• 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     A. Name of Individual     B. Name of Individual     (Last, First)     B. Name of Individual     (Last, First)     Ceremonial Role     Other     Identify one of the following:     It checking "Ceremonial Role" or "Other" describe below:		gency Report of: eremonial Role Even	ts and Ticket/F	Pass Dist	ributions		A Public D	ocument
Alameda County       Form OV         Division, Department, or Region (// applicable)       Board of Supervisors       For Official Use Only         Designated Agency Contact (Name, Title)       Lee Ann Fergerson, Ticket Administrator       Amendment (Must Provide Explanation in Pert 3)         Date of Original Filing:       (month, day; year)         2. Function or Event Information       Does the agency have a ticket policy? Yes [X] No []       Face Value of Each Ticket/Pass \$ 60.00         Event Description:       WARRIORS BASKETBALL Provide Title Explanation       Date(s)	1.	Agency Name	G			Date Stamp	Californ	ia ono
Board of Supervisors         Beard of Supervisors         Designated Agency Contact (Name, Title)         Lee Ann Fergerson, Ticket Administrator         Area Codd/Phone Number         [E-mail]         510-272-6691         Leeann,fergerson@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?         Yes X         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         of agency official?       If no:         3. Recipients       *Use Section A to identify the agency's department or unit.       *Use Section B to identify an outside organization.         A.       Name of Agency, Department or Unit       Number of Tickets/       Describe the public purpose made pursuant to the agency's policy         Alameda County Auditor's Office       4       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Name of Individual organization (Least, First)       Income [       Income [         If coecking 'Ceremonial Role		• • •					Form	002
Designated Ágency Contact (Name, 7itle)         Lee Ann Fergerson, Ticket Administrator         Area Code/Phone Number         510-272-6691         Leeann, fergerson@acgov.org         Date of Original Filing:         (month, day, year)         2. Function or Event Information         Does the agency have a ticket policy?       Yes X         Vare Description:       WARRIORS BASKETBALL         Provide Title Explanation         Ticket(s)/Pass(es) provided by agency?       Yes X         No       If no: GSW         Name of Source       Name of Source         Vas Sticket distribution made at the behest Yes X       No         If yes:       Haggerty, Scott         Official?       Official?         3. Recipients       *Use Section A to identify the agency's department or Unit       of agency, Department or Unit       Issuese         A. Name of Agency, Department or Unit       of Ticket(y)       Describe the public purpose made pursuant to the agency's policy         Alameda County Auditor's Office       4       To reward a County employee for his or her exemplary service to the public or to encourage staff development         If checking Commonal Role       Other       Income [         If checking Commonal Role       Other       Income [         If checking Com		Division, Department, or Reg	ion (if applicable)				For Offic	cial Use Only
Lee Ann Fergerson, Ticket Administrator       Area Code/Phone Number       E-mail         510-272-6691       Leeann, fergerson@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 \$ 60.00         Does the agency have a ticket policy?       Yes 🖾 No       Face Value of Each Ticket/Pass \$ 60.00         Event Description:       WARRIORS BASKETBALL       Date(s) 11/ 18		Board of Supervisors						
Area Code/Phone Number 510-272-6691       E-mail Leeann.fergerson@acgov.org       Date of Original Filing:		Designated Agency Contact (	Name, Title)					
Area Code/Phone Number       E-mail         510-272-6691       Leeann.fergerson@acgov.org         2. Function or Event Information         Does the agency have a ticket policy? Yes 🛛 No 🗌         Face Value of Each Ticket/Pass \$ 60.00         Event Description:       WARRIORS BASKETBALL         Provide Titler Explanation         Ticket(s)/Pass(es) provided by agency? Yes 🖾 No 📄       If no: GSW         Was ticket distribution made at the behest Yes 🖾 No 📄       If no: GSW         Vas ticket distribution made at the behest Yes 🖾 No 📄       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 organization.         A. Name of Agency, Department or Unit       Officiel's Name (Last, First)       Describe the public purpose made pursuant to the agency's policy         Alameda County Auditor's Office       4       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B. Name of Individual       Number of Ticket(s)/ Passee       Other 🔄 income [         I checking "Commonial Role" or "Date" describe below:       Income [         I checking "Commonial Role" or "Date" describe below:       Income [         I checking "Commonial Ro		Lee Ann Fergerson, Ticket	Administrator			Amondment (14	lunt Provide Explanatio	n in Port 2 \
2. Function or Event Information       Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Each Ticket/Pass \$ 60.00         Event Description:       WARIORS BASKETBALL       Date(s) 11 / 2 / 18       ////         Provide Titler Explanation       Ticket(s)/Pass(es) provided by agency?       Yes ⊠ No □       If no: GSW         Wast ticket distribution made at the behest Yes ⊠ No □       If no: GSW       If yes: Haggerty, Scott         Wast ticket distribution made at the behest Yes ⊠ No □       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 C to identify an outside organization.         A. Name of Agency, Department or Unit       Number       of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Passes       Alameda County Auditor's Office       4       To reward a County employee for his or her exempliary service to the public or to encourage staff development         B. Name of Individual       of Ticket(s)/ Passes       Ceremonial Role □ Other □ Income [       Income [         If checking "Genemonial Role □ Other □ Income [       Income [       Income [       Income [         C. Mame of Individual       Officiale of the public purpose made pursuant to the agency's policy       P         Passes       O		Area Code/Phone Number	E-mail				usi Fibride Explanalic	nn in Fan S.j
Does the agency have a ticket policy?       Yes X       No       Face Value of Each Ticket/Pass \$ 60.00         Event Description:       WARRIORS BASKETBALL       Date(s)       11       /       /         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 no: GSW       Name of Source         Was ticket distribution made at the behest       Yes X       No       If yes:       Haggerty, Scott         Official?       Official?       Official? Name (Last, First)       Official? source (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       Official?       Describe the public purpose made pursuant to the agency's policy         Alameda County Auditor's Office       4       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Name of Individual       of Ticket[s]/       Identify one of the following:       Income [         If checking "Coremonial Role ]       Other ]       Income [       Income [       Income [       Income [ <tr< td=""><td></td><td>510-272-6691</td><td>Leeann.fergerson(</td><td>@acgov.org</td><td></td><td>Date of Original Fili</td><td>ng:(month, day,</td><td>year)</td></tr<>		510-272-6691	Leeann.fergerson(	@acgov.org		Date of Original Fili	ng:(month, day,	year)
Event Description:       WARRIORS BASKETBALL       Date(s)       11       2       18         Provide Title/ Explanation       Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🔤 If no:       GSW       Name of Source         Was ticket distribution made at the behest Yes 🖾 No 🔤 If yes:       Haggerty, Scott       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 organization.         A. Name of Agency, Department or Unit       of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy         Passes       Alameda County Auditor's Office       4       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Name of Individual (Last, First)       of Ticket(s)/       Identify one of the following:         Caremonial Role       Other       Income       Income         If checking "Caremonial Role" or "Other" describe below:       Income       Income       Income	2.	Function or Event Inform	mation				2	
Event Description:       WARRIORS BASKETBALL       Date(s)       11       2       18         Provide Title/ Explanation       Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🔤 If no:       GSW       Name of Source         Was ticket distribution made at the behest Yes 🖾 No 🔤 If yes:       Haggerty, Scott       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 organization.         A. Name of Agency, Department or Unit       of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy         Passes       Alameda County Auditor's Office       4       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Name of Individual (Last, First)       of Ticket(s)/       Identify one of the following:         Caremonial Role       Other       Income       Income         If checking "Caremonial Role" or "Other" describe below:       Income       Income       Income		Does the agency have a tick	et policy? Yes		Face Value of	Each Ticket/Pass \$	§ <u>60.00</u>	
Provide Title/ Explanation         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 organization.         A. Name of Agency, Department or Unit       Officie(s)/Passes       Describe the public purpose made pursuant to the agency's policy         Alameda County Auditor's Office       4       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B. Name of Individual       Number of Ticket(s)/Passes       Identify one of the following:       Income [         It checking 'Ceremonial Role □       Other □       Income [       Income [         It checking 'Ceremonial Role □       Other □       Income [         It checking 'Ceremonial Role □       Other □       Income [         It checking 'Ceremonial Role □       Other □       Income [         It checking 'Ceremonial Role □       Other □       Income [         It checking 'Ceremonial Role □       Other □       Income [         It checking 'Ceremonial Role □       Other □       Income [         It checking 'Ceremonial Role'							/	_/
Name of Source         Was ticket distribution made at the behest Yes ⊠ No □       If yes: Haggerty, Scott         Official's Name (Last, First)         If yes:       Haggerty, Scott         Official's Name (Last, First)         If yes:       Haggerty, Scott         Official's Name (Last, First)         If yes:       Haggerty, Scott         Official's Name (Last, First)         If yes:       Haggerty, Scott         Official's Name (Last, First)         If yes:       Describe the public purpose made pursuant to the agency's policy         Passes       Passes         Alameda County Auditor's Office       4         To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Name of Individual of Ticket(s)         If the effective of Ticket(s)       Identify one of the following:         Ceremonial Role □       Other □       Income □         If checking "Ceremonial Role □       Other □       Income □         If checking "Ceremonial Role □       Other □       Income □         If checking "Ceremonial Role □       Other □       Income □         If checking "Ceremonial Role □       Other □       Income □         If checking "Ceremonial Role □       Other □       Incom			Provide Title/ Expla	nation				
of agency official?       Official's Name (Last, First)         Official?         Official?         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       of Ticket(sy)       Describe the public purpose made pursuant to the agency's policy         Alameda County Auditor's Office       4       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Name of Individual (Last, First)       Number of Ticket(sy)       Identify one of the following:         It checking 'Ceremonial Role I Other I (Last, First)       Income I it checking 'Ceremonial Role I Other I income I it checking 'Ceremonial Role I other' describe below:       Income I         C.       Name of Outside Organization Organization I income I it checking 'Ceremonial Role I other' describe below:       Income I         C.       Name of Outside Organization Organiz		Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source		<u> </u>
of agency official?       Official's Name (Last, First)         Official?         Official?         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       of Ticket(sy)       Describe the public purpose made pursuant to the agency's policy         Alameda County Auditor's Office       4       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B.       Name of Individual (Last, First)       Number of Ticket(sy)       Identify one of the following:         It checking 'Ceremonial Role I Other I (Last, First)       Income I it checking 'Ceremonial Role I Other I income I it checking 'Ceremonial Role I other' describe below:       Income I         C.       Name of Outside Organization Organization I income I it checking 'Ceremonial Role I other' describe below:       Income I         C.       Name of Outside Organization Organiz		Was ticket distribution made	at the behest. Yes I		If ves: Hagger	y, Scott		
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       of Ticket(s)/ Passes       Describe the public purpose made pursuant to the agency's policy         Alameda County Auditor's Office       4       To reward a County employee for his or her exemplary service to the public or to encourage staff development         B. Name of Individual (Last, First)       Number of Ticket(s)/ Passes       Identify one of the following: Passes         Ceremonial Role       Other       Income         If checking "Ceremonial Role       Other       Income			ar the benedit [ES]			Official's Name (Last, F	irst)	
• 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     A. Name of Individual     (Last, First)     B. Name of Individual     (Last, First)     Alamede Council Role     Ceremonial Role     Ceremonial Role     Other Individual     Income Individual     Ceremonial Role     Ceremonial Role     Other Individual     Income Individual     Ceremonial Role     Other Individual     Income Individual     Ceremonial Role     Other Individual     Income Individual     Adentify Operation     Income Individual     Ceremonial Role     Other Individual     Income Individual     Ceremonial Role     Other Individual     Income Individual     Ceremonial Role     Other Individual     Income Indindindial						5		
4     Fo reward a County employee for his or her exemplary service to the public or to encourage staff development       B.     Name of Individual (Last, First)       Vertical and the service of the following:     Identify one of the following:       Ceremonial Role     Other       If checking "Ceremonial Role" or "Other" describe below:       Ceremonial Role     Other       If checking "Ceremonial Role" or "Other" describe below:       If checking "Ceremonial Role" or "Other" describe below:		A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/				
B.       Name of Individual (Last, First)       of Ticket(s)/ Passes       Identify one of the following:         Ceremonial Role       Other       Income         If checking "Ceremonial Role" or "Other" describe below:       Income         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		Alameda County Auditor's	Office	4	To r exem	plary service to the	e public or to er	s or her ncourage
If checking "Ceremonial Role" or "Other" describe below:         If checking "Ceremonial Role" or "Other" describe below:         Ceremonial Role				of Ticket(s)/		Identify one of t	he following:	
It checking "Ceremonial Role" or "Other" describe below:       It checking "Ceremonial Role" or "Other" describe below:       Name of Outside Organization     Number of Ticket(s)/       Describe the public purpose made pursuant to the agency's policy					1			Income
C. Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy								Income
				of Ticket(s)/	Describe the	e public purpose made	pursuant to the age	ency's policy
			<u>×</u>			-		

#### 4. Verification

I have read and understand 5000 Deal' "ons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

	Lee Ann Fergerson	Ticket Administrator	11/2/18
Comment:	Print Name	Title	(month, day, year)

. Age	ncy Name				Date Stamp	California
Alan	neda County					Form OU2
Divis	ion, Department, or Rec	ion (if applicable)				For Official Use Only
Boar	rd of Supervisors					
Desig	gnated Agency Contact	(Name, Title)				
Lee	Ann Fergerson, Ticket	Administrator			Amandana ut. (44	
Area	Code/Phone Number	E-mail				Provide Explanation in Part 3.)
510-	272-6691	Leeann.fergersor	n@acgov.org		Date of Original Filing:	(month, day, year)
Fun	ction or Event Infor	mation				
Does	s the agency have a tic	ket policy? Yes	s⊠ No⊡ I	Face Value of E	Each Ticket/Pass \$ <u>6</u>	0.00
	t Description: Liza Wa					
Even		Provide Title/ Exp	Janation	Date(s) <u>11</u> /_		//
Ticke	et(s)/Pass(es) provided	by agency? Yes	s⊠ No⊡ I	f no: GSW		
				- Haggerty	Name of Source	
	ticket distribution made	at the behest Yes	s⊠ No□ I	f yes: <u>Haggerty</u>	Official's Name (Last, First)	
of a	gency official?					
Boa	ard of Supervisors, Dist	rict 3	Passes 4		ward a County emplo ary service to the pu	blic or to encourage
					staff develop	ment
В.	Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
					nial Role Other Other of "Other" desi	
					nial Role D Other g "Ceremonial Role" or "Other" desi	
	Name of Outside Or		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
c.	(include address and	description)	Passes			

With the read and a	Inderstand FPPC Regulations 18944.1 and 18942. I have		bove, is in accordance
T	$\mathcal{N}\mathcal{N}$ Lee Ann Fergerson	Ticket Administrator	11/2/18
$\nabla$	Print Name	Title	(month, day, year)
Comment:			

			Date Stamp	California On C
				Form <b>OU</b>
r Region (if applicable)				For Official Use Only
ntact (Name, Title)			1	
cket Administator				Provide Explanation in Part 3 )
per E-mail				
leeann.fergersc	on@acgov.org		Date of Original Filing:	(month, day, year)
nformation				
a ticket policy? Y	res 🛛 No 🗔 🛛 Fa	ace Value of	Each Ticket/Pass \$ <u>3(</u>	04.80
rriors		$t_{o(c)}$ 11	, 05 , 18	
Provide Title/ E	Explanation		·····	/
vided by agency? Y	'es 🖾 No 🗔 🛛 If	no: <u>GSW</u>		
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made at the benest Y	es 🖾 No 🔲 👘	yes	Official's Name (Last, First)	
, Department of onit	OT LICKET(S)/			
<u> </u>	Passes			suant to the agency's policy
	Passes			suant to the agency's policy
of Individual Ist, First)	Passes Number of Ticket(s)/ Passes		Identify one of the fe	
	Number of Ticket(s)/		Identify one of the fo	ollowing:
	Number of Ticket(s)/	To pi eve		ollowing: t a county sponsored ize potential county
	Number of Ticket(s)/ Passes	To p eve - rev	Identify one of the for romote attendance at ent in order to maximi	ollowing: t a county sponsored ize potential county and parking sales.
	Number of Ticket(s)/ Passes	To pi eve rev	Identify one of the for romote attendance at ent in order to maximi renue for concession	ollowing: t a county sponsored ize potential county and parking sales.
ide Organization	Number of Ticket(s)/ Passes 4 4 Number of Ticket(s)/	To pi eve rev	Identify one of the for romote attendance at ent in order to maximi renue for concession	ollowing: t a county sponsored ize potential county and parking sales.
	ntact (Name, Title) cket Administator er E-mail leeann.fergerso nformation a ticket policy? Y rriors Provide Title/ E rided by agency? Y made at the behest Y	ntact (Name, Title)         cket Administator         per       E-mail         leeann.fergerson@acgov.org         nformation         a ticket policy?       Yes ⊠ No □         rriors       Data title/Explanation         rided by agency?       Yes ⊠ No □       If         made at the behest       Yes ⊠ No □       If         made at the behest       Yes ⊠ No □       If         made at the behest       Yes ⊠ No □       If         made at the behest       Yes ⊠ No □       If         made at the behest       Yes ⊠ No □       If         made at the behest       Yes ⊠ No □       If         made at the behest       Yes ⊠ No □       If         made at the behest       Yes ⊠ No □       If         made at the behest       Yes ⊠ No □       If         made at the behest       Yes ⊠ No □       If         made       Number       If	ntact (Name, Title)         cket Administator         per       E-mail         leeann.fergerson@acgov.org         nformation         a ticket policy?       Yes ⊠ No □         rriors       Date(s)11         Provide Title/ Explanation         rided by agency?       Yes ⊠ No □         If no: GSW         made at the behest Yes ⊠ No □       If yes: Haggerd         e agency's department or unit.       Use Section B to identify an individ	Image: Notion of the section of the sect

I have read and understand ECPC Regula	ations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
	Lee Ann Fergerson	Ticket Administrator	11/5/18
Junature of Agency Head br Designee	Print Name	Title	(month, day, year)
Comment:		<u></u>	<u>.</u>

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ 510-272-6691 leeann.fergerson@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 Date(s) \_\_\_\_/\_ 11 , 19 Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗖 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes D No D Official's Name (Last, First) of agency official? 3. Recipients -

Use Section A to identify the agency's department or unit.	<ul> <li>Use Section B to identify an individual.</li> </ul>	<ul> <li>Use Section C to identify an outside organization.</li> </ul>
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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:
Orozco, Louis	4	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	If checking "Ceremonial Role" or "Other" describe below: Describe the public purpose made pursuant to the agency's policy
	Passes	

#### 4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	11/14/18
- Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:		÷	

	monial Role Ever ency Name		· · · · ·		Data Stamp	Colifornio
	kland/Alameda County (	Solicum Authority			Date Stamp	California 802
	ision, Department, or Reg				For Official Use Or	
	CCA Commissioner					
	ignated Agency Contact	(Name.Title)				
	Ann Fergerson, Ticket					· ·
	a Code/Phone Number	E-mail		<u> </u>	Amendment (Must P	rovide Explanation in Part 3.)
510	)-272-6691	Leeann.fergers	on@acgov.org		Date of Original Filing: .	(month, day, year)
2. Fu	nction or Event Infor	mation	······	·		
Doe	es the agency have a tic	ket policy?	′es 🗵 No 🗌	Face Value of	Each Ticket/Pass \$ 30	04.80
	ent Description: WARRIC					11 , 21 , 18
Eve	ent Description:	Provide Title/	Explanation	Date(s)	<u>, 13 , 18</u>	
Tick	(et(s)/Pass(es) provided		′es⊠ No⊡	If no: GSW		
				Hagger	Name of Source	
	s ticket distribution made	at the behest Y	es 🖾 No 🗌	If yes: <u>Hagger</u>	Official's Name (Last, First)	
of	agency official?					
• U	ecipients (se Section A to identify the agen		Number			,,,,,,,,,
	se Section A to identify the agen				dual. • Use Section C to ident	,,,,,,,,,
• U	se Section A to identify the agen		Number of Ticket(s)/			,,,,,,,,,
• U	se Section A to identify the agen	rtment or Unit	Number of Ticket(s)/	Describe th		suant to the agency's policy
• U:	se Section A to identify the agen Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy billowing:
• U:	se Section A to identify the agen Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	ne public purpose made purs Identify one of the fo	suant to the agency's policy pllowing: cribe below:
• U:	se Section A to identify the agen Name of Agency, Depa	rtment or Unit vidual	Number of Ticket(s)/ Passes Number of Ticket(s)/	Cerem If check	Identify one of the for Identify one of the for Nonial Role Other Other Wing "Ceremonial Role" or "Other" des	suant to the agency's policy blowing: cribe below: cribe below:
- U A. B. C. TE	se Section A to identify the agen Name of Agency, Depa Name of Indi (Last, First) Name of Outside Or	rtment or Unit vidual tt) ganization description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe th	Identify one of the for Identify one of the for nonial Role Other Other wing "Ceremonial Role" or "Other" des nonial Role Other other" des	Suant to the agency's policy Sollowing: Income Cribe below: Income Incom

#### 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,

	Lee Ann Fergerson	Ticket Administrator	11/2/18
	Print Name	Title	(month, day, year)
Comment: Raffles tickets to fu	ndraise for their solidarity fund which b	penefits their members in need.	

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 510-272-691 leeann.fergerson@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 🗌 Event Description: Warriors vs. Thunder 21 / 18 Date(s) \_\_\_\_/\_ Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes 🖾 No 🗔 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes

Number of Ticket(s)/ Passes	Identify one of the following:
4/1	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
	Ceremonial Role 🔲 Other 🔟 income 🗍
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	of Ticket(s)/ Passes 4/1 Number of Ticket(s)/

#### 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 distribution set forth above, accordance with the distribution set forth

K	×	Lee Ann Fergerson	Ticket Administrator	11/19/18
Sig	$\sim$	Print Name	Title	(month, day, year)
	( )			
Comment:				

_	eremonial Role Even Agency Name		24			Date Stamp	California 000
	Alameda County		•	×		Date Otamp	California Form 802
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	Name, Title)			<u>.</u>	1	
	Lee Ann Fergerson, Ticket	Administator				Amendment (Mu	st Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					st rovide Explanation in rait 5.)
	510-272-6691	leeann.ferge	rson@aco	gov.org		Date of Original Filin	g:(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	et policy?	Yes 🛛	No 🗆 🖡	ace Value of	Each Ticket/Pass \$	304.80
	Event Description: Warriors			[		<u>, 23 , 18</u>	//
		Provide Tit	le/ Explanation	n	f no: GSW		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🔀			Name of Source	<u></u>
	Was ticket distribution made	at the behest	Yes 🕅	No 🗖 🛛 I	If yes: <u>Haggerty</u> , Scott		
	of agency official?		_			Official's Name (Last, Fir	5()
3	Recipients		×				
3.	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 id	entify an outside organization.
3.	•			Section B to i Number If Ticket(s)/ Passes	1		entify an outside organization. oursuant to the agency's policy
3.	• Use Section A to identify the agen			Number of Ticket(s)/	1		
3.	• Use Section A to identify the agen			Number f Ticket(s)/ Passes	1		
3.	• Use Section A to identify the agen	rtment or Unit	•	Number of Ticket(s)/	1		oursuant to the agency's policy
3.	Use Section A to identify the agen     A. Name of Agency, Depa     B. Name of India	rtment or Unit	•	Number f Ticket(s)/ Passes Number f Ticket(s)/	Describe th	Identify one of th promote attendance rent in order to max	oursuant to the agency's policy
3.	Use Section A to identify the agen     A. Name of Agency, Depa     B. Name of India     (Last, First)	rtment or Unit	•	Number f Ticket(s)/ Passes Number f Ticket(s)/ Passes	Describe the second sec	Identify one of th promote attendance rent in order to max	e following: e at a county sponsored imize potential county on and parking sales.
3.	Use Section A to identify the agen     A. Name of Agency, Depa     B. Name of India     (Last, First)	rtment or Unit /idual t) ganization	0 	Number f Ticket(s)/ Passes Number f Ticket(s)/ Passes	Describe the second sec	Identify one of th Identify one of th Dromote attendance rent in order to max venue for concessio noniaו אסופ ש סעוופי king "Ceremonial Role" or "Other"	e following: e at a county sponsored imize potential county on and parking sales.
3.	Use Section A to identify the agen     A. Name of Agency, Depa     B. Name of India     (Last, First     Cornelius, Candace     Name of Outside Or	rtment or Unit /idual t) ganization	0 	Number f Ticket(s)/ Passes Number f Ticket(s)/ Passes 2 Number f Ticket(s)/	Describe the second sec	Identify one of th Identify one of th Dromote attendance rent in order to max venue for concessio noniaו אסופ ש סעוופי king "Ceremonial Role" or "Other"	e following: e at a county sponsored imize potential county on and parking sales.

#### 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 wi:

5	Lee Ann Fergerson	Ticket Administrator	11/5/18
	Print Name	Title	(month, day, year)
Comment:	· · · · · · · · · · · · · · · · · · ·		

C	eremonial Role Ever	nts and Ticket/I	Pass Dis <sup>-</sup>	tributions	Α	<b>Public Document</b>
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					Form OUZ
	Division, Department, or Reg	jion (if applicable)				For Official Use Only
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name, Title)				
	Lee Ann Fergerson, Ticket	Administrator				
	Area Code/Phone Number	E-mail			Amendment (Must P.	rovide Explanation in Part 3.)
	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 ticl	ket policy? Yes	□ No □	Face Value of	Each Ticket/Pass \$ 30	5.55
	Event Description: Raiders			Date(s) 11		
		Provide Title/ Expla				
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no: <u>GSW</u>	Name of Source	
	Was ticket distribution made	e at the behest ves		If yes: Hagger	ty, Scott	
	of agency official?	163		·	Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit.	Use Section B t	o identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Alameda County Sheriff's	Dept.	4/1	То	roward a county amp	loves for his or her
			ļ	+ "	reward a county emp exemplary service	
	B. Name of Indiv	vidual	Number		Identify one of the fe	
	D. (Last, Firs		of Ticket(s)/ Passes		Identify one of the fo	llowing:
					ionial Role D Other D Other ing "Ceremonial Role" or "Other" desc	Income 🗌
					onial Role Other ing "Ceremonial Role" or "Other" desc	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
			· · · ·			
						,
	· · · · · · · · · · · · · · · · · · ·					

#### 4. Verification

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

24		_	Lee Ann Fergerson	Ticket Administrator	11/6/18
	$\sim$		Print Name	Title	(month, day, year)
Comment:				·····	

	gency Report of:	to and Ti		n Dublic De como at			
	Ceremonial Role Events and Ticket/Pass Distributions					<u> </u>	Public Document
1.	Agency Name					Date Stamp	California 802
	Alameda County						Form 002
	Division, Department, or Reg	ion (if applicable	e)				For Official Use Only
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)		0		1	
	Lee Ann Fergerson, Ticket	Administrator				Amendment (Must Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				-	
	510-219-6562	leeann.ferg	erson@ac	gov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy?	Yes 🛛	No 🗖	Face Value of	Each Ticket/Pass \$	0.00
	Event Description: Fleetwood Mac Date(s) _1			Date(s)	<u>, 25 , 18</u>	//	
			itle/ Explanatio	n			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🖂	No 🗖	If no: <u>GSW</u>	· ·	

Was ticket distribution made at the behest Yes No No 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.

Name of Source

Official's Name (Last, First)

If yes: Haggerty, Scott

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Alameda Fire Department		4/1	To reward a community volunteer for his or her service to the public
Lef .	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income Income
			Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
c.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	2		

#### 4. Verification

į

Lhave read and understand	FPPC Regu	lations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
with the second se	$\hat{}$			
V	5	Lee Ann Fergerson	Ticket Administrator	11/22/18
		Print Name	Title	(month, day, year)
Comment:				

C	eremonial Role Events and Tick	eurass Dist	riputions	A	Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (if applicable)			1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			1	
	Lee Ann Fergerson, Ticket Administrator				Provide Explanation in Part 3.)
	Area Code/Phone Number E-mail				-Tuvue Explanation in Fan 3.)
	510-272-6691 leeann.fergers	son@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Information				04.80
	Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of	Each Ticket/Pass \$ _	04.80
	Event Description: Warriors vs. Hawks	·	Date(s)11	<u>, 13 , 18</u>	//
	Provide Title/	,			
	Ticket(s)/Pass(es) provided by agency?	Yes 🖾 No 🗋	If no: GSW	Name of Source	. <u> </u>
	Was ticket distribution made at the behest		If yes: Hagger	ty, Scott	
	of agency official?			Official's Name (Last, First)	
5					
3.	Recipients <ul> <li>Use Section A to identify the agency's department or us</li> </ul>	nit. • Use Section B t	o identify an individ	dual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	/ Describe th	ne public purpose made pu	rsuant to the agency's policy
	,,,,,,,,,,			19	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	,	Identify one of the	following:
				nonial Role DOther C	
				nonial Role D Other C	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	suant to the agency's policy
	GIVETEENS20 7100 Stevenson Blvd., Suite 108	4/1	To rev	vard a school or non- its contributions to t	profit organization for he community
			- 4 -		

Dulate Descure

#### 4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	10/24/18
- Lesignee	Print Name	Title	(month, day, year)
Comment: Fundvaiser to	helpfind GT20'S M	- class presentations	and coaching
programs, help	increase capacity (	und create additional	content-for
their website.		FPPC Toll-Free Helpline: 866/A	FPPC Form 802 (2/2016)

1. Agency N	lame				Date Stamp	California 🧿
ALAMEDA						Form O
Division, D	epartment, or Reg	gion (if applicable)				For Official Use (
BOARD O	F SUPERVISOR					
	Agency Contact					
T						
	LEE ANN FERGERSON Area Code/Phone Number E-mail					Provide Explanation in Part
	510-272-6691 leeann.fergerson@acgov.org				Date of Original Filing:	(month, day, year)
2. Function	or Event Info	rmation				
Does the a	gency have a tic	ket policy? Yes	🛛 No 🗋 F	ace Value of	Each Ticket/Pass \$	04.80
	• •					
Event Des	cription:	ORS VS. PORTLANI Provide Title/ Expla		Date(s)		//
Ticket(s)/P	ass(es) provideo			no: <u>GSW</u>		
I CKEL(S)/F	ass(es) provided	i by agency ? Tes			Name of Source	· · · · · · · · · · · · · · · · · · ·
Was ticket	distribution made	e at the behest Yes		yes: <u>Hagg</u> er	y, Scott	
of agency					Official's Name (Last, First)	
3. Recipie	nts					
<ul> <li>Use Section</li> </ul>	A to identify the age	ncy's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to ident	tify an outside organizati
		artmont or Unit	Number	Describe th	e public purpose made pur	suant to the agency's r
A. N	lame of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe in	e public purpose made pui	suant to the agency s p
	····· · · · · · · · · · · · · · · · ·					
					<u> </u>	
			Number			
<u></u> В.	Name of Ind		of Ticket(s)/		Identify one of the fe	ollowing:
<u>в.</u>	Name of Ind (Last, Fi					
B.			of Ticket(s)/		Identify one of the for	] In
В.			of Ticket(s)/		onial Role 🔲 Other 🗌	] In
B			of Ticket(s)/	If check	ionial Role D Other D ing "Ceremonial Role" or "Other" des	] [n scribe below:
B.			of Ticket(s)/	If check	ionial Role D Other D Other ing "Ceremonial Role O Other" des	] In
<u>В.</u>			of Ticket(s)/	If check	ionial Role D Other D ing "Ceremonial Role" or "Other" des	] In
B			of Ticket(s)/	If check	ionial Role D Other D Other ing "Ceremonial Role O Other" des	] In
		rst)	of Ticket(s)/ Passes	If check Cerem If check	ionial Role D Other ing "Ceremonial Role" or "Other" des ionial Role D Other ing "Ceremonial Role" or "Other" des	] In scribe below: ] In scribe below:
	(Last, Fi	rst)	of Ticket(s)/ Passes	If check Cerem If check	ionial Role D Other D Other ing "Ceremonial Role O Other" des	] In scribe below: ] In scribe below:
C.	(Last, Fi Name of Outside O (include address and	rst) Prganization d description)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	If check Cerem If check Describe the	ionial Role D Other ing "Ceremonial Role" or "Other" des ionial Role D Other ing "Ceremonial Role" or "Other" des e public purpose made pure	In scribe below:
C.	(Last, Fi Name of Outside O (include address and	rst)	of Ticket(s)/ Passes	If check Cerem If check Describe the	ionial Role D Other ing "Ceremonial Role Other" des ing "Ceremonial Role" or "Other" des ing "Ceremonial Role" or "Other" des e public purpose made purs	In In Scribe below:
C. ALAMED	(Last, Fi Name of Outside O (include address and A COUNTY DEM	Prganization description) 10CRATIC PARTY	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	If check Cerem If check Describe the	ionial Role D Other ing "Ceremonial Role" or "Other" des ionial Role D Other ing "Ceremonial Role" or "Other" des e public purpose made pure	In In Scribe below:
C. ALAMED	(Last, Fi Name of Outside O (include address and	Prganization description) 10CRATIC PARTY	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	If check Cerem If check Describe the	ionial Role D Other ing "Ceremonial Role Other" des ing "Ceremonial Role" or "Other" des ing "Ceremonial Role" or "Other" des e public purpose made purs	Ir scribe below:
<b>C.</b> ALAMED, 1122 B S <sup>-</sup>	(Last, Fi Name of Outside O (include address and A COUNTY DEM FREET., HAYWA	Prganization description) 10CRATIC PARTY	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	If check Cerem If check Describe the	ionial Role D Other ing "Ceremonial Role Other" des ing "Ceremonial Role" or "Other" des ing "Ceremonial Role" or "Other" des e public purpose made purs	Ir Ir scribe below:
C. ALAMED/ 1122 B S <sup>-</sup>	(Last, Fi Name of Outside O (include address and A COUNTY DEM FREET., HAYWA	Prganization description) NOCRATIC PARTY ARD, CA 94541	of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4/1	If check Cerem If check Describe the To rew	ionial Role D Other ing "Ceremonial Role" or "Other" des ionial Role D Other ing "Ceremonial Role" or "Other" des e public purpose made purs /ard a school or non- its contributions to th	I r scribe below: scribe below: suant to the agency's p profit organization ne community
C. ALAMED/ 1122 B S <sup>-</sup>	(Last, Fi Name of Outside O (include address and A COUNTY DEM FREET., HAYWA	Prganization description) NOCRATIC PARTY ARD, CA 94541	of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4/1	If check Cerem If check Describe the To rew	ionial Role D Other ing "Ceremonial Role Other" des ing "Ceremonial Role" or "Other" des ing "Ceremonial Role" or "Other" des e public purpose made purs	I r scribe below: scribe below: suant to the agency's p profit organization ne community
C. ALAMED/ 1122 B S <sup>-</sup>	(Last, Fi Name of Outside O (include address and A COUNTY DEM FREET., HAYWA	Prganization description) NOCRATIC PARTY ARD, CA 94541	of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4/1	If check Cerem If check Describe the To rew	ionial Role D Other ing "Ceremonial Role" or "Other" des ionial Role D Other ing "Ceremonial Role" or "Other" des e public purpose made purs /ard a school or non- its contributions to th	In scribe below:
C. ALAMED/ 1122 B S <sup>-</sup>	(Last, Fi Name of Outside O (include address and A COUNTY DEM FREET., HAYWA	Prganization d description) 10CRATIC PARTY ARD, CA 94541	of Ticket(s)/ Passes Number of Ticket(s)/ Passes 4/1	If check Cerem If check Describe the To rew	ionial Role D Other ing "Ceremonial Role" or "Other" des ionial Role D Other ing "Ceremonial Role" or "Other" des e public purpose made purs /ard a school or non- its contributions to th	In scribe below:

 $|1\rangle$ 

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** leeann.fergerson@acgov.org 510-272-6691 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_\_\_\_\_ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Warriors Basketball Date(s) \_\_11\_/\_ 24 / 18 Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes 🖾 No 🗋 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes 🖄 No 🗋 Official's Name (Last, First) of agency official? Recipients 3. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Α. Passes

		a
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role D Other I Income I Inco
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Tri-City Elder's Coalition 3300 Capitol Ave #B Fremont, CA 94536	4/	To reward a school or non-profit organization for its contributions to the community

#### 4. Verification

Thave read and understand EDDC Regu	nations 18944.1 and 18942. I have a	verified that the distribution set forth a	bove, is in accordance
	Lee Ann Fergerson	Ticket Administrator	10/11/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: Senior's Night Out Annu	al Fundraiser. Serving Homebou	und Seniors in Fremont, Newark &	Union City CA.

C	eremonial Role Events and Tic	ket/Pass	Distributions	21 	A Public Document
1.	Agency Name	<u>.</u>		Date Stamp	California 802
	Alameda County				Form OOL
	Division, Department, or Region (If Applicable	;)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Gabriela Christy				
	Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 272-6692 Gabriela.Chi	risty@acgov	.org	Date of Original Filing: -	(Month, Day, Year)
2.	Function or Event Information	9			2
	Does the agency have a ticket policy?	Yes 🔀 🛛 No	Face Value of	Each Ticket/Pass \$	304.80/30
	Event Description Warriors vs. Minnesota		Date(s)11	, 02 , 18	1 1
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: GSW		
				Name of Sou Richard- Supervisor E	
	Was ticket distribution made at the behest of agency official?	Was ticket distribution made at the behest No I Yes			ast, First)
_					• • •
3.	• Use Section A to identify the agency's department or u	unit. • Use Sec	tion B to identify an individua	• Use Section C to identi	fv an outside organization.
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)		Describe the public	c purpose made pursuant	to the agency's policy
	B. Name of Individual	Number of			2
	(Lasi, First)	Ticket(s)/ Pass(es)		Identify one of the followir	ng:
			Ceremonial Role	Cother Cother" describe below:	Income
			Ceremonial Role	Other Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant t	o the agency's policy
	League of Woman Voters	4/1	<ul> <li>To reward a school to the community</li> </ul>	l or nonprofit organiza	ation for its contributions
	a nonpartisan political organization, encourages informed and active		participation in gover major public policy is	nment, works to incre sues, and influences	ease understanding of public policy through ed

4. Verification

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

Supervisor's Assistant Gabriela Christy Print Name Title

0

Comment: .

4.

	its and T	ICKET/Pas	s Distributions		A Public Documer
1. Agency Name				Date Stamp	California 802
Alameda County					1 orini
Division, Department, or Reg	ion (If Applical	ble)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Gabriela Christy					
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692	1	hristy@acgo	v.ora	Date of Original Filing:	
Function or Event Inform	1.				' (Month, Day, Year)
Does the agency have a ticket		Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	60
Event Description _Family Brid					
Event Description	Provide Title/Exp	planation	Date(s)	0318	///
Ticket(s)/Pass(es) provided by	vadency?		If no: GSW		
		Yes 🗌 No		Name of Sou	
Was ticket distribution made a	t the behest	No 🗌 Yes	If ves: Valle,	Richard- Supervisor [ Official's Name (L	District 2
of agency official?				Official's Name (L	ast, First)
Recipients			v		
Use Section A to identify the agency	's department or		ction B to identify an individu	al. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Departmer	nt or Unit	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
		Pass(es)			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role	Other	income
Lyn, Lucia		4		Role" or "Other" describe below:	
			- To reward a comm	nunity volunteer for his	or her service to the
		┢──┤	public		
			Ceremonial Role		Income
			a checking Ceremonial	Role" or "Other" describe below:	
Name of Outside Organiza		Number of	_		
(include address and descri		Ticket(s)/ Pass(es)	Describe the public	: purpose made pursuant to	the agency's policy
					<u> </u>
	ĺ				
<u> </u>		<b>├──</b> ──┤			
orification				×	
erification	18944 1 and 1	18942   hours us	Fod that the dial-to-time and the	· · · ·	
			fied that the distribution set forth	G	he requirements.
	ē ———	Gabriela Chi	risty SL	pervisor's Assistant	1919
÷ · · ·		Print Name		Title	(Month, Day, Vear)
omment					

Ceremonial Role Eve	nts and 10	cket/Pass	Distributions		A Public Documer
. Agency Name				Date Stamp	California 802
Alameda County				Point	
Division, Department, or Re	gion (If Applicabl		For Official Use Only		
Board of Supervisors					
<b>Designated Agency Contac</b>	t (Name, Title)		· · · · · · · · · · · · · · · · · · ·	0	
Gabriela Christy					
Area Code/Phone Number	E-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 Info	rmation				•
Does the agency have a tick		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	
Event Description Warriors	vs. Memphis Provide Title/Exp	lanation	Date(s)1	, 05 , 18	//
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	IX If no: GSW		
				Name of Sc	
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2
				Omciai's Name (	Last, First)
Recipients					
Use Section A to identify the agen		Number of			
A. Name of Agency, Departm	ient or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	9).		· · · · · · · · · · · · · · · · · · ·		
			>		
B. Name of Individu (Lasi, Firsi)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
			Ceremonial Role		Income
Vasquez, Osvaldo		2		al Role" or "Other" describe below:	o or hor convice to the
			public	numity volunteer for m	s or her service to the
			Ceremonial Role	Other	Income
Jacob, Amanda		21		l Role" or "Other" describe below:	
		2/1	<ul> <li>To reward a comm public</li> </ul>	nunity volunteer for hi	s or her service to the
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant	to the agency's policy
				Ę	
G (1)					
Varification					
Verification	-tions 18944.1 and	18942. I have ver	ified that the distribution set for	th above, is in accordance with	the requirements
				,	
		Gabriela Ch	nristv S	upervisor's Assistant	19119

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

Comment: \_

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A Public Document

A gonov Nama			D-1-01	
Agency Name			Date Stamp	California Form 802
Alameda County Division, Department, or Region	4 -	For Official Use Only		
Division, Department, or Region	(II Applicable)			
Board of Supervisors				
Designated Agency Contact (Nan	ne, Title)			
Gabriela Christy				provide explanation in Part 3.)
	mail			
	abriela Christy@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Informa		15		
Does the agency have a ticket po		Face Value	of Each Ticket/Pass \$ _	130
Event Description Twenty One F	Pilots	Date(s)1	1 <u>, 11 , 18</u>	//
Pro	ovide Title/Explanation			
Ticket(s)/Pass(es) provided by ag	jency? Yes 🔲 No	If no: GSW	Name of Sc	
Was ticket distribution made at the	e hehert in miss	valle		
of agency official?	e behest No 🗋 Yes	If yes:	, Richard- Supervisor Official's Name (	(Last, First)
Recipients	·····			
Use Section A to identify the agency's definition of the agency's defi	epartment or unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department of	r Unit Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	t to the agency's policy
		×		
		× 2-2		
	Number of	× = =		
B. Name of Individual (Lest, Frist)	Number of Ticket(s)/ Pass(es)	2 2	Identify one of the follow	ing:
(Last, First)	Ticket(s)/	Ceremonial Role		ing:
B. Name of Individual (Lest, First) Garcher, Randy	Ticket(s)/ Pass(es)	If checking "Ceremon	D Other describe below:	Income
(Last, First)	Ticket(s)/	If checking "Ceremon - To reward a com	D Other describe below:	
(Last, First)	Ticket(s)/ Pass(es)	If checking "Ceremon — To reward a com public	Other     Other     other     other     describe below:     munity volunteer for h	Income [ is or her service to the
(Last, First)	Ticket(s)/ Pass(es)	ff checking "Ceremon — To reward a com public Ceremonial Role	Other     Other     other     other     describe below:     munity volunteer for h	Income [
(Last, First)	Ticket(s)/ Pass(es)	ff checking "Ceremon — To reward a com public Ceremonial Role	Other	Income [
(Last, First)	Ticket(s)/ Pass(es)	ff checking "Ceremon — To reward a com public Ceremonial Role	Other	Income [
(Last, First)	Ticket(s)/ Pass(es) 4 4	If checking "Ceremon — To reward a com public Ceremonial Role If checking "Ceremon	Other	Income [ is or her service to the Income [
(Last. First) Garcher, Randy	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon — To reward a com public Ceremonial Role If checking "Ceremon	Other Other Other describe below: munity volunteer for hi Other Other	Income [ is or her service to the Income [
(Last. First) Garcher, Randy	Ticket(s)/ Pass(es) 4 4 Number of Ticket(s)/	If checking "Ceremon — To reward a com public Ceremonial Role If checking "Ceremon	Other Other Other describe below: munity volunteer for hi Other Other	Income [ is or her service to the Income [

Comment: \_

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

Title

(Month, Day, Year)

Print Name

Ceremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County					Form OOZ
Division, Department, or Regio	e)		]	For Official Use Only	
Board of Supervisors					
Designated Agency Contact (A	lame, Title)		·		
Gabriela Christy					
	E-mail		2	. Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692	Gabriela.Ch	risty@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation				205 55/25
Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	305.55/35
Event Description Raiders vs.	Chargers		Date(s) 11	<u>, 11 , 18</u>	1 1
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklar	nd Athletics Name of So	1700
n Anno mara ana 2010 milion ao amin' amin	No. 1 1 1		_		
Was ticket distribution made at of agency official?	the behest	No 🗋 Yes	If yes: Valle,	Richard- Supervisor I	Last. First)
				2	
• Use Section A to identify the agency's	department or a	unit 🔹 Lise Sec	tion B to identify an individu	al. • Use Section C to ident	tify an outside organization.
		Number of			
A. Name of Agency, Department	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			2	2	
				-	
B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:
(Last, First)		Pass(es)			
			Ceremonial Role	Other L al Role" or "Other" describe below:	Income
			Ceremonial Role	Other	Income
			If checking "Ceremonia	al Role" or "Other" describe below:	
C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
		Pass(es)			
NAACP Hayward South Cour St, Hayward, CA 94541	ty 1218 B	3/1		ol or nonprofit organiza	ation for its contributions
51, Hayward, CA 94541			to the community		
youth participate in defining p				gh life changing progra	
educational and professional	goals and a		mentoring and one-	on-one coaching, prov	vided in part, by mentors
Verification		*			<i>"</i>
lati	ons 18944.1 and	18942. I have ver		rth above, is in accordance with	Italia
		Gabriela Ch		Supervisor's Assistant	
		Print Name	)	Title	(Month, Day, Year)

Comment: \_\_\_\_\_Gala.

Ceremonial Role Even	its and H				A Public Docume
I. Agency Name		Date Stamp	California 802		
Alameda County			Form OUA For Official Use Only		
Division, Department, or Reg	ion (If Applicab	]	For Official Use Unly		
Board of Supervisors					
Designated Agency Contact	(Name,Title)			{	
	6. a				
Gabriela Christy Area Code/Phone Number	IE			Amendment (Must p	rovide explanation in Part 3.)
	E-mail			Date of Original Filing:	
(510) 272-6692		nristy@acgo	v.org	Date of Original Filling.	(Month, Day, Year)
. Function or Event Infor					204 20/20
Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value c	f Each Ticket/Pass \$ _	304.80/30
Event Description Warriors v	s. hawks		Date(s)1	, 13 , <b>1</b> 8	1 1
	Provide Title/Exp	lanation	Date(3)		///
Ticket(s)/Pass(es) provided by	v agencv?	Yes 🗌 No	If no: GSW		
	,		_	Name of Sol	
Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor [	District 2
of agency official?				Official's Name (L	ast, First)
Recipients					
Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant	to the agency's policy
			5	······································	
				Ū.	
B. Name of Individual		Number of			
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other	Income
Ornelas, Fernando		2	If checking "Ceremonia	I Role" or "Other" describe below: .	
			<ul> <li>– To reward a comr public</li> </ul>	nunity volunteer for his	s or her service to the
			Ceremonial Role	Other	Income [
			If checking "Ceremonia	l Role" or "Other" describe below:	
C. Name of Outside Organiz		Number of Ticket(s)/	Describe the publi	c purpose made pursuant t	o the agency's policy
(include address and desc	nption)	Pass(es)			
Hayward Arts Council 22100 St H2, Hayward, CA 94541	Princeton	2	<ul> <li>To reward a school to the community</li> </ul>	l or nonprofit organiza	tion for its contribution
			San Francisco Grec	iter Bay Area	
embrace all forms of art in the Hayward California region –			San Francisco Grea	-	
Hayward California region -				·	
Hayward California region – ) Verification	part of the	18942. I have vei		th above, is in accordance with	the requirements.
Hayward California region – ) Verification	part of the		rified that the distribution set for		the requirements.
Hayward California region – ) Verification	part of the	Gabriela Cl	rified that the distribution set for	upervisor's Assistant	1919
Hayward California region – Verification	bart of the	Gabriela Cl	rified that the distribution set for	upervisor's Assistant	the requirements.

A Public Document

	Agency Name Alameda County				Date Stamp	California 802
	Alameda County					
						Form OOZ
	Division, Department, or Regi	on (If Applicat	ole)		]	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Vame, Title)	· · · · ·	·····		
	Gabriela Christy					
	· · · · · · · · · · · · · · · · · · ·	E-mail	·		Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.C	hristy@acgov	/.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation			•	200
	Does the agency have a ticket	policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	300
	Event Description Kevin Hart			Date(s) 11	, 17 , 18	
		Provide Title/Exp	planation	Date(3)		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no: GSW		
,				—	Name of Sou	
'	Nas ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor E	ast, First)
	Recipients <ul> <li>Use Section A to identify the agency'</li> </ul>	's department o	runit.  ● Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization
-	•		Number of			
	A. Name of Agency, Departmer	it or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
-						
	<u></u>					
_					· · ·	
I	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the following	ng:
-			Pass(es)			
. 1	Belich, Joshua			Ceremonial Role	Other al Role" or "Other" describe below:	
			4	_	nunity volunteer for his	or her service to the
_				public		· · · · · · · · · · · · · · · · · · ·
-				Ceremonial Role	Other	Income
				If checking "Ceremonia	al Role" or "Other" describe below:	
-			Number of		<u> </u>	
C	Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	o the agency's policy
-					· · · · · · · · · · · · · · · · · · ·	
		·				
-						
	1. 581 (1					
. <b>\</b> 11	erification	ions 18944 1 anr	d 18942. I have ver	rified that the distribution set for	rth above, is in accordance with	the requirements
(	guu					ILGIIG
			Gabriela Ch	S	Supervisor's Assistant	
	'nee		Print Name	2	Title	(Month, Day, Year)

eremonial Role Events and Ti	CREUF as			A Public Docume	
Agency Name			Date Stamp	California 802	
Alameda County				Form OUZ	
Division, Department, or Region (If Applicat	ble)			I of official osc only	
Board of Supervisors					
Designated Agency Contact (Name, Title)			1		
Gabriela Christy					
Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)	
(510) 272-6692 Gabriela.C	hristy@acgo	v.org	Date of Original Filing:	(Month, Day, Year)	
Function or Event Information		·	<u>A</u> .	a didula	
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	304.60 30	
Event Description Warriors vs. Thunder		Date(s)	1 , 21 , 18	1 1	
Provide Title/Ex	planation				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	if no: GSW			
	-		Name of Sou		
Was ticket distribution made at the behest of agency official?	No 🗋 Yes	If yes: valle	, Richard- Supervisor D Official's Name (L	ASUICE Z	
Desisionfo	·	· · · · · · · · · · · · · · · · · · ·			
Recipients • Use Section A to identify the agency's department o	runit. ●Use Se	ction B to identify an individu	ual. • Use Section C to identi	fv an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t		
······································					
				i.	
B. Name of Individual (Lesi, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:	
		Ceremonial Role	Other describe below:	Income	
		, checking coreman			
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	public purpose made pursuant to the agency's policy		
Hayward Adult School 22100 Princeton St, Hayward, CA 94541	4/1	<ul> <li>To reward a school or nonprofit organization for its contri to the community</li> </ul>		tion for its contribution	
The mission of The Hayward Center for Education & Careers (Adult School) is to			long educational opport e skills and bridges to f		
Verification	l 18942. I have vei	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
	Cobriela Cl	briety		Ilalia	
	Gabriela Cl	inisty C	Supervisor's Assistant	14114	

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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Warriors vs. trailblazers Date(s) 11 23 18 Provide Title/Explanation If no: GSW 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Ticket(s)/ Identify one of the following: (Last First) Pass(es) Ceremonial Role Other Income Benson, Andre If checking "Ceremonial Role" or "Other" describe below: 2 - To reward a County employee for his or her exemplary service to the public or to encourage staff development Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Colon, Irma 2 - To reward a community volunteer for his or her service to the public Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

#### Verification

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C.

gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Gabriela Christy Supervisor's Assistant

nee Print Name Title Comment: -

A Public Document

UNCUT GOU	Distributions		A Public Documen			
1. Agency Name Alameda County						
						Division, Department, or Region (If Applicable) Board of Supervisors
		Amendment (Must )	provide explanation in Part 3.)			
hristv@acqo	v ora	Date of Original Filing:				
			(Month, Day, Year)			
	Face Value	of Each Ticket/Pass \$	304.90180			
planation	Date(s)	1 / 24 / 18	//			
	GSW	,				
Yes 🗌 No		Name of So	urce			
No∏ Yes	X If yes. Valle	e, Richard- Supervisor I	District 2			
	in yes	Official's Name (	Last, First)			
Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:			
			Income			
			Income			
Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
4/1	<ul> <li>To reward a scho to the community</li> </ul>	ool or nonprofit organiza	ation for its contributions			
	hristy@acgov Yes I No Denation Yes No No Yes runit. • Use See Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	hristy@acgov.org   Yes INO   Yes INO   Yes INO   Yes INO   Yes INO   No   Yes INO   No   Yes INO   If no:   GSW   No   Yes INO   If no:   GSW   No   Yes INO   If no:   GSW   No   Yes INO   Number of   Ticket(s)/   Pass(es)   Ceremonial Role   If checking "Ceremonial Role   I	Date Stamp         Date Stamp         Date Stamp         Date of Original Filing:         Parameter of Original Filing:         Date of Original Filing:         Date of Original Filing:         Date (s)       11 / 24 / 18         Date(s)       11 / 24 / 18         No       Yes         Yes       No         Yes       If no:         GSW       Name of So         No       Yes         Yes       If yes:         Valle, Richard- Supervisor         Official's Name (r         Official's Name (r         Official's Name (r         Number of         Number of         Number of         Ceremonial Role       Other         If checking "Ceremonial Role" or "Other" describe below:         If checking "Ceremonial Role" or "Other" describe below:         If checking "Ceremonial Role" or "Other" describe below:         Number of       Describe the public purpose made pursuant the series of the following "Series")         Number of       Describe the public purpose made pursuant the series")      <			

4. Verification

egulations 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 9 19
lignee	Print Name	Title	(Month, Day, Year)
		a.	

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

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Ceremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
I. Agency Name				Date Stamp	California 802
Alameda County					Pontin
Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
Board of Supervisors Designated Agency Contact	(Name, Title)			22	
Gabriela Christy					
Area Code/Phone Number	E-mail	<u> </u>		Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692	Gabriela.Ch	risty@acgov	/.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Infor	mation				
Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	
Event Description Fleetwood	Mac		Date(s) 11	1 , 25 , 18	//
Event Description	Provide Title/Expl	lanation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: GSW		
	· · · ·			Name of So	
Was ticket distribution made a of agency official?	at the behest	No 🗋 Yes	If yes: Valle	, Richard- Supervisor	Last. First)
Recipients     Use Section A to identify the agency	y's department or		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		identify one of the follow	ing:
	Con 2	4	-	ial Role" or "Other" describe below:	
Salunas, Jennid	nu ju		<ul> <li>To reward a com public</li> </ul>	munity volunteer for hi	s or her service to the
				Dther describe below:	Income
C. Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
· .					
					, ×
Verification		I	·		
I have read and understand EPPC Regul	18944.1 and	18942.   have ve	rified that the distribution set f	orth above, is in accordance wit	h the requirements.
	-	Gabriela C		Supervisor's Assistant	10/10
		Print Nam		Title	(Month, Day, Year)
			Ř		/
Comment:					

eremonial Role Events	and Tic	ket/Pass	<b>Distributions</b>		A Public Documer
. Agency Name	•			Date Stamp	California 802
Alameda County					
Division, Department, or Region	(If Applicable	<i>;)</i>	<u></u>	*	For Official Use Only
Board of Supervisors					
Designated Agency Contact (Nar	ne, Title)	<u> </u>	81	-	
					99 X 0
Gabriela Christy Area Code/Phone Number E-	mail			Amendment (Must)	provide explanation in Part 3.)
		risty@acgo\	1010	Date of Original Filing:	
	· · · · · ·	nsty@acgov	7.01g		(Month, Day, Year)
Function or Event Informa				of Each Ticket/Pass \$ _	304.80
Does the agency have a ticket po	-	Yes 🔀 No			
Event Description Warriors vs. M			Date(s)1	, 26 , 18	//
Pro	ovide Title/Expl	anation			
Ticket(s)/Pass(es) provided by ag	gency?	Yes 🗌 No	If no: GSW	Name of Sc	ource -
Was ticket distribution made at th	e behest	No 🗌 Yes	Valle	Richard- Supervisor	District 2
of agency official?	o bonost	No 🗋 Yes	If yes:	Official's Name (	Last, First)
A. Name of Agency, Department o		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)	· · .	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Jone, Martha		2/1	If checking "Ceremon	Other Other Accessible below: Munity volunteer for h	Income
			Ceremonial Role		
Snowball, Sharon				Other     Other     Content     Conte	Income
		2	<ul> <li>To reward a comr public</li> </ul>	nunity volunteer for hi	is or her service to the
C. Name of Outside Organization (include address and descript		Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant	to the agency's policy
			2		1.
Verification	s 18944.1 and	18942.   have ve	rified that the distribution set fo	rth above, is in accordance wit	h the requirements.
qnee		Gabriela Cl	hristy S	Supervisor's Assistant	1/9/19
ynee		ការារ លេងកា	-	1105	(Month, Day, Year)
Comment:					

Cerem						A Public Documen
. Agei	ncy Name		14	11	Date Stamp	California 802
Alam	neda County					Form OOZ For Official Use Only
Divisi	ion, Department, or Re	gion (If Applicabl	e)		24	For Omicial Use Only
Board	d of Supervisors					
	nated Agency Contact	(Name, Title)		C		
Gabr	riela Christy					
-	Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510)	272-6692	Gabriela.Ch	risty@acgov	/.org	Date of Original Filing:	(Month, Day, Year)
	ction or Event Info					(100,00,00,00,00,00,00,00,00,00,00,00,00,
	the agency have a tick		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	100
	* *				, 28 , 18	
Event	Description	Provide Title/Expl	lanation	Date(s)		//
Ticket	t(s)/Pass(es) provided t	w agonov?		If no: GSW		
ncket	i(s)/Pass(es) provided i	by agency?	Yes 🗌 No		Name of Se	
Was ti	icket distribution made	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor	District 2
of ag	ency official?				Official's Name	(Last, First)
	• Use Section A to identify the agency's department or unit				ual. • Use Section C to ider	
	<b></b>		Pass(es)			
					8	
	e.				E	
B.	Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	(Last, First)	al	Ticket(s)/ Pass(es)	_	Other D	Income
		al	Ticket(s)/	If checking "Ceremon	Other D	
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon — To reward a com public Ceremonial Role	Other	Income [
	(Last, First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremon — To reward a com public Ceremonial Role If checking "Ceremon	Other	Income ( is or her service to the Income
3ve	(Last, First)	nization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon — To reward a com public Ceremonial Role If checking "Ceremon	Other Other Conternation of the service below: Conternation of the service of the service of the service below: Conternation of the service below: Conterna	Income

3

**A Public Document** 

			11001 000			AT abile Beedanielle
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	ion (If Applicable		Por Official Use Offiy		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			· · · · · ·	
	Sarah Oddie				Amendment (Must pr	ovide 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 Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	304.80 licket/\$30 park
	Event Description Basketbal				, 02 , 18	1 1
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Golder	n State Warriors	
	Ticket(s)/1 ass(es) provided b	y ageney:			Name of Sol	irce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (L	
	of agency official?				Omicial's Name (L	ası, Firsi)
	Use Section A to identify the agency's department or	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	
				Ceremonial Role		Income
	Finley, Delvecchio		2	To promote attenda	ial Role" or *Other" describe below: ance at a(n)… event he potential County reven	eld at a County facility in ue
			2		Other iai Role" or "Other" describe below:	Income
	C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					P	

#### 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 with the requirements.

•		Sarah Oddie	Field Representative	11.27.2018	
-	78 	Print Name	Title	(Month, Day, Year)	
Comment:			, <u></u>	EBBC Form 802 (4/12)	

С	eremonial Role Events and T	ICKet/Pass	Distributions		A Public Documen
1.	Agency Name			Date Stamp	California 802
	Alameda County		Form OUZ		
	Division, Department, or Region (If Applica		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	-			
	Sarah Oddie				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
		ie@acgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Information				
	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) 11		/
	Provide Title/E	xplanation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Golde	n State Warriors	
					burce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Chan	Official's Name	(Last, First)
-		· · · ·			
•	• Use Section A to identify the agency's department	or unit a Use Sec	ction B to identify an individu	al. • Use Section C to ider	tifv an outside organization.
	<b>A</b>	Number of			
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
	{Lds}, <i>F1131</i> ,	Pass(es)			
	Rupp, Candy			al Role" or "Other" describe below:	Income
		2+p		ance at a(n) event h potential County rever	eld at a County facility in nue
			Ceremonial Role	Other	income
		2+p	If checking "Ceremon	al Role" or "Other" describe below:	literite
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	
	C. Name of Outside Organization (include address and description)		Describe the pub	lic purpose made pursuant	
		Ticket(s)/	Describe the pub	lic purpose made pursuant	
	(include address and description)	Ticket(s)/ Pass(es)			to the agency's policy
	(include address and description)	Ticket(s)/ Pass(es)	rified that the distribution set fo		to the agency's policy

Comment: \_

		Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
Alameda County				Form OOZ
Division, Department, or Region (If Applicab.		For Official Use Only		
Board of Supervisors				
Designated Agency Contact (Name, Title)	-			
Sarah Oddie			Amondmont (Must	[.
Area Code/Phone Number E-mail		<u></u>		provide explanation in Part 3.)
(510) 272-6693 sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy?	Yes 🗵 No		of Each Ticket/Pass \$ _	
Event Description Family Bridges benefit Provide Title/Exp	concert			//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors	
			Name of Sc	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Chan	Official's Name (	Last, First)
• Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to Iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(ea)		Identify one of the follow	ing:
(Last, First)	Ticket(s)/		Other	ing:
B. Name of Individual (Last, First) Chan, Carl	Ticket(s)/	If checking "Ceremon	Other D	Income
(Last, First)	Ticket(s)/ Pass(es)	If checking "Ceremoni To reward a commi	Other	Income
(Last, First)	Ticket(s)/ Pass(es)	If checking "Ceremoni To reward a commu public	Other Other Other Other describe below: Unity volunteer for his	Income
(Last, First)	Ticket(s)/ Pass(es) 10	If checking "Ceremoni To reward a commu public Ceremonial Role	Other D	Income
(Last, First)	Ticket(s)/ Pass(es)	If checking "Ceremoni To reward a commu public Ceremonial Role	Other  Cher  Cher Cher	Income
(Last, First)	Ticket(s)/ Pass(es) 10 10	If checking "Ceremoni To reward a commu public Ceremonial Role	Other  Cher  Cher Cher	Income
(Last, First) Chan, Carl Name of Outside Organization	Ticket(s)/ Pass(es) 10 10 Number of Ticket(s)/	If checking "Ceremon To reward a commu public Ceremonial Role If checking "Ceremoni	Other  Cher  Cher Cher	Income
(Last, First) Chan, Carl	Ticket(s)/ Pass(es) 10 10	If checking "Ceremon To reward a commu public Ceremonial Role If checking "Ceremoni	Other	Income
(Last, First) Chan, Carl Name of Outside Organization	Ticket(s)/ Pass(es) 10 10 Number of Ticket(s)/	If checking "Ceremon To reward a commu public Ceremonial Role If checking "Ceremoni	Other	Income
(Last, First) Chan, Carl Name of Outside Organization	Ticket(s)/ Pass(es) 10 10 Number of Ticket(s)/	If checking "Ceremon To reward a commu public Ceremonial Role If checking "Ceremoni	Other	Income
(Last, First) Chan, Carl Name of Outside Organization	Ticket(s)/ Pass(es) 10 10 Number of Ticket(s)/	If checking "Ceremon To reward a commu public Ceremonial Role If checking "Ceremoni	Other	Income

**A Public Document** California Date Stamp 0 Form For Official Use Only

	Designated Agency Contact (	Name, litle)				
	Sarah Oddie				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number (510) 272-6693	E-mail sarah oddie	@acgov.org		Date of Original Filing:	
2.	Function or Event Inform Does the agency have a ticke	nation	Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	
	Event Description Basketball Game Provide Title/Ex				0518	
	Ticket(s)/Pass(es) provided by		Yes 🗌 No 🛛		Name of Source	сө
	Was ticket distribution made a of agency official?	t the behest	No 🗋 Yes 🛛	If yes: <u>Chan</u> ,	Wilma Official's Name (Las	st, First)

#### 3. Recipients

1. Agency Name

Alameda County

Board of Supervisors

Division, Department, or Region (If Applicable)

<ul> <li>Use Section A to identify the agency's department or unit.</li> </ul>	<ul> <li>Use Section B to identify an individual.</li> </ul>	<ul> <li>Use Section C to identify an outside organization.</li> </ul>

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		17 17
2		
B. Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
O'Malley, John		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	2	To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue
	2	Ceremonial Role Other I Income I Income I Income II
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
		<i>k</i>

#### 4. Verification A

1.

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

		Sarah Oddie	Field Representative	11.27.2018
5	,ee	Print Name	Title	(Month, Day, Year)
-				

Comment: .

Agency Name					
•				Date Stamp	California 802
Alameda County					Politi
Division, Department, or Regio	on (If Applica	ble)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (A	lame, Title)			-	
Sarah Oddie					
Area Code/Phone Number	E-mail	2		Amendment (Must)	provide explanation in Part 3.)
(510) 272-6693	sarah.oddi	e@acgov.org	<b>j</b>	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	ation	-			
Does the agency have a ticket	policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$	\$304.80 ticket/\$30 park
Event Description Basketball	Game		Date(s)1	1 , 05 , 18	\$304.80 ticket/\$30 park
Event Description	Provide Title/Ex	planation	Date(s)		/
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no. Golde	en State Warriors	
				Name of Sc	purce
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Cha	n, Wilma	
of agency official?			51	Official's Name (	Last, First)
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		1 400(00)	Ceremonial Role	Other	Income
Garcia, Jane		2+-	1	nial Role" or "Other" describe below:	
		2+p		lance at a(n) event he potential County reven	eld at a County facility ir ue
			Ceremonial Role		Income
		2+p	If checking "Ceremo	nial Role" or "Other" describe below:	
C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
	e 11				

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

_		Sarah Oddie	Field Representative	11.27.2018
1	3	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

eremonial Role Even	its and Lic				A Public Docume	
Agency Name				Date Stamp	California 80	
Alameda County			Form			
Division, Department, or Reg	<b>gion</b> (If Applicabl		For Official Use Only			
Board of Supervisors						
<b>Designated Agency Contact</b>	(Name, Title)	<u> </u>	2	1		
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)		
Function or Event Infor	mation					
Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$305.55 ticket/\$35 park	
Event Description Football g	ame		Date(s) 1	1 , 11 , 18	1 1	
	Provide Title/Exp	lanation			<u> </u>	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oakla	ind Raiders		
				Name of So	ource	
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Char	Official's Name	(Last. First)	
					· · ·	
Recipients			tion D to identify on individ	ual a Lico Soction C to idea	tife on outside organization	
11 0 11 A 4-1-1-425 AL	y's department or	Number of				
Use Section A to identify the agenc						
Use Section A to identify the agence     A. Name of Agency, Department	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
_		Ticket(s)/		Identify one of the follow	ńng:	
A. Name of Agency, Departme		Ticket(s)/ Pass(es)	Ceremonial Role			
A. Name of Agency, Departme		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Ceremonial Role	Identify one of the follow	ńng:	
A. Name of Agency, Departme	al	Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremo Ceremonial Role If checking *Ceremon	Identify one of the follow         Other         nial Role" or "Other" describe below:         Other         Other	ring: Income	
A. Name of Agency, Departme B. Name of Individua (Last, First)	al ization cription)	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Number of         Ticket(s)/	Ceremonial Role If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pul	Identify one of the follow         Other         nial Role" or "Other" describe below:         Other         nial Role" or "Other" describe below:         nial Role" or "Other" describe below:         Dilic purpose made pursuant	ring: Income Income	
A. Name of Agency, Departme B. Name of Individua (Last, First) C. Name of Outside Organ (include address and des Lend a Hand Foundation, 77	ization cription) 730 Pardee serve	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pul To reward a schoo	Identify one of the follow         Other         nial Role" or "Other" describe below:         Other         nial Role" or "Other" describe below:         nial Role" or "Other" describe below:         Dilic purpose made pursuant	ring: Income Income	
A. Name of Agency, Departme B. Name of Individua (Last, First) C. Name of Outside Organ (include address and des Lend a Hand Foundation, 77 Ln, Oakland, CA 94621 Foundation for programs to	ization cription) 730 Pardee serve amilies	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         3+1park	Ceremonial Role if checking "Ceremon Ceremonial Role if checking "Ceremon Describe the pul To reward a schoo to the community	Identify one of the follow         Other         nial Role" or "Other" describe below:         Other         nial Role" or "Other" describe below:         plic purpose made pursuant         I or nonprofit organizat	ring: Income Income	
A. Name of Agency, Departme B. Name of Individua (Lest, First) C. Name of Outside Organ (include address and des Lend a Hand Foundation, 77 Ln, Oakland, CA 94621 Foundation for programs to low-income/at-risk youth & fat	ization cription) 730 Pardee serve amilies	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         3+1park	Ceremonial Role if checking "Ceremon Ceremonial Role if checking "Ceremon Describe the pul To reward a schoo to the community	Identify one of the follow         Other         nial Role" or "Other" describe below:         Other         nial Role" or "Other" describe below:         nial Role" or "Other" describe below:         Dilic purpose made pursuant	ring: Income Income	
A. Name of Agency, Departme B. Name of Individua (Lest, First) C. Name of Outside Organ (include address and des Lend a Hand Foundation, 77 Ln, Oakland, CA 94621 Foundation for programs to low-income/at-risk youth & fi Verification	ization cription) 730 Pardee serve amilies	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         3+1park	Ceremonial Role if checking "Ceremon Ceremonial Role if checking "Ceremon Describe the pul To reward a schoo to the community	Identify one of the follow         Other         nial Role" or "Other" describe below:         Other         nial Role" or "Other" describe below:         plic purpose made pursuant         I or nonprofit organizat	ring: Income Income	

eremonial Role Events					
Agency Name				Date Stamp	California 80
Alameda County					Form For Official Use Only
Division, Department, or Region	n (If Applicable	)			For Onicial Ose Only
Board of Supervisors					
Designated Agency Contact (Nan	ame, Title)			1	51
Sarah Oddie		•			
Area Code/Phone Number E-	-mail				provide explanation in Part 3.)
(510) 272-6693 sa	arah.oddie@	@acgov.org	l	Date of Original Filing:	(Month, Day, Year)
Function or Event Informa	ation				
Does the agency have a ticket po	olicy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	\$150
Event Description Twenty One Pro	Pilots		Doto(c) 1'	1 , 11 , 18	///
Prc	rovide Title/Expla	anation			<u> </u>
Ticket(s)/Pass(es) provided by ag	gency?	Yes 🗌 No	If no: Golde	n State Warriors	
				Name of Sc	burce
Was ticket distribution made at the of agency official?	ne behest	No 🗌 Yes	If yes: Chan	, VVIIma Official's Name (	1 ast First
			······································		
Recipients Use Section A to identify the agency's de	department or u	nit. • Use See	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department of	or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy
		1 · · · · · · · · · · · · · · · · · · ·	and the second sec		
I					
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
B. Name of Individual (Last First) Galvan, Gordon		Ticket(s)/ Pass(es)		D Other describe below:	Income
(Last. Finst)		Ticket(s)/	If checking "Ceremon To promote attenda	Other ial Role" or "Other" describe below: anceevent held at a	Income
(Last First) Galvan, Gordon		Ticket(s)/ Pass(es) 2	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role	Other Dial Role" or "Other" describe below: anceevent held at a potential County reven	Income
(Last. Finst)		Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon	Other	Income County ueconcession sales Income
(Last First) Galvan, Gordon		Ticket(s)/ Pass(es) 2	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremonia To promote attenda	Other Dial Role" or "Other" describe below: anceevent held at a potential County reven Other Dial Role" or "Other" describe below:	Income County ueconcession sales Income County
(Last First) Galvan, Gordon		Ticket(s)/ Pass(es) 2	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p	Other Dial Role" or "Other" describe below: anceevent held at a potential County reven Other Dial Role" or "Other" describe below: anceevent held at a dial	Income County ueconcession sales Income County ueconcession sales
(Last First) Galvan, Gordon Jones, Denise C. Name of Outside Organizatio		Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p	Other   ial Role" or "Other" describe below: anceevent held at a potential County reven Other   ial Role" or "Other" describe below: anceevent held at a potential County reven	Income County ueconcession sales Income County ueconcession sales
(Last First) Galvan, Gordon Jones, Denise C. Name of Outside Organizatio		Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p	Other   ial Role" or "Other" describe below: anceevent held at a potential County reven Other   ial Role" or "Other" describe below: anceevent held at a potential County reven	Income County ueconcession sales Income County ueconcession sales
(Last First) Galvan, Gordon Jones, Denise Name of Outside Organizatic		Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p	Other   ial Role" or "Other" describe below: anceevent held at a potential County reven Other   ial Role" or "Other" describe below: anceevent held at a potential County reven	Income County ueconcession sales Income County ueconcession sales
(Last First) Galvan, Gordon Jones, Denise C. Name of Outside Organizatio (include address and descripti	tion)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p Describe the pub	Other   ial Role" or "Other" describe below: anceevent held at a potential County reven Other   ial Role" or "Other" describe below: anceevent held at a G potential County reven lic purpose made pursuant	Income County ueconcession sales Income County ueconcession sales to the agency's policy
(Last First) Galvan, Gordon Jones, Denise C. Name of Outside Organizatio (include address and descripti	tion)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p Describe the pub	Other   ial Role" or "Other" describe below: anceevent held at a potential County reven Other   ial Role" or "Other" describe below: anceevent held at a potential County reven	Income County ueconcession sales Income County ueconcession sales to the agency's policy

A Public Document

. Agency Name			Date Stamp	California 802	
Alameda County				Form OUL	
Division, Department, or Region (If Applicab.	le)	<u> </u>	1	For Official Use Only	
Poord of Supervisors	Board of Supervisors				
Designated Agency Contact (Name, Title)					
Sarah Oddie				provide explanation in Part 3.)	
Area Code/Phone Number   E-mail				ronde explanation in Fan 3.)	
(510) 272-6693 sarah.oddie	e@acgov.org		Date of Original Filing:(Month, Day, Year)		
. Function or Event Information					
Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	5304.80 ticket/\$30 park	
Event Description Basketball Game		Date(s)1	<u>, 13 , 18</u>		
Provide Title/Ex	planation				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	burce	
ē		If yes: Chan			
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes:	Official's Name (	'Last, First)	
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or</li> </ul>	r unit. • Use Sec	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		olic purpose made pursuan		
A. Name of Agency, Department of onit	Ticket(s)/ Pass(es)				
B. Name of Individual (Last, Furst)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
		Ceremonial Role	Other O	Income	
Irmer, David	2+p		nial Role" or "Other" describe below:	neld at a County facility ir	
		order to maximize	potential County reve	nue	
		Ceremonial Role	Other	Income	
	210		nial Role" or "Other" describe below:		
	2+p				
	Number of				
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy	
Trybe, Inc., 2000 Park Blvd, Oakland, C 94606	A 2	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions	
Community-building neighborhood transformation					
. Verification			Endle allering in in appendieurs	ith the requirements	
/			forth above, is in accordance w		
	Sarah O		Field Representative	(Month, Day, Year)	
-	Print Nar	me	1100	(monal, Day, Tedl)	
O - man anti-					
Comment:			FPPC Toll-Free Helpline:	FPPC Form 802 (4/12 866/ASK-FPPC (866/275-777	

eremonial Role Event					A Public Docume
Agency Name				Date Stamp	California 802
Alameda County			Form OU2 For Official Use Only		
Division, Department, or Regio	on (If Applicabl	le)			For Onicial Use Only
Board of Supervisors					
Designated Agency Contact (M	Vame, Title)				
Sarah Oddie					provide explanation in Part 3.)
	E-mail				
·		@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Inform					\$300
Does the agency have a ticket		Yes 🛛 No		of Each Ticket/Pass \$ -	
Event Description Kevin Hart			Date(s)	1 , 17 , 18	//
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No		en State Warriors Name of St	ource
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Char	n. Wilma	
of agency official?			из пусь. <u> </u>	Official's Name	(Last, First)
Use Section A to identify the agency's					
A. Name of Agency, Departmen	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)		Identify one of the follow	
A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follow	ning:
A. Name of Agency, Departmen B. Name of Individual (Last, First)	t or Unit	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend	Identify one of the follow	nng: Income [ neld at a County facility in
A. Name of Agency, Departmen B. Name of Individual (Last, First)	t or Unit	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role	Identify one of the follow	nng: Income [ neld at a County facility in
A. Name of Agency, Departmen B. Name of Individual (Last, First)	t or Unit	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role	Identify one of the follow         Other         niel Role" or "Other" describe below:         ance at a(n) event h         potential County rever         Other         Other	ning: neld at a County f
A. Name of Agency, Departmen B. Name of Individual (Last, First) Reyes, Mynor C. Name of Outside Organiza (include address and descr	ation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follow         Other         niel Role" or "Other" describe below:         ance at a(n) event h         potential County rever         Other         Other	ning: Income neld at a County facility nue Income
A. Name of Agency, Departmen B. Name of Individual (Last, First) Reyes, Mynor C. Name of Outside Organiza (include address and descr	ation iption)	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         4         4         4         1         Yeas(es)         4         1         1         1         1         2         4         1 <tr< td=""><td>Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pul</td><td>Identify one of the follow         Other         nial Role" or "Other" describe below:         ance at a(n) event h         potential County rever         Other         nial Role" or "Other" describe below:         other         other</td><td>ning: Income held at a County facility nue Income</td></tr<>	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pul	Identify one of the follow         Other         nial Role" or "Other" describe below:         ance at a(n) event h         potential County rever         Other         nial Role" or "Other" describe below:         other         other	ning: Income held at a County facility nue Income
A. Name of Agency, Departmen B. Name of Individual (Last, First) Reyes, Mynor C. Name of Outside Organiza (include address and descr	ation iption)	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)         4         4         4         1         Yeas(es)         4         1         1         1         1         2         4         1 <tr< td=""><td>Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pul</td><td>Identify one of the follow</td><td>ing: Income held at a County facility in hue Income</td></tr<>	Ceremonial Role If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pul	Identify one of the follow	ing: Income held at a County facility in hue Income

Ceremonial Role Ev	ents and Tio	cket/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County			Form OOL		
Division, Department, or	Region (If Applicable	le)		-	For Official Use Only
Board of Supervisors					
Designated Agency Cont	tact (Name, Title)		I Y		
Sarah Oddie				Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Numbe	er E-mail			Date of Original Filing	
(510) 272-6693	(510) 272-6693 sarah.oddie@acgov.org				(Month, Day, Year)
2. Function or Event In	formation				\$304 80 ticket/\$30 park
Does the agency have a		Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	
Event Description Baske	tball Game Provide Title/Exp	planation	Date(s)1	l <u>, 21 , 18</u>	\$304.80 ticket/\$30 park
Ticket(s)/Pass(es) provid		Yes 🗌 No	If no: Golde	n State Warriors	
					ource .
Was ticket distribution ma of agency official?	ide at the behest	No 🗖 Yes	If yes: <u>Chan</u>	Official's Name	(Last, First)
3. Recipients			the District of the second state	usi - Liss Section C to ide	ntify an outside organization
Use Section A to identify the a     A. Name of Agency, Depa		Number of		blic purpose made pursuar	
A. Name of Agency, both		Ticket(s)/ Pass(es)			
		Number of			
B. Name of Indi (Last First		Ticket(s)/ Pass(es)		Identify one of the follow	ving
Louie Howard, Angela				Dther nial Role" or "Other" describe below:	Income
		2	To promote attenda		neld at a County facility in
				Other	income
Murphy, Honora		2		ial Role" or "Other" describe below: unity volunteer for his	
C. Name of Outside C (include address and		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
1					
4. Verification	lations 18944.1 an	d 18942. / have ve	erified that the distribution set t	forth above, is in accordance w	ith the requirements.
		Sarah Oo		Field Representative	
	.e	Print Nam	ne	Title	(Month, Day, Year)
Comment:					

A Public Document

-					Data Otana				
1.	Agency Name		Date Stamp	California Form 802					
	Alameda County					For Official Use Only			
	Division, Department, or Reg	ion (If Applicabl							
	Board of Supervisors								
	Designated Agency Contact (	(Name, Title)		· · · · · · · · · · · · · · · · · · ·	-				
	Sarah Oddie								
	Area Code/Phone Number	E-mail	<u> </u>		Amendment (Must provide explanation in Part 3.)				
	(510) 272-6693	1	@acgov.org		Date of Original Filing:	(Month, Day, Year)			
2	Function or Event Infor		9	······································					
2.	Does the agency have a ticke			E Face Value o	f Each Ticket/Pass \$	\$304.80 ticket/\$30 park			
			Yes 🛛 No						
	Event DescriptionBasketball	Game Provide Title/Exp	lanaliaa	Date(s)		//			
		Рголав тавлехр	anation	Golder	n State Warriors				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oolder	Name of Sc	ource			
	Was ticket distribution made a	t the behast		If yes: Chan					
	of agency official?	it the periest	No 🗌 Yes 🛛 If yes: Chan		Official's Name (Last, First)				
	-				·				
3.		Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	A. Name of Agency, Departme		Number of		lic purpose made pursuan				
			Pass(es)						
			-						
	R Name of Individua	J	Number of						
	B, Name of Individua		Ticket(s)/ Pass(es)		Identify one of the follow	/ing:			
				Ceremonial Role	Other	Income			
	Bass, Hilary		210	, · · ·	ial Role" or "Other" describe below:				
			2+p		ance at a(n) event h potential County rever	ield at a County facility in nue			
				Ceremonial Role	Other	Income			
					al Role" or "Other" describe below:				
			2+p						
	C. Name of Outside Organi	zation	Number of	Describe the pub	lic purpose made pursuant	to the agancy's policy			
	(include address and desc	cription)	Ticket(s)/ Pass(es)	Describe the pub	ne purpose made pursuam	to the agency s policy			
	<b>.</b>	1							
						· · · · · · · · · · · · · · · · · · ·			
ŀ. Î	Verification								

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

 Sarah Oddie
 Field Representative
 11.27.2018

 Print Name
 Title
 (Month, Day, Year)

Comment: \_

1 hm
A Public Document

_						AT ublic Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OOL	
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)					
	Sarah Oddie						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693	sarah.oddie	@acgov.org	j .	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticket	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	\$304.80 ticket/\$30 park	
	Event Description Basketball	Game		Date(s) 11	, 23 , 18	/	
		Provide Title/Exp	planation				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no: Golder	n State Warriors		
	Maa ticket distribution made a	t the heheat		If yes: Chan		Source	
	Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes	If yes:	Official's Name	(Last, First)	
2	Recipients					······································	
υ.	• Use Section A to identify the agency	's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursual	nt to the agency's policy	
			Pass(es)				
	·····		Number of				
	B. Name of Individual (Last_First)		Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
			1 435(55)	Ceremonial Role	Other		
	Gebhart, Rebecca				al Role" or "Other" describe below.		
			2			held at a County facility in	
	<u></u>				otential County reve		
					Other Other describe below:	Income	
			2	" thething beremen			
ļ	C. Name of Outside Organiz	zation	Number of	Decaribe the publ	lic purpose made pursuan	t to the energy's policy	
	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	nc purpose made pursuar	it to the agency's policy	
	· · · · · · · · · · · · · · · · · · ·						
	Verification	· · · · · · · · · · · · · · · · · · ·	1			·····	
		tions 18944.1 and	i 18942. I have ve	rified that the distribution set fo	orth above, is in accordance w	ith the requirements.	
			Sarah Oc	ldie	Field Representative	11.27.2018	
	a		Print Name	e .	Titie	(Month, Day, Year)	
(	Comment:					FPPC Form 802 (4/12)	
				-			

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicabl	e)		-	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Sarah Oddie						
	Area Code/Phone Number	E-mail		·····	Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor						
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ 🗳	304.80 ticket/\$30 park	
	Event Description Basketbal	Game		Date(s)1	, 24 , 18	1 1	
		Provide Title/Exp	lanation			<u></u>	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors		
						burce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Chan	Official's Name (	Last, First)	
			2				
3.	• Use Section A to identify the agency	v's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme		Number of				
	A. Name of Agency, Departme	ant of Onit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			Number of				
	B. Name of Individua (Last, First)	1	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			F 435(03)	Ceremonial Role	Other	Income	
	Hirota, Sherry				ial Role" or "Other" describe below:	9	
			2			eld at a County facility in	
			<u> </u>	order to maximize p	ootential County rever	nue	
				Ceremonial Role	Other	Income	
			2	ir checking Ceremon.	ar Role of Other describe below.		
	Name of Outside Organ	ization	Number of				
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Teamsters Local 856, 453 S	an Mateo		To promote attenda	ince at a(n) event h	eld at a County facility in	
	Ave, San Bruno, CA 94066		2+p		otential County reven		
	Union						
	OHION	,					
4	Verification		4				
		"ons 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	th the requirements.	
			Sarah Oo	die	Field Representative	11.27.2018	

Saran Oddie	Field Representative	11.27.2018
 Print Name	Title	(Month, Day, Year)

Comment: \_\_\_

Comment: \_\_\_\_

<b>Ceremonial Role Events</b>	and Tick	(et/Pass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ For Official Use Only
Division, Department, or Region	n (If Applicable)				For Onicial Ose Only
Board of Supervisors					
Designated Agency Contact (Na	ime, Title)		<u> </u>		
Sarah Oddie					
	-mail	· · · · · · · · · · · · · · · · · · ·		Amendment (Must	provide explanation in Part 3.)
(510) 272-6693	arah.oddie@	)acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	ation		204.80 ticket/\$30 park		
Does the agency have a ticket p		Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ 🗅	\$304.80 ticket/\$30 park
Event Description Basketball G	iame		Date(s) <u>11</u>	<u>, 24 , 18 </u>	/
Event BecomptionF	rovide Title/Explai	nation			
Ticket(s)/Pass(es) provided by a	igency?	n State Warriors	ource		
Was ticket distribution made at t	ha hahast	No 🗌 Yes	If yes: Chan	, Wilma	
of agency official?	ne benest .	Official's Name (	Last, First)		
3. Recipients					
• Use Section A to identify the agency's	department or u	nit. • Use Sec	ction B to identify an Individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
40					
					2
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	īng:
				Other D ial Role" or "Other" describe below:	Income
Sundararaman, Asha		2			eld at a County facility in
				potential County rever	
			Ceremonial Role	Other	Income
		2	If checking "Ceremon	ial Role" or "Other" describe below:	
		2			
	+	Number of			
C. Name of Outside Organiza (include address and descri		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
East Bay Agency for Children,	303 \/an		To reward a school	or nonprofit organiza	tion for its contributions
Buren Ave Oakland, CA 9461		2+p	to the community		
Nonprofit providing services to trauma in children	address				
4. Verification					
I have a gulation of gulation	ons 18944.1 and 1	8942.   have ve	erified that the distribution set for	orth above, is in accordance wi	th the requirements.
		Sarah Oo	ddie	Field Representative	11.27.2018
- iee		Print Nam	ne	Title	(Month, Day, Year)

A Public Document

_						AT ablie Decamer	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ For Official Use Only	
	Division, Department, or Regi	on (If Applicat	ile)			Tor official osciolity	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)	-				
	Sarah Oddie						
	Area Code/Phone Number	E-mail	·		Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693 `	sarah.oddie	e@acgov.org	]	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Inform	nation					
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ -	\$300	
	Event Description Fleetwood	Mac		Date(s) 11	1 , 25 , 18	//	
		Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	agency?	n State Warriors Name of S				
	Was ticket distribution made a	the behast		Chan	Milma		
51	of agency official?	t the benest	No 🗌 Yes	If yes: Chan	Official's Name	(Last, First)	
,	Recipients						
·.	• Use Section A to identify the agency	's department of	runit. •Use Se	ction B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy	
			Pass(es)		blic purpose made pursuant to the agency's policy		
		· · · · · · · · · · · ·	Number of				
	B. Name of Individual (Last_First)		Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
•			( 23(63)	Ceremonial Role	Other	Income	
	Geisner, Stephanie				ial Role" or "Other" describe below:		
			2	To promote attendanceevent held at a County facilitymaximize potential County revenueconcession			
	lvie, Erin				Other D	Income	
			2	-	If checking "Ceremonial Role" or "Other" describe below: pmote attendanceevent held at a County		
						ueconcession sales	
-	C. Name of Outside Organization (include address and description)		Number of	Describe the publ	lic purpose made pursuan	to the agency's policy	
_			Ticket(s)/ Pass(es)	Describe the public	purpoor music puraudit	to allo ugonoy o polloy	
١	/erification			·····		· · · · · · · · · · · · · · · · · · ·	
		tions 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.	
			Sarah Oo	ddie	Field Representative	11.27.2018	
~			Print Nam	e	Title	(Month, Day, Year)	
	, , , , , , , , , , , , , , , , , , ,						
(	Comment:					FPPC Form 802 (4/12	

Comment: \_\_\_\_

Ceremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Documer
. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only
Board of Supervisors				× .	
Designated Agency Contact	(Name, Title)		·······	-	
Sarah Oddie					
Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Infor	mation				¢100
Does the agency have a ticke		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	\$100
Event Description Trans-Sib	erian Orchestr	a	Date(s) 11	1 , 28 , 18	/
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	1700
And a state of the state of the					
Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Chan	. Official's Name (L	ast, First)
<ul> <li>Recipients</li> <li>Use Section A to identify the agency</li> </ul>	v's department or i	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departme	n de glier l'	Number of		plic purpose made pursuant	
A. Name of Agency, Departing	ant or oant	Ticket(s)/ Pass(es)	Describe the put	nic purpose mude pursuant	to the agency is policy
B. Name of Individua (Lesi, First)	91	Number of Ticket(s)/ Pass(es)		Identify one of the followin Other Other	ng: Income
			Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
San Leandro Senior Commu 13909 E 14th St, San Leand		2	To reward a school to the community	l or nonprofit organizati	on for its contributions
Senior center in San Leandr	0				
Verification		<u>.</u>			
1 to a second and and a second coppose	ions 18944.1 and			orth above, is in accordance with	
		Sarah Oo	ldie	Field Representative	11.27.2018
		Print Name	e	Title	(Month, Day, Year)

4.

Agency Name				Date Stamp	California 80
Alameda County					Form OU For Official Use Only
Division, Department, or Regic	on (It Applicat	nle)		0	i or officiar use only
Board of Supervisors					
Designated Agency Contact (N	lame, 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	l	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	ation				(monut, buy, rour)
Does the agency have a ticket p	policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$ _	\$100
Event Description Trans-Siberi	ian Orches			1 , 28 , 18	
	Provide Title/Exp	lanation	Date(s)	<u> </u>	//
Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	IN If no. Golde	n State Warriors	
	0 ,			Name of So.	urce
Was ticket distribution made at t	the behest	No 🗌 Yes	If yes: Char	, Wilma	
of agency official?				Official's Name (I	ast, First)
Recipients • Use Section A to identify the agency's	department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization
A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
-	-				
B. Name of Individual	-	Number of Ticket(s)/		Identify one of the followi	na:
B. Name of Individual	-		Ceremonial Bole	Identify one of the followin	
B. Name of Individual (Last. First)	-	Ticket(s)/		Identify one of the followin    Other     Other     Iden of the followin	ng: Income
B. Name of Individual (Leet First)	-	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other	
B. Name of Individual (Last Prof) C. Name of Outside Organizat (include address and descrip		Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other	Income
(Leet. First) Name of Outside Organizat	otion) Olvorosa	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the publ	Other  Ital Role" or "Other" describe below:  Other  other  describe below:	Income Income
(Leet. First) C. Name of Outside Organizat (include address and descrip SOS-Meals on Wheels, 2235 F	otion) Polvorosa 4577	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the publ	Other  A Role" or "Other" describe below:  Other  Other  Role" or "Other" describe below:  ic purpose made pursuant t	Income Income
Leet Frist) Name of Outside Organizat (include address and descrip SOS-Meals on Wheels, 2235 F Ave #260, San Leandro, CA 94 Provides meals to low-income s Alameda County Verification	Polvorosa 4577 seniors in	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the publ To reward a school to the community	Other  A Color of "Other" describe below:  Other  C Other  C Other describe below:  C purpose made pursuant t  Or nonprofit organization	Income Income o the agency's policy on for its contributions
C. Name of Outside Organizat (include address and descrip SOS-Meals on Wheels, 2235 F Ave #260, San Leandro, CA 94 Provides meals to low-income s Alameda County /erification	Polvorosa 4577 seniors in	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the publ To reward a school to the community	Other  A Role" or "Other" describe below:  Other  Other  Role" or "Other" describe below:  ic purpose made pursuant t	Income Income o the agency's policy on for its contributions

#### Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley, Supervisor 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 🗌 Event Description: Golden State Warriors Date(s) 11 8 18 Provide Title/ Explanation If no: Golden State Warriors 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
United Seniors of Oakland and Alameda County	20	To reward a school or nonprofit organization for its contributions to the community
a		

#### 4. Verification

	Nathan Miley	Supervisor, District 4	01/09/2019
	Print Name	Title	(month, day, year)
Comment:	/		

I. Agency Name						Date Stamp	Californ	ia oo
Alameda County							Form	<sup>ia</sup> 802
Division, Departm	Division, Department, or Region (if applicable)					-	For Offic	ial Use Only
Board of Supervis	sors, Dist <mark>r</mark> ict	4						
Designated Agency Contact (Name, Title)								
Nathan Miley, Su						Amendment (Must	Provide Explanatio	n in Part 3 \
Area Code/Phone	Number E	-mail						n in Fait 5.j
(510) 272-6694	(	district4@ac	cgov.org	1		Date of Original Filing	(month, day,	year)
. Function or Ev	ent Inform	ation						
Does the agency	Does the agency have a ticket policy? Yes 🛛 No 🔲 Fac					Each Ticket/Pass \$ 2	305.55	
Event Description	—					<u>, 11 , 18</u>	1	1
	Provide Title/ Explanation						/	_/
Ticket(s)/Pass(es	) provided by	/ agency?	Yes [	No 🗹	If no: Oakland	Coliseum JPA		
Was ticket distribu	ition made a	t the behest			If yes: <u>Miley, N</u>	lathan		
of agency official			res			Official's Name (Last, First)	)	
	12							
. Recipients		s department or	runit. •l	Jse Section B to	identify an individ	lual. • Use Section C to ider	ntify an outside or	ganization.
• Use Section A to ide			runit. • (	Jse Section B to Number of Ticket(s)/ Passes		lual. • Use Section C to ider		
• Use Section A to ide	ntify the agency		runit. • U	Number of Ticket(s)/				
• Use Section A to ide A. Name of A	ntify the agency	nent or Unit	runit. • (	Number of Ticket(s)/			irsuant to the age	
• Use Section A to ide A. Name of A	ntify the agency Agency, Departr Name of Individ	nent or Unit	runit. • (	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	e public purpose made pu	following:	
• Use Section A to ide A. Name of A	ntify the agency Agency, Departr Name of Individ	nent or Unit	e unit. • (	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe th	Identify one of the	following:	ency's policy
• Use Section A to ide         A.       Name of A         B.       1         C.       Name c (include a)	ntify the agency Agency, Departr Name of Individ	nent or Unit ual	e unit. • C	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe the	Identify one of the Identify one of the nonial Role Other C ing "Ceremonial Role" or "Other" de nonial Role Other C ing "Ceremonial Role" or "Other" de te public purpose made pur	following: escribe below: rsuant to the age	Income [
A. Name of A B.	ntify the agency Agency, Departr Name of Individ (Last, First)	nent or Unit ual	eunit. • U	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe the	Identify one of the Identify one of the nonial Role Other [ ding "Ceremonial Role" or "Other" de nonial Role Other de	following: escribe below: rsuant to the age	Income [

	Nathan Miley	Supervisor, District 4	01/09/2019
	Print Name	Title	(month, day, year)
Comment:			

	gency Report of: eremonial Role Even	ts and Ticket/I	Pass Dist	ributions	А	Public Document
1.	Agency Name			· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Regi	on (if applicable)			]	For Official Use Only
	Board of Supervisors, Distric	xt 4				
	Designated Agency Contact (	Name, Title)	1			
	Nathan Miley, Supervisor			Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				Towne Explanation in Fart 5.7
	(510) 272-6694	district4@acgov.or	g		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick	et policy? Yes	🛛 No 🗖	Face Value of	Each Ticket/Pass \$	50
	Event Description: Twenty O		<u>, 11 , 18</u>	1 1		
		Provide Title/ Expla			/	
	Ticket(s)/Pass(es) provided I	by agency? Yes	🗋 No 🖾	If no: Oakland		
	Mas ticket distribution made			If yes: <u>Miley</u> , N	Name of Source Iathan	
	Was ticket distribution made of agency official?	at the benest Yes	X No 🗆	II yes	Official's Name (Last, First)	
	or agency official?					
	A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	B. Name of Individual (Last, First) Armstrong, Erin		Number of Ticket(s)/ Passes		Identify one of the following:	
			4	If checking "Ceremonial Role" or "Other" describe below: To reward a county employee for his or her service to community		
		C. Name of Outside Organization (include address and description) Numbries Passe			public purpose made purs	suant to the agency's policy

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		_	Nathan Miley	Supervisor, District 4	01/09/2019
		<del>10</del>	Print Name	Title	(month, day, year)
Comment:	$\smile$				

_	eremonial Role Ev				· · · · · · · · · · · · · · · · · · ·	Public Document	
	Alameda County				Date Stamp	California Form 802	
	Division, Department, or F	Region (if applicable)	4	For Official Use Only			
	Board of Supervisors, Dis	• • • • •					
	Designated Agency Conta		-				
	Nathan Miley, Supervisor	r					
	Area Code/Phone Number	E-mail		Amendment (Must P	rovide Explanation in Part 3.)		
	(510) 272-6694	district4@acgov	.org		Date of Original Filing: .	(month, day, year)	
2,	Function or Event Inf	ormation					
	Does the agency have a	ticket policy? Ye	Face Value of	Each Ticket/Pass \$ <u>30</u>	94.80		
	Event Description: Golde		es 🛛 No 🗖	Date(s) 11			
	Event Description:	Províde Title/ Ex					
	Ticket(s)/Pass(es) provide	ed by agency? Ye	es 🔲 No 🗹	If no: Golden S			
	3.8.7 (* 3. 4. 1) (* 11 1			If yes: Miley, N	Name of Source athan		
	Was ticket distribution ma	ade at the behest $Y_{\epsilon}$	es 🖾 No 🗖	if yes:,	Official's Name (Last, First)		
	of agency official?						
	A. Name of Agency, D	epartment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy	
		0					
	B. Name of In (Last,		Number of Ticket(s)/ Passes		ldentify one of the fo	bliowing:	
	Kennedy, Jim Gridos, Steve				Ceremonial Role Ceremonial Role Other Income Income		
			2	Ceremonial Role Other <i>If checking "Ceremonial Role" or "Other" describe below:</i> To promote attendance at an event held in a count		Income held in a county facility	
	C. Name of Outside (include address a	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy		

6		Nathan Miley	Supervisor, District 4	01/09/2019
	3	Print Name	Title	(month, day, year)
Comment:	1		c	

<u>C</u>	eremonial Role Ever	nts and Ticket	t/Pass Dis	tributions	Α	Public Doo	cument
1.	Agency Name Alameda County				Date Stamp	California Form	802
	Division, Department, or Reg	jion (if applicable)				For Official U	Jse Only
	Board of Supervisors, Distri	ct 4					
	<b>Designated Agency Contact</b>	(Name, Title)			-		
	Nathan Miley, Supervisor						
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in	Part 3.)
	(510) 272-6694	district4@acgov.	org		Date of Original Filing: _	(month, day, year	)
2.	Function or Event Infor	mation				· · · · · · · · · · · · · · · · · · ·	
	Does the agency have a tic	ket policy? Ye	s 🛛 No 🗖	Face Value of	Each Ticket/Pass \$ <u>100</u>	)	
	Event Description: R&B Sup	Provide Title/ Exp	planation	Date(s)11	<u>, 16 , 18 </u>	//_	
	Ticket(s)/Pass(es) provided	by agency? Ye	s 🗌 No 🛛	If no: Oakland	Name of Source		
	Was ticket distribution made of agency official?	e at the behest Ye	s 🗹 No 🗖	lf yes: <u>Miley, N</u>	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)/ 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:
Wong, Darlene	4	Ceremonial Role Other I Income Income To reward a county employee for his or her service to the community
		Ceremonial Role Other I Income I If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification

		Nathan Miley	Supervisor, District 4	01/09/2019
		Print Name	Title	(month, day, year)
Comment:	(			
	C			

	monial Role Ev ency Name						Date Stamp	and a	California	cumen
-	meda County						Date Stamp		Form	802
Divi	sion, Department, or I	Region	(if applicabl	le)			1		For Official	Use Only
Boa	rd of Supervisors, Di	istrict 4								
Desi	ignated Agency Conta	act (Nan	ne, Title)							
	nan Miley, Superviso									
Area	Code/Phone Number	r E-r	nail				Amendment (M	lust Provide	e Explanation il	n Part 3.)
(510	0) 272-6694	dis	strict4@a	cgov.or	g		Date of Original Fili	'ng:	month, day, yea	ar)
. Fun	iction or Event Inf	format	tion							
Doe	s the agency have a	ticket p	oolicy?	Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$	<u>300 </u>		
Ever	nt Description: Kevin	Hart	-	,		Date(s) 11				2
			Provide T	itle/ Expla	nation	Date(s)			//	
Ticke	et(s)/Pass(es) provid	led by a	agency?	Yes [	🗌 No 🛛	lf no: Oakland	Coliseum JPA			
Maa	tiolcot distribution and		L . I . I			Milev N	Name of Source athan			
vvas	ticket distribution ma gency official?	ade at t	he behes	t Yes	No 🗖	If yes: <u>Miley</u> , N	Official's Name (Last, Fi	irst)		·
	.geney enterd.t									
	Cipients e Section A to identify the a Name of Agency, D	-		r unit. •	Number					
• Use	e Section A to identify the a	-		r unit. •			nal. • Use Section C to id			
• Use	e Section A to identify the a	-		r unit. •	Number of Ticket(s)/ Passes					
• Use	e Section A to identify the a	epartmen	nt or Unit	r unit. •	Number of Ticket(s)/			pursuant	to the agenc	
• Use A. B.	e Section A to identify the a Name of Agency. D	epartmen	nt or Unit	r unit.	Number of Ticket(s)/ Passes Number of Ticket(s)/	Describe the	e public purpose made	pursuant	to the agenc	y's policy
• Use A. B.	e Section A to identify the a Name of Agency. D Name of In (Last,	epartmen	nt or Unit	r unit. •	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceremo Ceremo To reward a c community Ceremo	e public purpose made	pursuant	ng: <sup>s/pw:</sup> her servic	y's policy
• Use A. B.	e Section A to identify the a Name of Agency. D Name of In (Last,	ndividual First)	nt or Unit	r unit.	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Describe the Ceremo If checkin To reward a c community Ceremo If checkin	Identify one of the Identify one of the Inial Role Other Ounty employee for Inial Role Other	pursuant	to the agenc ng: Plow: her servic	y's policy Income [ e to the Income [

-	2.	Nathan Miley	Supervisor, District 4	01/09/2019
	÷e	Print Name	Title	(month, day, year)
Comment:	1			

	gency Report of: eremonial Role Ever	its and Ticket/	Pass Dist	ributions		A Public Documen
	Agency Name				Date Stamp	California
	Alameda County				Balo otamp	Form 802
	Division, Department, or Rec	ion (if applicable)		For Official Use Only		
	Board of Supervisors, Distri	ct 4				
	<b>Designated Agency Contact</b>	(Name, Title)			1	·
	Nathan Miley, Supervisor					
	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)
	(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 tick	ket policy? Yes	🛛 No 🗖	Face Value of	Each Ticket/Pass \$ 30	04.80
	Event Description: Golden S					
	Event Description.	Provide Title/ Expla	anation	Date(s) 11		//
	Ticket(s)/Pass(es) provided	•		lf no: Golden S	tate Warriors	
	Was ticket distribution made	at the behest voc		lf yes: <u>Miley</u> , N	athan	
	of agency official?	Tes			Official's Name (Last, First)	
	A. Name of Agency, Depa	tment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
	B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Fife, Carol		4		nial Role DOther D gg "Ceramonial Role" or "Other" desc ttendance at an event	Income Income Income Income
					nial Role DOther D g "Ceremonial Role" or "Other" desc	income
	C. Name of Outside Org (include address and o		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
					् दु	

		Nathan Miley	Supervisor, District 4	01/09/2019
1	<del>9</del> 6	Print Name	Title	(month, day, year)
Comment:				

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

	Alameda County					Form 802	
	Division, Department, or Reg	i <b>on</b> (if applicable)		For Official Use Only			
	Board of Supervisors, Distri						
	Designated Agency Contact	(Name, Title)					
	Nathan Miley, Supervisor				Amendment (Must Pro	vide 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	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ <u>304</u>	1.80	
	Event Description: Golden S	State Warriors Provide Title/ Expla	anation	Date(s) <u>11</u>	, 23 , 18 -	//	
	Ticket(s)/Pass(es) provided			If no: Golden S	tate Warriors		
	Was ticket distribution made	at the behest Yes		lf yes: <u>Miley</u> , N	athan		
	of agency official?				Official's Name (Last, First)		
	A. Name of Agency, Depa		of Ticket(s)/ Passes		e public purpose made pursu	and to the agency's policy	
		Name of Individual of Ti (Last, First) Pr			Identify one of the following:		
	Balloue, Elizabeth Sanftner, Paul		2 To promote		Ceremonial Role Other Income Common Ceremonial Role Other Income Common Ceremonial Role or "Other" describe below: Ceremonial Role Other Income Income Ceremonial Role Other Income Ceremonial Role Other Income Ceremonial Role Common Ceremonial Role or "Other" describe below: Ward a County employee for his or her service to the munity		
	C. Name of Outside Org (include address and c	anization lescription)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	ant to the agency's policy	

#### 4. Verification

-		Nathan Miley	Supervisor, District 4	01/09/2019
	;	Print Name	Title	(month, day, year)
Comment:	$\sim$			

	ole Events and Tic	ket/Pass Dis	tributions		A Public Document
1. Agency Name				Date Stamp	California QOO
Alameda Count	•			¥2	Form OUZ
	ment, or Region (if applicable)				For Official Use Only
Board of Superv					
	ncy Contact (Name, Title)				
Nathan Miley, S	-				Provide Explanation in Part 3.)
Area Code/Phon	e Number E-mail				n rondo Explanation in r art 5.j
(510) 272-6694	district4@acg	lov.org		Date of Original Filing	:(month, day, year)
2. Function or E	vent Information			· · · · · · · · · · · · · · · · · · ·	
Does the agenc	y have a ticket policy?	Yes 🛛 No 🗖	Face Value of F	Each Ticket/Pass \$	304.80
	n: Golden State Warriors				
Event Descriptio	Provide Title	/ Explanation	Date(s) <u>11 /</u>		//
Ticket(s)/Pass(e	s) provided by agency?	Yes 🗖 No 🛛	If no: Golden St	ate Warriors	
				Name of Source	
	oution made at the behest	Yes 🖄 No 🗖	lf yes: <u>Miley, Na</u>	Official's Name (Last, First,	
of agency offici	al?				
A. Name of	Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
	#1		1	· <u> </u>	
B. tal.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
				nial Role Dother "Ceremonial Role" or "Other" de	
~				ial Role D Other C "Ceremonial Role" or "Other" de	
C. (include	of Outside Organization address and description)	Number of Ticket(s)/ Passes			suant to the agency's policy
United Seniors of County	f Oakland and Alameda	4	To reward a so service to the o	chool or nonprofit or community	ganization for their
·					

#### 4. Verification

			Nathan Miley	Supervisor, District 4	01/09/2019
	,	3e	Print Name	Title	(month, day, year)
Comment:					
	ť				

Date Stamp       California 802         Form       802         For Official Use Only       For Official Use Only         Amendment (Must Provide Explanation in Part 3.)       Date of Original Filing:
For Official Use Only         Amendment (Must Provide Explanation in Part 3.)         Date of Original Filing:
Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:
Date of Original Filing:
Date of Original Filing:
Date of Original Filing:
Date of Original Filing:
(month, day, year) /alue of Each Ticket/Pass \$ 304.80 
olden State Warriors Name of Source Miley, Nathan Official's Name (Last, First)
olden State Warriors Name of Source Miley, Nathan Official's Name (Last, First)
olden State Warriors Name of Source Miley, Nathan Official's Name (Last, First)
olden State Warriors Name of Source Miley, Nathan Official's Name (Last, First)
Name of Source Miley, Nathan Official's Name (Last, First)
Miley, Nathan Official's Name (Last, First)
Official's Name (Last, First)
an individual. • Use Section C to identify an outside organization.
scribe the public purpose made pursuant to the agency's policy
Identify one of the following:
Ceremonial Role Conter
Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
scribe the public purpose made pursuant to the agency's policy
rease attendance at an event hosted in a 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.

-	Nathan Miley	Supervisor, District 4	01/09/2019
	Print Name	Title	(month, day, year)
1			
Comment:			

. . .

Ceremonial Role Events an	d Ticket/Pass Dis	stributions	A	Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (if a	oplicable)		7	For Official Use Only
Board of Supervisors, District 4			2	
Designated Agency Contact (Name, Ti	lle)		]	
Nathan Miley, Supervisor				vide Explanation in Part 3.)
Area Code/Phone Number E-mail				vide Explanation in Part 3.)
(510) 272-6694 distric	4@acgov.org		Date of Original Filing: _	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket polic	y? Yes 🛛 No 🗖	Face Value of	Each Ticket/Pass \$	)
Event Description: Trans-Siberian C	Orchestra	Date(s) <u>11</u>		
	rovide Title/ Explanation		-	//
Ticket(s)/Pass(es) provided by ager	ncy? Yes 🗌 No 🗹	lf no: Oakland (		
Was ticket distribution made at the t	eheet v. 💌 v. 📼	If yes. Miley, N	Name of Source athan	
of agency official?		ii yes	official's Name (Last, First)	
3. Recipients				
• Use Section A to identify the agency's depart	ment or unit. • Use Section B	to identify an individu	ual. • 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 pursu	ant to the agency's policy
E E				
B. Name of Individual	Number of Ticket(s)/		Identify one of the follo	owing:
(Last, First)	Passes			
Armstrong, Erin	4		nial Role Other O "Ceremonial Role" or "Other" descrit OUNTY employee for his	Income Income or her service to the
		1	nial Role D Other D g "Ceremonial Role" or "Other" describ	Income 🔲
C. Name of Outside Organization (include address and description	n) Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	nt to the agency's policy

### 4. Verification

-	?	Nathan Miley	Supervisor, District 4	01/09/2019
	1ee	Print Name	Title	(month, day, year)
Comment:	V			

4.

1. Agency Name		ass distributions		A Public Documen	
			Date Stamp	California 802	
Alameda County Division, Department, or Region (	11 A			Form OUZ	
	IT Applicable)			For Official Use Only	
Board of Supervisors		8 <sup>11</sup>			
Designated Agency Contact (Nam	e,Title)		1		
Briana Brown Area Code/Phone Number [E-m					
1 12			Amendment (Must pl	rovide explanation in Part 3.)	
	ana.brown2@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Informati				(Wohan, Day, Year)	
Does the agency have a ticket poli		No 🗌 🛛 Face Value d	of Each Ticket/Pass \$	304.80	
Event Description Warriors Baske	tball				
Provi	de Title/Explanation	Date(s)		//	
Ticket(s)/Pass(es) provided by age	ncy? Yes 🗌 I	No If no: Golder	State Warriors		
Was ticket distribution made at the			Name of Source		
of agency official?	benest No 🗌 Y	es 🛛 🛛 If yes:	Official's Name (La	·	
			Official's Name (La	ast, First)	
Recipients     Use Section A to identify the agency's dep.	attment or unit	Caratterin In 10 Proving a line of the			
A. Name of Agency, Department or U		Section B to identify an individu		y an outside organization.	
A. Inside of Agency, Department of O	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy	
B. (Name of Individual) (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	1:	
ж		Ceremonial Role	Other Role" or "Other" describe below:	Income	
-		Ceremonial Role	Other  Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy	
Moovers and Groovers	4	To reward a school of to the community	r nonprofit organization	for it's contributions	
			-		
Verifiçation					
ปลtions 189	44.1 and 18942. I have ve	erified that the distribution set forth	above, is in accordance with the	requirements.; ;	
-			pervisor's Assistant	4/5/10	
9	Print Nam		Title	Month/Day, Yearl	
Parking Pass: \$30.00				· · · · · · · · · · · · · · · · · · ·	
Comment:					

4.

. Agency Name	ICKEUF as			A Public Docume
			Date Stamp	California 80
Alameda County Division, Department, or Region (If Applica			2	Form OU
	idie)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
510)272 -6695 briana.bro	wn2@acgov	v.org	Date of Original Filing:	
Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🗵 N	Eace Value o	f Each Ticket/Pass \$ _	304.80
Event Description Warriors Basketball Provide Title/Ex		Date(s) <u>11</u>		304.80
Ticket(s)/Pass(es) provided by agency?			State Warriors	
Was ticket distribution made at the behest		57	Name of Sou	Irce
of agency official?	No 🗌 Ye	s 🖾 🛛 If yes:	Official's Name (L	ast First)
Recipients				
· Use Section A to identify the agency's department of	r unit. (+ Use Si	ection B to identify an individu	. Use Section C to Manual	
A. (Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		c purpose made pursuant t	
B. Name of Individual (Lust, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
5 2		Ceremonial Role	Other Role" or "Other" describe below:	Income
		Ceremonial Role	Other  Role" or "Other" describe below:	income
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
Claremont Middle School	4	To reward a school or to the community	nonprofit organization	n for it's contributions
erification	18942. I have veri	ified that the distribution set forth		e requirements.
	Print Name	Su Su	pervisor's Assistant	<u> </u>
- general of the second the second the second the second				

Comment: Parking Pass: \$30.00

Ceremonial Role Events and T	ICKet/Pas	s Distributions	·····	A Public Docume
1. Agency Name			Date Stamp	California 802
Alameda County				Form OU
Division, Department, or Region (If Applica	able)		7	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
(Brance Books)	2			
Area Code/Phone Number [E-mail			Amendment (Must p	rovide explanation in Part 3.)
510) 272 - 6695 briana.bro	wn2@acgov.	org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information	9			priorita, buy, reary
Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	304.80
Warriors Basketball		_		
Event Description Warriors Basketball Provide Title/E	xplanation	Date(s)		//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no. Golder	n State Warriors	
			Name of Sol	Irce
Was ticket distribution made at the behest	No 🗌 Yes	If yes:		
of agency official?			Official's Name (L	ast, First)
Recipients				
Use Section A to identify the agency's department of		ction B to identify an individu	<ul> <li>Use Section C to identi</li> </ul>	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
District 5	14	To reward a County to the public or to er	employees for his or l ncourage staff develop	ner exemplary service ment
B. (Name of Individual) (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg;
	Pass(es)	Ceremonial Role	Other	
			」 Other <b>□</b> I Role" or "Other" describe below:	Income
		Ceremonial Role	Cther Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy
2			^	
Verification				
Thε Ulations 18944.1 and	d 18942. I have ven	ified that the distribution set fort	h above, is in accordance with t	he requirements.
L Rr	ana R	Si Si	upervisor's Assistant	4/2/19
9	Print Name		Title	(iteonth, Day, Year)

	CKet/Pas	s Distributions		A Public Documer
1. Agency Name			Date Stamp	California 802
Alameda County		· · · · · · · · · · · · · · · · · · ·	-	Form OU2 For Official Use Only
Division, Department, or Region (If Applicable	e)			I of Official Use Officy
Board of Supervisors	1			
Designated Agency Contact (Name, Title)			- -	
Briana, Brown				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
510)272-6695 briana.brow	n2@acgov.	org	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 \$ _	304.80
Event Description Warriors Basketball		Dete(a) 11	, 13 , 19	, ,
Provide Title/Exp.	lanation	Date(s)	/	· ·
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	If no: Golder	n State Warriors	
			Name of Sol	urce
Was ticket distribution made at the behest	No 🗋 Yes	If yes:	Official's Name (L	
of agency official?			Official's Name (L	.ast, First)
Recipients				
Use Section A to identify the agency's department or		ction B to identify an individu	Ise Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
B. (Name of Individual) (Last, First)	Number of Ticket(s)/		Identify one of the followir	ng:
	Pass(es)	Community Days		
		Ceremonial Role	Other Content of "Other" describe below:	Income
		Ceremonial Role	Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	o the agency's policy
Manzanita SEED Elementary School	4	To reward a school of	or nonprofit organizatio	on for it's contributions
Educate youth in ALCO		to the community		
Verification	19040 11			
gulations 18944.1 and 1	α942. I have ver	med that the distribution set for	th above, is in accordance with	the requirements!
Bre	ana E	snown s	upervisor's Assistant	<u> </u>
-0	Print Name		Title	(Month, Day, Year)

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

				A Public Documen
1. Agency Name			Date Stamp	California 802
Alameda County				Form OUZ For Official Use Only
Division, Department, or Region (If Applica	ble)		2	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Rice B-		•		· · · · · · · · · · · · · · · · · · ·
Area Code/Phone Number [E-mail			Amendment (Must p	rovide explanation in Part 3.)
	wn2@acgov.	ora	Date of Original Filing:	
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?		Eace Value /	of Each Ticket/Pass \$	304.80
	Yes 🛛 No			
Event Description Warriors Basketball Provide Title/Ex	planation			//
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of Sou	Irce
Was ticket distribution made at the behest of agency official?	No 🔲 Yes	If yes:	Official's Name (L	ast, First)
. Recipients				
<ul> <li>Use Section A to identify the agency's department of</li> </ul>		ction 8 to identify an individu	• Use Section C to identi	fy an outside organization.
A. (Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy
B. (Name of Individual)	Number of			
Lest, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role		
Lauren Smith	4		al Role" or "Other" describe below:	
		To reward a commu	unity volunteer for his/h	er service
		Ceremonial Role	Other [] al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publi	ic purpose made pursuant to	the agency's policy
	Pass(es)			
				ф.
			· · · · · · · · · · · · · · · · · · ·	
Verification	10040 14			
			th above, is in accordance with t	he requirements
= <u>Bn</u>	and Br	nown s	upervisor's Assistant	_ 415/19
	Print Name		Title	(Month/Day, Year)

Comment: Parking Pass: \$30.00

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

4.

Date Stamp       California 80:         Form       80:         For Official Use Only       For Official Use Only         Amendment (Must provide explanation in Part 3.)       Date of Original Filing:
For Official Use Only         For Official S Name of Source         Official's Name (Last, First)         • Use Section C to identify an outside organization.
Amendment (Must provide explanation in Part 3.) Date of Original Filing:(Month, Day, Year) Each Ticket/Pass \$304.80
Date of Original Filing:       (Month, Day, Year)         Each Ticket/Pass \$       304.80        2318       /         State Warriors       /         Name of Source       Official's Name (Last, First)         • Use Section C to identify an outside organization.
Date of Original Filing:       (Month, Day, Year)         Each Ticket/Pass \$       304.80        2318       /         State Warriors       /         Name of Source       Official's Name (Last, First)         • Use Section C to identify an outside organization.
Date of Original Filing:       (Month, Day, Year)         Each Ticket/Pass \$       304.80        2318       /         State Warriors       /         Name of Source       Official's Name (Last, First)         • Use Section C to identify an outside organization.
Date of Original Filing:       (Month, Day, Year)         Each Ticket/Pass \$       304.80        2318       /         State Warriors       /         Name of Source       Official's Name (Last, First)         • Use Section C to identify an outside organization.
Each Ticket/Pass \$ 304.80 2318/ State Warriors Name of Source Official's Name (Last, First) • Use Section C to identify an outside organization.
Each Ticket/Pass \$ 304.80 2318/ State Warriors Name of Source Official's Name (Last, First) • Use Section C to identify an outside organization.
23 18     23 18     State Warriors     Name of Source     Official's Name (Last, First)      • Use Section C to identify an outside organization.
2318 State Warriors Name of Source Official's Name (Last, First) • Use Section C to identify an outside organization.
State Warriors Name of Source Official's Name (Last, First) • Use Section C to identify an outside organization.
Name of Source Official's Name (Last, First) • Use Section C to identify an outside organization.
Name of Source Official's Name (Last, First) • Use Section C to identify an outside organization.
Official's Name (Last, First)  • Use Section C to identify an outside organization.
Official's Name (Last, First)  • Use Section C to identify an outside organization.
purpose made pursuant to the agency's policy
dentify one of the following:
Other D Income I Income Income Income I Income I Income I Income I Income I Income I
Other Income
purpose made pursuant to the agency's policy
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bove, is in accordance with the requirements,
11-1.0
pervisor's Assistant $4/5/19$

				A Public Docume
1. Agency Name			Date Stamp	California Form 802
Alameda County				A CONTRACTOR OF A CONTRACTOR O
Division, Department, or Region (If Application	ble)	. ·		For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			- ·	
Bia a Roma			· · · · · · · · · · · · · · · · · · ·	
Area Code/Phone Number [E-mail			Amendment (Must pr	ovide explanation in Part 3.)
SIO) 27,2-( S Briana.brown2@acgov.org			Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🔀 🛛 No	Face Value o	of Each Ticket/Pass \$	304.80
Event Description Warriors Basketball				
Event Description Provide Title/Ex,	planation	Date(s)	, 26 , 18	//
Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No	If no. Golder	n State Warriors	
			Name of Sour	се
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	s 🛛 🛛 If yes:	Official's Name (La	2
		2	Official's Name (La	st, First)
. Recipients				
Use Section A to identify the agency's department or	Number of	ction B to identify an individu	Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/	Describe the publ	ic purpose made pursuant to	o the agency's policy
	Pass(es)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
Jacob Simpson	Ceremonial Role		Other	income
	4	If checking "Ceremonial Role" or "Other" describe below:		
		lo reward a commu	nity volunteer for his or	her service to the
·····	+	Ceremonial Role		
			Other     Content     Con	Income
			7	
				τi
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy
0				
Verification				
Verification	18942. I have ver	ified that the distribution set forth	h above, is in accordance with th	e requirements
I have read and understand CPPC Regulations 18944.1 and	18942. I have ven		h above, is in accordance with th	e requirements.
	18942. I have ver		h above, is in accordance with th Ipervisor's Assistant Title	e requirements. 

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