitymaximize po	Other Cother Cother describe below: I Role" or "Other" describe below: Inceevent held at a Cotential County revent Other Cother Cother" describe below: I Role" or "Other" describe below: Inceevent held at a Cother Cother held at a Cother	Income County Jeconcession sales Income County Jeconcession sales
C. Name of Outside Organizati (include address and descript	tion)	Pass(es) 3 3 Jumber of Ticket(s)/	If checking "Ceremonia To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremonia To promote attenda facilitymaximize po	Other  Role" or "Other" describe below:  nceevent held at a C otential County revent  Other  Role" or "Other" describe below:  nceevent held at a C otential County revent	Income County Jeconcession sales Income County Jeconcession sales
C. Name of Outside Organizati (include address and descript	tion)	Pass(es) 3 Jumber of Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremonia To promote attenda facilitymaximize po	Other  Role" or "Other" describe below:  nceevent held at a C otential County revenu Other  Role" or "Other" describe below:  nceevent held at a C otential County revenu c purpose made pursuant f	Income County Jeconcession sales Income County Jeconcession sales to the agency's policy
C. Name of Outside Organizati (include address and descript	s 18944.1 and 1894	Pass(es) 3 Jumber of Ticket(s)/ Pass(es)	If checking "Ceremonia To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremonia To promote attenda facilitymaximize po Describe the public ified that the distribution set for	Other  Role" or "Other" describe below:  nceevent held at a Cotential County revenu Other  Role" or "Other" describe below:  nceevent held at a Cotential County revenu cotential County revenu county revenu	Income County Leconcession sales Income County Leconcession sales to the agency's policy

Comment: \_\_\_\_

Ceremonial Role Events an		Distributione		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form OOL
Division, Department, or Region (If A	(pplicable)		1	For Official Use Only
Board of Supervisors			(* <sup>2</sup> )	
Designated Agency Contact (Name, T	ītle)		-	
Sarah Oddie				
Area Code/Phone Number   E-mail	I			rovide explanation in Part 3.)
(510) 272-6693 sarah	n.oddie@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information	n —	· · · · · · · · · · · · · · · · · · ·		
Does the agency have a ticket policy	? Yes 🛛 No	Face Value	of Each Ticket/Pass \$ 🖁	304.80 ticket/\$30 park
Event Description Basketball Game		Deta(s) 1	0 <u>, 16 , 18</u>	///
Event Description Provide	Title/Explanation			<u></u> _
Ticket(s)/Pass(es) provided by agend	cy? Yes□ No	If no: Golde	n State Warriors Name of So	
2	e	-		urce
Was ticket distribution made at the be of agency official?	ehest No 🗌 Yes	If yes: Char	Official's Name (	Last, First)
. Recipients				
• Use Section A to identify the agency's depar		ction B to identify an individ	ual. • Use Section C to Iden	tily an outside organization.
A. Name of Agency, Department or Un	it Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
A. Name of Agency, Department or Un	iit Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
A. Name of Agency, Department or Un B. Name of Individual (Lasi, First)	iit Ticket(s)/	Describe the pu	blic purpose made pursuant	
B. Name of Individual (Lasi, First)	it Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	
B. Name of Individual (Lasi, First) Kubo, Theresa	it Ticket(s)/ Pass(es)	Ceremonial Role .It checking "Ceremo	Identify one of the follow	ing:
B. Name of Individual (Lasi, First)	it Ticket(s)/ Pass(es)	Ceremonial Role .it checking "Ceremo To promote attend	Identify one of the follow	ing: Income
<b>B.</b> Name of Individual (Lasi, First) Kubo, Theresa Wilson, Galen	it Ticket(s)/ Pass(es)	Ceremonial Role It checking "Ceremo To promote attend facilitymaximize Ceremonial Role	Identify one of the follow	ing:
<b>B.</b> Name of Individual (Lasi, First) Kubo, Theresa Wilson, Galen	Ticket(s)/       Pass(es)       Number of       Ticket(s)/       Pass(es)       2+p       2+p       Number of       Ticket(s)/	Ceremonial Role If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Identify one of the follow	ing: Income
B. Name of Individual (Lasi, First) Kubo, Theresa Wilson, Galen Rivera, Leticia	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Identify one of the follow Other Other Inial Role" or "Other" describe below: anceevent held at a potential County reven Other Other Inial Role" or "Other" describe below:	ing: Income
B. Name of Individual (Lasi, First) Kubo, Theresa Wilson, Galen Rivera, Leticia C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Identify one of the follow Other Other Inial Role" or "Other" describe below: anceevent held at a potential County reven Other Other Inial Role" or "Other" describe below:	ing: Income

		Sarah Oddie	Supervisor's Assistant	10.29.2018
~	je	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

Ceremonial Role Events and Tic		Distributions		A Public Documer
1. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applicable	;)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Sarah Oddie				
Area Code/Phone Number E-mail				provide explanation in Part 3.)
(510) 272-6693 sarah.oddie(	@acgov.org		Date of Original Filing	:(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ .	60
Event Description Disney on Ice		Date(s)	0 , 19 , 18	/
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	en State Warriors	
				ource
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Char	Official's Name	(Last, First)
	4			
<ul> <li>B. Recipients</li> <li>Use Section A to identify the agency's department or used</li> </ul>	unit. ● Use See	ction B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of		blic purpose made pursuar	
A. Name of Agency, Department of Omit	Ticket(s)/ Pass(es)	Describe the pu		it to the agency o poney
	1 1 4 3 3 ( 6 3 )			and the second se
	1 235(53)		······································	
	1 499(63)			
	1 499(53)		······································	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
B. Name of Individual (Lasi, First)	Number of	Commercial Rela		
B. Name of Individual (Lasi, First)	Number of Ticket(s)/	Ceremonial Role If checking "Ceremon	Identify one of the follow	
B. Name of Individual (Lasi, First)	Number of Ticket(s)/		Other	
B. Name of Individual (Last, First)	Number of Ticket(s)/		Other	Income
B. Name of Individual (Lasi, First)	Number of Ticket(s)/	If checking "Ceremon Ceremonial Role	Other Other Other Other Other Other	Income
B. Name of Individual (Lasi, First)	Number of Ticket(s)/	If checking "Ceremon Ceremonial Role	Other Other Contact or "Other" describe below:	Income
B. Name of Individual (Lasi, First)	Number of Ticket(s)/	If checking "Ceremon Ceremonial Role	Other Other Other Other Other Other	Income
(Lasi, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other  inial Role" or "Other" describe below:  Other  Other  other  nial Role" or "Other" describe below:	Income
B. Name of Individual (Lasi, First) C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other Other Other Other Other	Income
(Last, First) C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Income
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Income
C. Name of Outside Organization (include address and description) Manzanita Recreation Center, 2701 22nd Ave, Oakland, CA 94606	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Income
C. Name of Outside Organization (include address and description) Manzanita Recreation Center, 2701 22nd	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Income
C. Name of Outside Organization (include address and description) Manzanita Recreation Center, 2701 22nd Ave, Oakland, CA 94606 Rec center in Oakland	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Income
C. Name of Outside Organization (include address and description) Manzanita Recreation Center, 2701 22nd Ave, Oakland, CA 94606 Rec center in Oakland	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Other	Income
C. Name of Outside Organization (include address and description) Manzanita Recreation Center, 2701 22nd Ave, Oakland, CA 94606 Rec center in Oakland	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put To reward a schoo to the community	Other	Income

<b>Ceremonial Role Events</b>	and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name		<u> </u>		Date Stamp	California 802
Alameda County					Point
Division, Department, or Regior	1 (If Applicable	1	For Official Use Only		
Board of Supervisors					
Designated Agency Contact (Na	me, Title)				
Sarah Oddie					
	-mail			Amendment (Must p	rovide explanation in Part 3.)
		@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informa	ation				<u></u>
Does the agency have a ticket p	olicy?	Yes 🛛 No	Face Value of	f Each Ticket/Pass \$ _	60
Event Description Disney on Ice	Э		Date(s)0	1, 18, 18	1 1
Event Description	rovide Title/Expl	anation			
Ticket(s)/Pass(es) provided by a	Ticket(s)/Pass(es) provided by agency? Yes I No		If no: Golder	n State Warriors	
			Chan	Name of So	urce
Was ticket distribution made at th of agency official?	he behest	No 🗌 Yes	If yes: Chan	Official's Name (I	ast, First)
<ul> <li>B. Recipients</li> <li>Use Section A to identify the agency's of</li> </ul>	denartment or	unit a Use Ser	rtion B to identify an individu	al. • Use Section C to ident	tify an outside organization.
		Number of			
A. Name of Agency, Department of	or Unit	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 follow	ng:
		Pass(es)	Ceremonial Role	Other	Income
				al Role" or "Other" describe below:	
· · · · · · · · · · · · · · · · · · ·			Ceremonial Role	Other	
				al Role" or "Other" describe below:	
C. Name of Outside Organizat	ion	Number of			4 4F
(include address and descrip		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Lotus Bloom, 555 19th St Suite Oakland, CA 94612	9 131,	4	To reward a school to the community	or nonprofit organizat	ion for its contributions
Early childhood education fami resource center	ly				
. Verification		•			
Regulation	ns 18944.1 and		rified that the distribution set fo		
		Sarah Oc	idie S	Supervisor's Assistant	10.29.2018

Sarah Oddie Supervisor's Assistant 10.29.2018 Signee Print Name Title (Month, Day, Year)

Comment: \_

1

Ceremonial Role Events ar				A Public Docume
. Agency Name			Date Stamp	California 802
Alameda County				
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-ma	11			provide explanation in Part 3.)
(510) 272-6693 sara	h.oddie@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Informatio	on 🛛		· · · · · · · · · · · · · · · · · · ·	
Does the agency have a ticket policy		Face Value of	of Each Ticket/Pass \$ _	60
Event Description Disney on Ice		Date(s) 1(	), 21, 18	//
Provide	e Title/Explanation			<u>معتب نین اور اور اور اور اور اور اور اور اور اور</u>
Ticket(s)/Pass(es) provided by agen	icy? Yes 🗌 No	If no: Golde	n State Warriors Name of So	7
				burce
Was ticket distribution made at the b of agency official?	oehest No 🗌 Yes	If yes: Char	Official's Name (	Last. First)
. Recipients			a	
Use Section A to identify the agency's department or unit.     Use Section B to identify an individu     Number of     Department or Usit				
A. Name of Agency, Department or Ur	Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
<u></u>	Pass(es)			
B. Name of Individual	in one of the		Identify one of the follow	
B. Name of Individual (Last, First)	Pass(es)			
B. Name of Individual (Lest, First) Brown, Maddie	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other I Other	ing:
(Last, first)	Number of Ticket(s)/	Ceremonial Role If checking "Ceremon To promote attenda	Identify one of the follow Under Identify other Ide	ing:
(Last, first)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role	Identify one of the follow Under Identify other Ide	ing: Income County
(Last, first)	Number of       Ticket(s)/       Pass(es)       4       4       Vumber of       Ticket(s)/	Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon	Identify one of the follow Uther Identify one of the follow Identify one of the follow Identify or "Other" describe below: Identify county revented at a Dotential County revented Uther Identify other I	ing: Income County ueconcession sales Income
(Last, Frot) Brown, Maddie	A Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other Identify one of the follow Identify one of the follow Identify one of the follow Identify other Identi	ing: Income County ueconcession sales Income
(Last, Frol) Brown, Maddie Name of Outside Organization	A Number of Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other Identify one of the follow Identify one of the follow Identify one of the follow Identify other Identi	ing: Income County ueconcession sales Income

 Sarah Oddie
 Supervisor's Assistant
 10.29.2018

 Print Name
 Title
 (Month, Day, Year)

Comment: \_

С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County		Form OOL For Official Use Only			
	Division, Department, or Region (If Applicable,	)	· · · · · · · · · · · · · · · · · · ·		f of Official Ose Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	· · · · · · · · · · · · · · · · · · ·				
	Sarah Oddie		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				304 80 ticket/\$30 park	
	Does the agency have a ticket policy?	Yes 🛛 No			304.80 ticket/\$30 park	
	Event Description Basketball Game	Date(s)	) <u>22 18</u>	//		
	Provide Title/Expla	anation				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors	urce	
	Mr. Colors distribution mode static hobest		If yes: Chan	Wilma		
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes:	Official's Name (	Last, First)	
2	Recipients					
J.	Use Section A to identify the agency's department or u	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			O OTOTTOTTOTTOT	Other	Income	
	Spanos, Kristin	2+p		ial Role" or "Other" describe below: anceevent held at a	County	
			facilitymaximize	potential County reven	ueconcession sales	
	2	2+p	Ceremonial Role		Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
4.	Verification					

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	10.29.2018
-	jnee	Print Name	Title	(Month, Day, Year)
Comment:		5		
				EDDC Form 90

С	eremonial Role Even	ts and Tio	cket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Reg	ion (If Applicabl		Por Official Ose Offiy		
	Board of Supervisors	e				
	Designated Agency Contact	(Name, Title)			-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail	·······		Amenament (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			ď	204 90 tickot/\$30 park
	Does the agency have a ticke	et policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ 🖣	304.80 ticket/\$30 park
	Event Description Basketbal	Game		Date(s) 10	0, 22, 18	//
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	urce
		(1) I I		- Char	Wilma	
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Char	Official's Name (	Last, First)
2	Recipients					
J.	Use Section A to identify the agence	y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)	1	blic purpose made pursuant	
	<u></u>					
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ing:
	(Ləsi, First)		Pass(es)	Ceremonial Role	Other	Income
	Woldesenbet, Magda			O'di di li d	nial Role" or "Other" describe below:	
			2	To promote attendanceevent held at a County facilitymaximize potential County revenueconcession sales		
				facilitymaximize	potential County rever	iueconcession sales
	12		2	Ceremonial Role If checking "Ceremon	Other nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
4.	Verification	lations 18944 1 en	d 18942   have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
	in egr	10000110 10044,1 BI	Sarah O		Supervisor's Assistan	
		,	Print Narr		Title	(Month, Day, Year)
	Comment:					

С	eremonial Role Events a	and Tic	ket/Pass	Distributions	29 11	A Public Document
1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form OVZ	
	Division, Department, or Region	If Applicable	)	······································		For Official Use Offig
	Board of Supervisors					
	Designated Agency Contact (Nam	e, Title)				
	Sarah Oddie					
		nail			Amendment (Must)	provide explanation in Part 3.)
			@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informat	ion				t204 80 ticket/\$20 perk
	Does the agency have a ticket pol	icy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$304.80 ticket/\$30 park
	Event Description Basketball Ga	me		Date(s) 1(	) <u>24</u> 18	//
	Event Description	ide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by ag	ency?	Yes 🗌 No	If no: Golde	n State Warriors	
				— Chan		Juice
	Was ticket distribution made at the of agency official?	e behest	No 🗌 Yes	If yes: <u>Chan</u>	Official's Name	(Last, First)
_						
3.	• Use Section A to identify the agency's de	partment or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
			Number of		olic purpose made pursuan	
	A. Name of Agency, Department or	Onic	Ticket(s)/ Pass(es)	Desenbe the put		
	<u></u>					
				¥.		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Obtoinenne Prese	Other	Income
	Bernstein, Ruth		2	If checking "Ceremonial Role" or "Other" describe below: To promote attendanceevent held at a County		County
				facilitymaximize potential County revenueconcession sal		
				Ceremonial Role		
	Clemons, Estelle				nial Role" or "Other" describe below:	
			2	To promote attend	anceevent held at a	County
				facilitymaximize	potential County rever	nueconcession sales
	C. Name of Outside Organizatio (include address and descript		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
4.	Verification	100111	18017 1 6-1	nified that the distribution set	forth above, is in accordance w	ith the requirements.
	; Regulation:	5 16944.1 and				
			Sarah Oc		Supervisor's Assistar	
	Signature of Agency read or Designee		Print Nam	e	Title	(Month, Day, Year)

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

Agency Name			Data Stamp		
			Date Stamp	California 802	
Alameda County				Form OOZ	
Division, Department, or Region (If Applica		For Official Use Only			
Board of Supervisors					
•			-		
Sarah Oddie					
			Amendment (Must p	rovide explanation in Part 3.)	
	e@acgov.org	ļ	Date of Original Filing: .	(Month, Day, Year)	
Function or Event Information		÷.	<u></u>		
Does the agency have a ticket policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$ _	250	
– Phil Collins			0 , 25 , 18	1 1	
Event Description	planation				
Ticket(s)/Pass(es) provided by agency?		Ist If no: Golde	n State Warriors		
		<u> </u>	Name of Sol	urce	
	No 🗌 Yes	If yes: Char	n, Wilma	act Eimtl	
of agency official?		-		-asi, i iisi)	
	orunit. ●Use Se	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	Number of Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy		
0					
=					
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Income	
Galicia, Gabriela	2	1		or hor convice to the	
			unity volunteer for his o	or her service to the	
		Ceremonial Role	Other D	Income	
	2				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
	× 2	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions	
	d 10040	when that the distribution and	forth above is in accordance with	h the requirements	
egulations 18944.1 a.					
	Sarah Oo	aale	Supervisor's Assistant	10.29.2018	
	Division, Department, or Region (If Applical Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number (510) 272-6693         Event Code/Phone Number (510) 272-6693         Event Description         Phil Collins         Provide Title/Ep         Ticket(s)/Pass(es) provided by agency?         Was ticket distribution made at the behest of agency official?         Recipients         • Use Section A to identify the agency's department or dagency official?         B.       Name of Individual (Last, First)         Galicia, Gabriela         C.       Name of Outside Organization (include address and description)         Alameda Sister City Association, PO Bo 1293, Alameda, CA 94501         Sister city organization in Alameda; promotes public diplomacy         Verification	Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org         Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No         Event Description       Phil Collins         Provide Title/Explanation         Ticket(s)/Pass(es) provided by agency?       Yes □ No         Was ticket distribution made at the behest of agency official?       No □ Yes         Recipients       •Use Section A to identify the agency's department or unit.       •Use Sector         A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)       Number of Ticket(s)/ Pass(es)         Galicia, Gabriela       2       2         C. Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)         Alameda Sister City Association, PO Box 1293, Alameda, CA 94501       2         Sister city organization in Alameda; promotes public diplomacy       2         Verification       Pasulations 18944.1 and 18942. I have verification	Division, Department, or Region (If Applicable)         Board of Supervisors         Designated Agency Contact (Name, Title)         Sarah Oddie         Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org         Function or Event Information         Does the agency have a ticket policy? Yes ⊠ No □       Face Value of Function or Event Information         Does the agency have a ticket policy? Yes ⊠ No □       Face Value of Fravide Title/Explanation         Ticket(s)/Pass(es) provided by agency? Yes □       No ⊠         Was ticket distribution made at the behest of agency official?       No □         Recipients       •Use Section B to identify an individ A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         B.       Name of Individual A. Name of Agency, Department or Unit       Number of Ticket(s)/ Pass(es)         Galicia, Gabriela       2       Ceremonial Role If checking "Ceremo To reward a comm public         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the pul Pass(es)         Alameda Sister City Association, PO Box 1293, Alameda, CA 94501       2       To reward a schoo to the community         Sister city organization in Alameda; promotes public diplomacy       Section 1804.1 and 18942. I have verified that the distribution set	Division, Department, or Region (# Applicable)         Board of Supervisors         Designated Agency Contact (Name, Tille)         Sarah Oddie         Area Code/Phone Number (\$10) 272-693         E-mail (\$10) 272-693         Does the agency have a ticket policy?         Yes (Divide Title/Explanation         Does the agency have a ticket policy?         Yes (Divide Title/Explanation         Ticket(s)/Pass(es) provided by agency?         Yes (Divide Title/Explanation         of agency official?         Charles Name of Recipients         • Use Section A to identify the agency's department or unit.         • Use Section B to identify an Individual         A. Name of Individual         Mumber of Ticket(s)         B.       Name of Individual         A. Name of Individual       Number of Ticket(s)         C.       Name of Individual         A. Name of Outside Organization       Number of Ticket(s)         C.       Name of Outside Organization         Al	

Ceremonial Role Events and Ti	cket/Pass	s Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Alameda County				Form
Division, Department, or Region (If Applicab	ole)			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	e@acgov.org	3	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	250
Event Description Aubrey and the Three	Amigos Tour	Data(s) 10	), 26, 18	//
Event Description Aubrey and the Three A	planation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	if no: Golde	n State Warriors	
			Name of So	urce
Was ticket distribution made at the behest of agency official?	No 🗌 Yeş	If yes: Chan	Official's Name (I	Last. First)
	-			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
Jones, Alicia	4	If checking "Ceremon To promote attenda	Other D ial Role" or "Other" describe below: anceevent held at a o potential County reven	
	4	Ceremonial Role If checking "Ceremon	Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			ц. Д	

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

		Sarah Oddie	Supervisor's Assistant	10.30.2018
N	a	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_

Ceremonial Role E	vents and Tic	CKet/Pass	Distributions		A Public Documer
1. Agency Name				Date Stamp	California 802
Alameda County					Form OU2
Division, Department, or	Region (If Applicabl		For Official Use Only		
Board of Supervisors					
Designated Agency Con	tact (Name, Title)		· · · · · · · · · · · · · · · · · · ·		
Sarah Oddie					
Area Code/Phone Numb	er E-mail	· · · · · · · · · · · · · · · · · · ·		Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	Macaoy ora	1	Date of Original Filing:	
			j		(Month, Day, Year)
. Function or Event In				f Fach Ticket/Dece C	250
Does the agency have a		Yes 🗵 No	hanna d	f Each Ticket/Pass \$ _	
Event Description Aubre	y and the Three A	migos Tour	Date(s)		///////
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provid	ed by agency?	Yes 🗌 No	If no: Golder	Name of Soc	ICC
Was ticket distribution ma	do at the behast		Chan	Wilma	
of agency official?	ade at the benest	No 🗌 Yes	If yes: Chan,	Official's Name (L	.ast, First)
A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
B. Name of Indi	vidual	Number of			
D. (Lasi, First		Ticket(s)/ Pass(es)		Identify one of the following	ng:
Chu, Vincent		4	If checking "Ceremonia To promote attenda	Other D al Role" or "Other" describe below: nceevent held at a (	
			facilitymaximize p	otential County reven	ueconcession sales
3.		4	Ceremonial Role [ If checking "Ceremonia	Other	Income [
C. Name of Outside O (include address and		Number of Ticket(s)/ Pass(es)	Describe the publ	c purpose made pursuant f	to the agency's policy
'Hete					
Verification	ວິດ;ulations 18944.1 and	18942. I have ve	rified that the distribution set for	th above, is in accordance with	the requirements.
			ldie S		

 Sarah Oddie
 Supervisor's Assistant
 10.29.2018

 Image: See Print Name
 Title
 (Month, Day, Year)

Comment: \_\_\_\_

Ceremonial Role Eve	nts and Ticl	ket/Pass	Distributions		A Public Document
1. Agency Name	ñ	Date Stamp	California 802		
Alameda County			1 on m		
Division, Department, or Re	gion (If Applicable)			-	For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Title)	1			
Sarah Oddie		Amondmont (Must	provide explanation in Part 3.)		
Area Code/Phone Number	E-mail	,			
(510) 272-6693	sarah.oddie@	)acgov.org		Date of Original Filing:(Month, Day, Year)	
. Function or Event Info	rmation				305 55 ticket/\$35 park
Does the agency have a tick	et policy?	Yes 🖾 No	Face Value of	of Each Ticket/Pass \$ 🖞	305.55 ticket/\$35 park
Event Description Football	game		Date(s)1(	) _ 28 _ 18	//
	Provide Title/Expla	nation			
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Oakla	Name of Sc	ULICE
الم - مع منه المنابعة المنه المراجع المنابع الم	at the babaat		If yes: Chan	. Wilma	
Was ticket distribution made of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name (	Last, First)
. Recipients		<u>8</u>			
Use Section A to identify the ager	icy's department or u	nit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departr	nent or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency		t to the agency's policy
		Pass(es)			
				<u> </u>	
B. Name of Individual (Lasi, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			•	Other Inial Role" or "Other" describe below:	Income
Chang, Emily		2+1park			eld at a County facility in
			order to maximize	potential County rever	nue
			Ceremonial Role	Other	Income
		2+1park	If checking "Ceremor	nial Role" or "Other" describe below:	
		- ipan			
		Number of			
C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy
Truka In- 0000 Davis Dis	d Oakland CA		To reward a schoo	l or nonprofit organiza	tion for its contributions
Trybe, Inc., 2000 Park Blvd, Oakland, CA 94606		2	To reward a school or nonprofit organization for its contributions to the community		
					<u></u>
Community-building neigh transformation	borhood				
. Verification				5	
) Reg	gulations 18944.1 and	18942, l have ve	erified that the distribution set	forth above, is in accordance wi	th the requirements.
		Sarah O	ddie	Supervisor's Assistan	
✓ or or nyency rread or Design	ee	Print Nan	ne	Title	(Month, Day, Year)
- · ·					
Comment:					EPBC Form 802 (4/12

Ceremonial Role Events a	nd Ticket/	Pass	Distributions		A Public Document	
1. Agency Name	······································			Date Stamp	California 802	
Alameda County				• •	Form OOL	
Division, Department, or Region (h	Applicable)				For Official Use Only	
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name	,Title)					
Sarah Oddie						
Area Code/Phone Number E-m	ail	-	····· · · · · · · · · · · · · · · · ·	Amendment (Must pi	rovide explanation in Part 3.)	
(510) 272-6693 sara	ah.oddie@acg	ov.org		Date of Original Filing: .	(Month, Day, Year)	
. Function or Event Informati	on					
Does the agency have a ticket polic	y? Yes 🛛	No No	Face Value o	f Each Ticket/Pass \$	250	
Event Description <u>Aubrey and the</u>	Three Amigos	Tour	Date(s)10		//////	
Ticket(s)/Pass(es) provided by age		] No	Golder	Name of Sou	irce	
Was ticket distribution made at the	behest No F	No 🗌 Yes 🛛 If yes: Cha		Wilma		
of agency official?				Official's Name (L	ast, First)	
A. Name of Agency, Department or U		ket(s)/ ss(es)				
B. Name of Individual (Last First)	Ticl	iber of cet(s)/ is(es)		Identify one of the followi	ng:	
Holmes, Jasmine			Ceremonial Role	Other I al Role" or "Other" describe below:	Income	
		4		nceevent held at a ( otential County revent		
		4	Ceremonial Role [ If checking "Ceremonia	Other	Income 🗌	
C. Name of Outside Organization (include address and descriptio	Tick	ber of et(s)/ s(es)	Describe the publ	ic purpose made pursuant f	to the agency's policy	
					·····	
Verification						

I have read and understand EDDOC 2 lations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Sarah Oddie	Supervisor's Assistant	10.30.2018
 Print Name	Title	(Month, Day, Year)

Comment: \_\_\_
Ceremonial Role Events and Tid	CKet/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ For Official Use Only
Division, Department, or Region (If Applicable		Tor Childred Corry		
Board of Supervisors				
Designated Agency Contact (Name, Title)		· · ·	1	
Sarah Oddie				
Area Code/Phone Number E-mail				rovide explanation in Part 3.)
(510) 272-6693 sarah.oddie	@acgov.org	<b>J</b>	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			¢	204 PO tiskst/\$20 mont
Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ 🚢	304.80 ticket/\$30 park
Event Description Basketball Game		Date(s)1	<u>) , 31. , 18</u>	///////
Provide Title/Exp	lanation		Of a ta Manufana	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	
Was ticket distribution made at the behest		Chan		
of agency official?	No 🗌 Yes	If yes: Chan	Official's Name (L	ast, First)
		,		ne se statut o offi
B. Name of Individual (Last, Fust)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
Cluver, Andreas	2+p	If checking "Ceremon To promote attenda	Other D ial Role" or "Other" describe below: ance at a(n) event he potential County reven	Income eld at a County facility in ue
	2+p	Ceremonial Role If checking "Ceremon	Other Die 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 f	to the agency's policy
Verification			·····	

#### I have read and under tour 5000 Fegulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	(a	Sarah Oddie	Supervisor's Assistant	10.30.2018
-	;nee	Print Name	Title	(Month, Day, Year)

Ceremonial Role Even	ts and Ti	cket/Pass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
Alameda County					Form <b>OOZ</b>
Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title) <sup>·</sup>				
Sarah Oddie				Amendment (Must c	provide explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Infor					304 80 ticket/\$30 park
Does the agency have a ticke		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ 🖄	
Event Description Basketbal	Game	olanation	Date(s)	0 <u>, 31 , 18</u>	304.80 ticket/\$30 park
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		en State Warriors	
		100 kmall 110	—	Name of So	urce
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Char	Official's Name (	Last, First)
• Use Section A to identify the agenc	v's department o	runit e lise Ser	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
<u> </u>	· · · · · · · · · ·				
	·			и,	
B. Name of Individua (Last, First)	al a	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Chan Carl			Ceremonial Role	Other Inter Describe below:	Income
Chan, Carl		2	To promote attend		eld at a County facility in
	· · · · · · · · · · · · · · · · ·		Ceremonial Role		
		2		nial Role" or "Other" describe below:	
C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
Verification	ations 18944.1 an	d 18942. I have ve	rified that the distribution set :	forth above, is in accordance wit	h the requirements.
·····		Sarah Oc		Supervisor's Assistant	
- -		Print Name	· · · · · · · · · · · · · · · · · · ·	Title	(Month, Day, Year)

**A Public Document** 

_	Agency Name	to and neketri	<u>uss Dist</u>		Date Stamp	California 000
۱.	Agency Name Alameda County				Date Stamp	Form 802
	Division, Department, or Reg	ion (if applicable)	-	For Official Use Only		
	Board of Supervisors, Distric				e	
	Designated Agency Contact				4	
	Nathan Miley	······································				
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	(510) 272-6694	district4@acgov.or	g		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	🛛 No 🗖	Face Value of	Each Ticket/Pass \$ _	
	Event Description: Drake			Date(s) <u>10</u>	, 29 , 18	
	Event Description.	Provide Title/ Expla	nation			//
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🛛	If no: Coliseum		
				If yes: Miley, N	Name of Source lathan	
	Was ticket distribution made of agency official?	at the behest Yes	🖄 No 🗌	If yes:	Official's Name (Last, First)	
3.	• Use Section A to identify the agen         • Use Section A to identify the agen         A.         Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes		Sector 16 Onliner	ntify an outside organization. Insuant to the agency's policy
	B. Name of Individual (Last, First) Muhammed, Ansar		Number of Ticket(s)/ Passes		Identify one of the	following:
			4	To increase	nonial Role D Other C ding, "Ceremonial Role" or "Other" de attendance at a count sted in a county facility	ty sponsored event or to
					ionial Role D Other C	-
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
						<u> </u>

#### 4. Verification

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

U	1	Nathan Miley	Supervisor	11/7/18
e	<u> </u>	Print Name	Title	(month, day, year)
	/			
Comment:				

**A Public Document** 

$\mathbf{\circ}$	eremonial Noie Lven	to and moneor	033 DISC	induciona		A Fublic Document
1.	Agency Name	0 H		· · · · ·	Date Stamp	California 802
	Alameda County		Form OUZ			
Division, Department, or Region (if applicable)						For Official Use Only
	Board of Supervisors, Distric	ct 4				
	Designated Agency Contact	(Name, Title)				
	Nathan Miley				Amondmont (I/uu	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	(510) 272-6694	district4@acgov.or	g		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ _	· · · · · · · · · · · · · · · · · · ·
	Event Description: Drake			Date(s)	, 27 , 18	/
	Event Description.	Provide Title/ Expla				//
	Ticket(s)/Pass(es) provided	by agency? Yes		If no: Coliseum		
				If yes: Miley, N	Name of Source	
	Was ticket distribution made	at the behest Yes	No 🗌	If yes:	Official's Name (Last, First	0
	of agency official?				×.	¥
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pi	ursuant to the agency's policy
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	following:
	Callan, Mike		4	To increase	onial Role Other Other ing, "Ceremonial Role", or "Other" of attendance at a cour ted in a county facilit	hty sponsored event or to
					onial Role D Other [ ing "Ceremonial Role" or "Other" o	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
						=

### 4. Verification

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

V	2	Nathan Miley	Supervisor	11/7/18
<del>.</del>	ée	Print Name	Title	(month, day, year)
	1			
Comment:				

С	eremonial Role Even	ts and Ticket/	Pass Dist	ributions	A	Public Document
-	Agency Name				Date Stamp	California 802
	Alameda County			in seam with		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Distri	ct 4				
	<b>Designated Agency Contact</b>	(Name, Title)			1	
	Nathan Miley					Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6694	district4@acgov.o	rg		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	Each Ticket/Pass \$	<u>.</u>		
	Event Description: Drake		<u>, 26 , 18</u>	//		
	Ticket(s)/Pass(es) provided	Provide Title/ Expl by agency? Yes	n JPA			
		by agonoy . 183	Name of Source			
	Was ticket distribution made at the behest Yes 🛛 No 🔲 If			lf yes: <u>Miley, N</u>	Official's Name (Last, First)	
	of agency official?				Unicial's Name (Last, First)	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ie public purpose made pur	suant to the agency's policy
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the f	allowing:
	Miley, Sarah		4	To increase	nonial Role DOther C king "Ceremonial Role" or "Other" de attendance at a count sted in a county facility	scribe below: y sponsored event or to
					nonial Role D Other king "Ceremonial Role" or "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	е 					

#### 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.

V	1	Nathan Miley	Supervisor	11/7/18
Si	nee	Print Name	Title	(month, day, year)
Comment:	1			
<u> </u>				

## Agency Report of:

Ceremonial	Role	<b>Events</b>	and	<b>Ticket/Pass</b>	Distributions
------------	------	---------------	-----	--------------------	---------------

A Public Document

1.	Agency Name				Date Stamp	California
	Alameda County	· .				Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, Distri	ct 4		·		
	Designated Agency Contact	(Name, Title)				
	Nathan Miley				Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Torride Explanation in Function
	(510) 272-6694	district4@acgov.	.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	<u> </u>			
	Does the agency have a ticl	ket policy? Ye	s 🛛 No 🗌	Face Value of	Each Ticket/Pass \$	
	Event Description: Phil Colli	ns		Date(s) <u>10</u>	<u>, 25 , 18</u>	1 1
		Provide Title/ Ex	planation			
	Ticket(s)/Pass(es) provided	by agency? Ye	s 🔲 No 🖾	If no: Coliseum	Name of Source	<u> </u>
	Was ticket distribution made	at the behast v	- 1971 N 1771	lf yes: <u>Miley, N</u>	lathan	
	of agency official?	at the beliest ye			Official's Name (Last, First)	6
3.	Recipients					······································
	• Use Section A to identify the agen	cy's department or unit.		identify an individ	lual. • Use Section C to ident	ary an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy	
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					ionial Role D Other of the other o	
					ionial Role D Other C	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes			suant to the agency's policy
	Youth Alive		4	To reward a public	nonprofit organization	for their service to the
	n (199					

### 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 and a

V	'n	Nathan Miley	Supervisor	11/7/18
Sign		Print Name	Titie	(month, day, year)
Comment:				

A Public Document

		9,			Data Otaman	
1.	Agency Name		Date Stamp	California 802		
	Alameda County			For Official Use Only		
	Division, Department, or Reg	ion (if applicable)				
	Board of Supervisors, Distric					
	Designated Agency Contact (	Name, Title)	11	-		
	Nathan Miley				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				,
	(510) 272-6694	district4@acgov.or	g		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation	2			
	Does the agency have a tick	ket policy? Yes	🛛 No 🗖 🕴	Face Value of I	Each Ticket/Pass \$	
	Event Description: Disney o	n Ice	1	Date(s) <u>10</u>	, 21 , 18	1 1
		Provide Title/ Explanation				
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🖾 🛛	f no: Coliseum	JPA Name of Source	×.
				f yes: <u>Miley, N</u>	athan	
	Was ticket distribution made	at the behest Yes	No 🗌 '	r yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
						<u> </u>
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fail	lawing:
	Muhammed, Ansar		4	To increase a	onial Role DOther D ing "Ceremonial Role" or "Other" descri- attendance at a county ted in a county facility	Income Income sponsored event or at
					onial Role D Other D ing "Ceremonial Role" or "Other" descri	Income 🗍
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
0						

#### 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 "

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

1.	Agency Name				Date Stamp	California	802
	Alameda County		Form				
	Division, Department, or Reg	ion (if applicable)	· · · · ·			For Official	Jse Only
	Board of Supervisors, Distri	ct 4					
	<b>Designated Agency Contact</b>		1				
	Nathan Miley	Amendment (Must Provide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail	E-mail			·	
	(510) 272-6694	district4@acgov.org			Date of Original Filing: (month, day, year)		
2.	Function or Event Information						
	Does the agency have a ticket policy? Yes 🛛 N			Face Value of	Each Ticket/Pass \$		
	Event Description: Disney of	Date(s) <u>10</u>	<u>, 20 , 18 </u>	//			
		Provide Title/ Explana		If no: Coliseum			
	Ticket(s)/Pass(es) provided	by agency? Yes L	No 🛛		Name of Source		
	Was ticket distribution made at the behest Yes 🛛 No 🗋 of agency official?			lf yes: <u>Miley, N</u>	official's Name (Last, First)		
	of agency official?						

## 3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last. First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rodriguez, Coco	4	Ceremonial Role Other I Income To increase attendance at a county sponsored event or at an event hosted in a county facility
		Ceremonial Role D Other I Income I Inco
C. Name of Outside Organization (include address and description)	Number of Tickst(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 mentionents

	1	Nathan Miley	Supervisor	11/7/18
	8	Print Name	Title	(month, day, year)
	/			
Comment:				27.410 (D. 10075) (P

California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Raiders 28 18 10 Date(s)\_ Provide Title/ Explanation If no: Coliseum JPA Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🗷 No 🗖 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes Number Name of Individual identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Ng, Ann To increase attendance at a county sponsored event or at 1 an event hosted in a county facility Other Income Ceremonial Role Severin, Michael If checking "Ceremonial Role," or "Other" describe below: To increase attendance at a county sponsored event or at 1 an event hosted in a county facility Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes To reward a nonprofit organization for their service to the United Seniors of Oakland and Alameda 2 public County

#### 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	Nathan Miley	Supervisor	11/7/18
	Tee	Print Name	Title	(month, day, year)
	/			
Comment:	/	8		

Date Stamp. California 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6694 district4@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes 🛛 No 🗌 Date(s) \_\_\_\_/\_ Event Description: Warriors 24 / 18 Provide Title/ Explanation If no: Coliseum JPA Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes X No Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes To increase attendance at an event sponsored by the Alameda County Sheriff's Cop Shop BBQ 4 county or at an event hosted in a county facility Number Identify one of the following: Name of Individual Β. of Ticket(s)/ (Last, First) Passes Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

#### 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

V	Л	Nathan Miley	Supervisor	11/7/18
Sigr	¥ —	Print Name	Title	(month, day, year)
Comment:				

**A Public Document** 

1	Agency Name				Date Stamp	California 802
••	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors, Distric					
	Designated Agency Contact	(Name, Title)				
	Nathan Miley				Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6694	district4@acgov.o	rg	-	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation		2	31	14 80
					Each Ticket/Pass \$ 30	
	Event Description: Warriors	Provide Title/ Expl		Date(s) 10	<u>8 18</u>	
	Ticket(s)/Pass(es) provided			If no: Coliseum	JPA	
					Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	No 🗌	lf yes: <u>Miley, N</u>	Official's Name (Last, First)	
	Use Section A to identify the agen     A. Name of Agency, Bepa	• Use Section B to Number of Ticket(s)/ Passes			ify an outside organization. suant to the agency's policy	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		identify one of the f	ollowing:
	Lopes, Kathleen		4	Cerem To reward a the public	nonial Role DOther C king "Ceremanial Rale" or "Other" de Community member to	Income scribe below: or his or her service to
	an 11 12 12 12 12 12 12 12 12 12 12 12 12	a (1) 11			nonial Role Other Constant Role Other Constant Role or "Other" des	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant 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.

	2	Nathan Miley	Supervisor	11/7/18
	e	Print Name	Title	(month, day, year)
	1			
Comment:				<u></u>

Ce	remonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				rom
	Division, Department, or Region (If Applicable)	)	С.,	1	For Official Use Only
	Board of Supervisors	ý.			
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number E-mail			Amendment (Must pi	ovide explanation in Part 3.)
1	510)272-6695 briana.brown	2@acgov.o	orq	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information				(monut, bay, tear)
		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	304.80
	Event Description Warriors Basketball			0 , 08 , 18	<i>,</i> ,
	Event Description	nation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	IS If no. Golder	n State Warriors	
	nonal(d)/r dob(do) provided by agoing -			Name of Sol	urce
	Nas ticket distribution made at the behest	No 🗌 Yes	If yes:	Official's Name (L	
	of agency official?			Official's Name (L	.ast, First)
3.	Recipients				
	Use Section A to identify the agency's department or u	Number of	ction B to identify an individu	ial, • Use Section C to ident	ify an outside organization.
	A, Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					·
ľ					
			· · · ·		
	B. Nar <mark>ie of Individual</mark> (Last Froj	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
	<u> </u>		Ceremonial Role	Other	income
				ial Role" or "Other" describe below:	income
			\$		
9	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
	Down Syndrome Connection of the East Bay	4		motivate and provide ations in the County si	expanded opportunities
	Verification				
	h. gulations 18944.1 and	18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.
	- Ree	ing Bre	mh	Supervisor's Assistant	4/5/19
	Construction of the second sec	Print Nam	ne	Title	(Month, Bay, Year)
	Parking Pass: \$30.00				<sup>2</sup> * 9
	Comment:				EPPC Form 802 (4/12)

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

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_		<u></u>			
1.	Agency Name	Date Stamp California 80 Form For Official Use Only			
	Alameda County				
	Division, Department, or Region (If Applicable,	For Onicial Use O			
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510)272-6695 briana.brown	2@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				(monut) boy, roay
		f Each Ticket/Pass \$ _	304.80		
		Yes 🛛 No			///
	Event Description Warriors Basketball Provide Title/Expla		//		
	Ticket(s)/Pass(es) provided by agency?	n State Warriors			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no:			Name of Sc	urce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes:	Official's Name (	Last, First)
2	Recipients				
J.	Use Section A to identify the againcy's department or t	Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	plic purpose made pursuant to the agency's policy	
		Pass(es)			
	SSA-APS	4		o promote attendance at a County sponsored e ounty facility in order to maximize potential reve	
	B, Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
	(Lest, First)	Pass(es)			
			Ceremonial Role	ial Role" or "Other" describe below:	Income
			" chooling colonier		
			· ·		
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
	e e e e e e e e e e e e e e e e e e e				
		Number of			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
		Pass(es)			
					· · · · · · · · · · · · · · · · · · ·
					• ••
4.	Verification	18042 1 6010 16	erified that the distribution set f	orth above, is in accordance w	ith the requirements
	auons 16944. Tand	0.			11.10/100
	<u> </u>	Print Nam		Supervisor's Assistan	
		Print Nan	11 <del>0</del>	108	r pro∪ninci⊃ay, rear)
	Comment: Parking Pass: \$30.00				
				8	FPPC Form 802 (4/12)

A Public Document

1.	Agency Name	Date Stamp	California 802			
	Alameda County		For Official Use Only			
	Division, Department, or Region (If Applicable)					
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		<u> </u>			
	Pro Pro -					
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272 -6695 briana.browr	n2@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2	Function or Event Information				(	
۷.	Does the agency have a ticket policy?	of Each Ticket/Pass \$ _	304.80			
	Event Description Warriors Basketball Provide Title/Expla	<u> </u>	//			
				n State Warriors		
	Ticket(s)/Pass(es) provided by agency?		n State Warriors Name of Sc	urce		
	Was ticket distribution made at the behest	No 🛄 Yes	If yes:			
	of agency official?			Official's Name (	Last, First)	
3	Recipients					
	<ul> <li>in A to identify the agency's department or it</li> </ul>	unit. (• Use Set	ction 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 put	olic purpose made pursuan	t to the agency's policy	
		Pass(es)				
	SSA-Finance	4	To promote attenda	ance at a County spor	sored event/event held	
			at a County facility in order to maximize potential revenue			
		Number of				
	B. Name of Individual (Lest. First)	Ticket(s)/		Identify one of the following:		
		Pass(es)	Ceremonial Role Other			
				nial Role" or "Other" describe below:		
			Ceremonial Role		Income	
			If checking "Ceremoi	nial Role" or "Other" describe below:		
		Number of				
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
				·		
4.	Verification	1 400 40 1 1 1 1 1 1		forth above, is in accordance w	ith the requirements	
	, 'ons 18944.7 and	1 18942. I nave v	ermed that the distribution set		11/0/10	
	´		<u> </u>	Supervisor's Assistar	IT 4/1/19	
	ுதானம் ப Agency Head or Designee	Print Nar	TI <del>O</del>	Hue	(nuoran, Day, Year)	
	Comment: Parking Pass: \$30.00					
					FPPC Form 802 (4/12)	

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

4.

Alarneda County       Date Stamp       California       80         Division, Department, or Region (If Applicable)       Board of Supervisors       Por Official Use Only         Board of Supervisors       Designated Agency Contact (Name, Title)       Image: Amendment (Must provide explanation in Part 3)         Briana Brown       Image: Amendment (Must provide explanation in Part 3)       Date of Original Filing:       (Month, Day, Year)         2. Function or Event Information       Does the agency have a ticket policy?       Yes IN In Part 3)       Date(s)	1	. Agency Name			A Public Documen				
Division, Department, or Region (// Applicable)       For Official Use Only         Board of Supervisors       Designated Agency Contact (Name, Title)         Brians Brown       Immediate Transition         Area Code/Phone Number       E-mail         5102726695       Infana.brown2@acgov.org         2. Function or Event Information       Desk glanger have a ticket policy?         Does the agency have a ticket policy?       Yes Ø No Face Value of Each Ticket/Pass § 20.5         Event Description fLoid eff's       Date(s) P. 28, 19         Provide Time/Explanation       Date(s) P. 28, 19         Ticket(s)/Pass(es) provided by agency?       Yes Ø No Ø         Was ticket distribution made at the behest       No Ø Yes Ø         . Generation and additionation and at the behest       No Ø Yes Ø         . Generation and additionation and a time behest       No Ø Yes Ø         . Generation and additionation and a time behest       No Ø Yes Ø         . Generation and additionation and Betweet Passion       - Use Section C to identify an oxidate organization         A. Generation and additionation and Betweet Passion       Describe the public purpose made pursuant to the agency's policy         . Generation and additionation and Betweet Passion       Ceneration Role of the following:         . Generation and additionation and Betweet Passion       Describe the public purpose made pursuant to the agen	1					Date Stamp			
Board of Supervisors         Designated Agency Contact (Name, Title)         Briana Brown         Area Code/Phone Number         Event Information         Des the agency have a ticket policy?         Yess [S] No []         Face Code/Phone Number         Event Description Notice (Name, Title)         Destinated Agency Contact (Name, Title)         Destination or Event Information         Destine agency have a ticket policy?         Yess []       No []         Face (Self)       No []         Face (Self)       No []         Provide Table/PhoneNumber       Face Value of Each Ticket/Pass \$		,		33			Form OUZ		
Designated Agency Contact (Name, Tille)         Briana Brown         Area Code/Phone Number         5102726695         Date of Original Filling:         Monitor, Day, Year)         2. Function or Event Information         Dees the agency have a ticket policy?         Yeas (2)         Event Description         Recipients         Provide Trace-Quarter to the agency?         Yeas (2)         Date of Original Filling:         Manne of Source         Vast ticket (stribution made at the behest No    Yes    No            If no:       Oakland Athletics         Name of Source       No    Yes            Officiar Name (Last, First)         Recipients       Control of Induition         Recipients       Number of Tracket(2)         Describe the public purpose made pursuant to the agency's policy         Past(eg)       Control of Induition         Recipients       Contrenonial Flobe       Other is notice back		Division, Department, or Reg	ion (If Applicab	1	For Official Use Only				
Briana Brown       Amendment (Must provide explanation in Part 3)         5102726695       briana.brown2@acgov.org       Date of Original Filing:Month.bay, Year, Test 2005, 55         2. Function or Event Information       Does the agency have a ticket policy? Yes B No       Face Value of Each Ticket/Pass §		•							
Area Code/Phone Number       E-mail <ul> <li>Amendmant (Must provide expansion in Pert 3)</li> <li>Date of Original Filling:</li> <li>(Month, Day, Year)</li> </ul> 2. Function or Event Information       Does the agency have a ticket policy?       Yea B       No       Face Value of Each Ticket/Pass §       30.5       55         Event Description       Roldstrg       Provide TitleExplanation       Date(s)       [0, 78, 19, 11, 11, 78         Ticket(s)/Pass(es) provided by agency?       Yes INo I       If no: Oakland Athletics       Name of Source         Was ticket distribution made at the beheat       No I       Yes I       If yes:       Official's Name (sst. Find)         3. Rectiptions       Rectiptions       Name of Source       Was ticket distribution made at the beheat       No I       Yes I       If yes:       Official's Name (sst. Find)         3. Rectiptions       Rectiptions       Name of Source       Was too of the following:       If yes:       Official's Name (sst. Find)         4. Concesson of Could of Counter of Trabetry       Name of Counter of Trabetry       Provide of Trabetry       Income         9. Concesson of Counter of Trabetry       Name of Counter of Trabetry       Income       Income       Income         9. Concesson of Counter of Trabetry       Name of Counter of Trabetry       Otherr       Inc		Designated Agency Contact (	Name, Title)	1					
5102726695       briana.brown2@acgov.org       Date of Original Filing:       March.Doy, Year         2. Function or Event Information Does the agency have a ticket policy?       Yes Ø No File       Face Value of Each Ticket/Pass \$ 30.5       55         Event Description Solders?       Date(s)       Date(s)       1       1       16         Event Description Solders?       Provide TitleExpanding       Date(s)       0       28.15       1       1       16         Ticket(s)/Pass(es) provided by agency?       Yes Ø No Yes Ø       If no: Oakland Athietics       Name of Source       Name of Source         Was ticket distribution made at the behest of agency official?       No Ø Yes Ø       If yes:       Official's Name (Last, Fing)         3. Rectipients       • Official's Name (Last, Fing)       Describe the public purpose made pursuant to the agency's policy         • Official's Name of Individual, functions       Number of Technicky       Describe the public purpose made pursuant to the agency's policy         B. Name of Individual, functions       Number of Technicky       Caremonail Role Organization       Income         /* Other and test free       Official's and test is the distribution set forth above, is in secondance with the regularments.       Income         • Official's Supervisor's Assistant       Vertification       Number of Technicky       Describe the public purpose made pursuant to the a		Briana Brown							
Event Description     Des the agency have a ticket policy?     Yes      No     Provide Tibe/Explanation     Description     Subjects     Provide Tibe/Explanation     Ticket(s)/Pase(es) provided by agency?     Yes      No     Yes      No     Ticket(s)/Pase(es) provided by agency?     Yes      No     Yes      No     Ticket(s)/Pase(es) provided by agency?     Yes      No     Yes     Yes     No     Yes     No     Yes     No     Yes     Yes     No     Yes     Yes     No     Yes     No     Yes     Yes		Area Code/Phone Number	E-mail		Amendment (Must provide explanation in Part 3.)				
2. Function of Pevent Information Does the agency have a ticket policy? Yes  No Face Value of Each Ticket/Pass \$ 305 55 Event Description Sold @CS Frowthe TimeExplanation Ticket(s)/Pass(es) provided by agency? Yes  No Yes  No Yes  If no: Oakland Athletics Name of Source Name of Source      100		5102726695	5102726695 briana.brown2@acc			Date of Original Filing:			
Description       Salders       Provide TitletExplanation       Date(s)       Q.28,15       1       1       1       1         Event Description       Salders       Provide TitletExplanation       Date(s)       Q.28,15       1 <td< th=""><th>2.</th><th>Function or Event Inform</th><th colspan="3" rowspan="3">Function or Event InformationDoes the agency have a ticket policy?Yes IEvent DescriptionRaiders</th><th></th><th></th></td<>	2.	Function or Event Inform	Function or Event InformationDoes the agency have a ticket policy?Yes IEvent DescriptionRaiders						
Event Description       Mailders       Provide Tide/Explanation       Date(s)       0       28,19       1 <th></th> <th>Does the agency have a ticket</th> <th colspan="3">of Each Ticket/Pass \$ 305 5</th>		Does the agency have a ticket				of Each Ticket/Pass \$ 305 5			
Ticket(s)/Pass(es) provided by agency?       Yes       No       If no:       Oakland Athletics         Was ticket distribution made at the behest of agency official?       No       Yes       If yes:       Official's Name (Lsst, First)         3. Recipients       •       Official's Name (Lsst, First)       Official's Name (Lsst, First)         •       •       Number of Pess(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of individuat. (ast Part)       Number of Pess(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of individuat. (ast Part)       Number of Pess(es)       Identify one of the following:         Pess(es)       Caremonatil Role       Other       Income         If dentify Caremonatil Role       Other       Income         If checking Caremonatil Role       Other       Income         If c		Event Description Raiders				,28,19 11,11,18			
Wast ticket distribution made at the behest of agency official?       No   Yes   Yes:		Ticket(s)/Pass(es) provided by	•	Oakla		nd Athletics			
of agency official?       Note::: Note:::: Note:::: Note:::: Note::: Note::: Note::: Note::: Note::: Note:::: Note::::: Note::::: Note::::: Note:::: Note::::: Note::::: Note::::: Note::::::::::::::::::::::::::::::::::::		nonodojn aboleoj provided by	agency	Yes 📙 No					
Or agency official?       Official's Name (Last, First)         3. Recipitents       • Use Section B to identify an individuat       • Use Section C to identify an outside organization.         A.        Concords are used individual.       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual.       Number of Ticket(s)       Identify one of the following:         Pass(ex)       Caremonial Role       Official' describe below:       Income         If checking "Caremonial Role       Official' describe below:       Income		Was ticket distribution made at	Vas ticket distribution made at the behest		If ves:				
A. comments in the under a standard and used of the section. B to identify an individual • Use Section C to identify an outside organization.     A. comments in text towarman on that     The individual      Number of     A. comments in text towarman on that     A. comments in text towarman on the text towarma on text towarma on the text towarma on text on the text towarma on		of agency official?							
A.       Contract Struct Conduction and Control       Number of Tricket(c) Press(c)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual.       Number of Tricket(c)       Identify one of the following:         B.       Name of Individual.       Number of Tricket(c)       Ceremonial Role       Other       Income         C.       Name of Outside Organization (include address and description)       Number of Tricket(c)       Describe the public purpose made pursuant to the agency's policy         Verification       Number of tricket(c)       Describe the public purpose made pursuant to the agency's policy         Verification       Number of tricket(c)       Describe the public purpose made pursuant to the agency's policy         Binana Brown       Supervisor's Assistant       Y// Y// Yield         Brit Name       Supervisor's Assistant       Y// Y// Yield	3.								
Production       Ticket(s) Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of individual (see freight)       Number of Ticket(s) Pass(es)       Identify one of the following:         B.       Name of individual (see freight)       Number of Ticket(s)       Identify one of the following:         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Verification       Number of (include address and description)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Verification       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Management       Briana Brown       Supervisor's Assistant       Y// S///4 /visor         Briana Brown       Supervisor's Assistant       Y// S///4 /visor         Past/ing Description       Print Name       Tree       Y// S///4						Intify an individual. • Use Section C to identify an outside organization.			
B.       Name of Individual. Law, Ford       Number of Ticket(s)' Pass(es)       Identify one of the following:         Income       Ceremonial Role       Other       Income         If checking "Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         C.       Name of Outside Organization (include address and description)       Number of Ticket(sy) Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       Validons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Waldons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Waldons, 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Waldons, 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Waldons, Duby 'red'         Ye       Print Name       Title		A. Anaros of Are toy Department or Unit		Ticket(s)/	Describe the publ	Describe the public purpose made pursuant to the agency's policy			
B.       Name of Individual.       Number of Ticket(s)' Pass(es)       Identify one of the following:         I.d.w. Freig       Pass(es)       Ceremonial Role other income       Income         If checking "Ceremonial Role otherincome       Income       Income         If checking "Ceremonial Role otherincome       Income       Income         If checking "Ceremonial Roleincome       Income       Income         If checking "Ceremonial Role" or "Other describe below:       Income       Income         C.       Name of Outside Organization       Number of Ticket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Verification       Number of Ticket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         Income       Income       Income       Income       Income         Income       Income       Income       Income         If checking "Ceremonial Role" or "Other describe below:       Income       Income         Values address and description)       Ticket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         Income       Income       Income       Income       Income         Income       Income       Income       Income									
D.       Interview       Teket(s)       Identify one of the following:         Last, You!       Pass(es)       Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income       Income         If checking "Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         If checking "Ceremonial Role"				,					
Income       if checking "Ceremonial Role" or "Other" describe below:         Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         C.       Name of Outside Organization (include address and description)       Number of Tickat(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       rulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Werification       Tite       Yumonti, Day, Yeal)		3. Name of Individual, (Lest, First)		Ticket(s)/		Identify one of the following:			
Verification       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       Income       Income         Income       Income       Income         Verification       Income       Income         Income       Income       In					Incomo J				
(include address and description)       Include(s)/Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       Include address and description)       Include address and description)       Include address and description)         Verification       Include address and description)       Include address and description)       Include address and description)         Include address and description)       Include address and description)       Include address and description)         Verification       Include address and description       Include address and description)         Include address and description       Include address and description)       Include address and description)         Verification       Include address and description       Include address and description       Include address and description         Include address and description       Include address and description       Include address and description       Include address and description         Include address and description       Include address and description       Include address and description       Include address and description         Include address and description       Include address and description       Include address and description       Include address and description         Include address and description       Include address and description       Include address and description       Include address and description </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Income</th>							Income		
I how verified that the distribution set forth above, is in accordance with the requirements.	0	C. Name of Outside Organization (include address and description)		Ticket(s)/ Describe the public		c purpose made pursuant to the agency's policy			
I how verified that the distribution set forth above, is in accordance with the requirements.	_				,				
I how or interview of the state of the	_								
I how and the start of the	V	/erification							
- Briana Brown Supervisor's Assistant 4/5/14 Print Name Title V(Month, Day, Year)									
+ Parking Page	_	-		D: 0					
+ Parking Dasa		18							
	С	omment: <u>+ Parking Pass</u>				104	V(Month, Day, Yeal)		

Ce	remonial Role Events and Tici	keu Pass	Distributions		A Public Document				
1.	Agency Name	Date Stamp	California 802						
	Alameda County	~							
i	Division, Department, or Region (If Applicable,	-	For Official Use Only						
	Board of Supervisors								
ī	Designated Agency Contact (Name, Title)								
	R. D.								
4	Area Code/Phone Number E-mail	Amendment (Must provide explanation in Part 3.)							
1		Date of Original Filing:							
<u></u>					(Month, Day, Year)				
2.	Function or Event Information		304.80						
	Does the agency have a ticket policy?	of Each Ticket/Pass \$							
1	Event Description Warriors Basketball Provide Title/Expla	0 , 31 , 18							
	Ticket(s)/Pass(es) provided by agency?	n State Warriors							
	noted by agondy .	Name of Sol	Irce						
١	Was ticket distribution made at the behest of agency official?	Official's Name (L	ast. First)						
3.	Case Section A to identify the agency's department or unit     Ouse Section B to identify an individual     Ouse Section C to identify an outside organization.								
5		Contraction of the second second							
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy					
_									
-									
-									
1	B. (Name of Individual) (Last, First)	Number of Ticket(s)/		Identify one of the followi	ng:				
-		Pass(es)	Ceremonial Role	Other					
	Johannes Horula			nial Role" or "Other" describe below:	income				
		4	To reward a comm	unity volunteer for his	or her service to the				
			public						
			Ceremonial Role	Other 🗖	Income				
			If checking "Ceremon	nial Role" or "Other." describe below:					
to									
-		Numbers	•						
(	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy				
-		Pass(es)							
4.	Verification /								
I	egulations 18944.1 and	forth above, is in accordance wit	h the requirements.						
		Supervisor's Assistant	4/5/19						
	Jnee	Print Nam	ie -	Title	(Month, Day, Year)				

Comment: <u>Parking Pass: \$30.00</u>