-			_	
A	Pul	blic	Doc	ument

_	erementar reore Even	to and merce	1 433 013	lindulions	A	Fublic Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors	4				
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Ticket	Administrator				
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	510-272-6601	leeann.fergerson@	Dacgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	🛛 No 🗖	Face Value of	Each Ticket/Pass \$	05.55
	Event Description: Raiders			Date(s)		
		Provide Title/ Expla	anation		//	//
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no: <u>GSW</u>		
				If yes: Hagger	Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No□	If yes: <u>Hagger</u>	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					<u> </u>
	• Use Section A to identify the agend	cy's department or unit.	Use Section B to	o identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		e public purpose made purs	
			<u> </u>			· · · · · · · · · · · · · · · · · · ·
	D Name of India		Number			
	B. Name of Indiv (Last, First		of Ticket(s)/ Passes		ldentify one of the fo	bllowing:
	Lokula, Gile	r	4/2	even	mote attendance at a t in order to maximize nue for concession an	potential county
				1	onial Role L Other L Ing "Ceremonial Role" or "Other" desc	
	C. Name of Outside Org (include address and o		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
						×
		2				

4. Verification

ŝ

- 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	12/04/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: -. 4.5

Ceremonial R	ole Events	and licket/H	ass Distri	butions	ΑΑ	Public Document
1. Agency Name	e				Date Stamp	California 802
Alameda Coun	•					
Division, Depart	ment, or Regior	ı (if applicable)				For Official Use Only
Board of Super						
Designated Age	ncy Contact (Na	me,Title)			· · ·	
Lee Ann Ferger	rson, Ticket Ad	ministrator			Amendment /Must Pr	rovide Explanation in Part 3.)
Area Code/Phon	e Number E	-mail		· · ·		ovide Explanation in Fart 5.7
51-272-6691	le	eeann.fergerson@)acgov.org		Date of Original Filing: _	(month, day, year)
2. Function or E	vent Informa	ation				
Does the agend	y have a ticket	policy? Yes	□ No □ F	ace Value of	Each Ticket/Pass \$ <u>30</u>	4.80
Event Description	. Warriors vs	. Timberwolves Provide Title/ Expla	D	ate(s) 12	<u>, 10 , 18</u>	1 1
	211. <u></u> 22	Provide Title/ Expla			· ·	//
Ticket(s)/Pass(e	es) provided by	agency? Yes	🛛 No 🗋 lf	no: <u>GSW</u>		
			15	yes: <u>Hagg</u> er	Name of Source	
		the behest Yes		yes: <u>Hagger</u>	Official's Name (Last, First)	
of agency offic	al?					
 	dentify the agency's f Agency, Departm		Use Section B to it Number of Ticket(s)/ Passes		lual. • Use Section C to identi e public purpose made purs	
					л.	·····
В.	Name of Individu (Last, First)	ual	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					ionial Role Dother D ing "Ceremonial Role" or "Other" desc	Income
					onial Role D Other desc	Income
	e of Outside Orgar le address and des		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
Ohlone College 43600 Mission		Rm 200-203	4/1	To rew	ard a school or non-pi its contributions to the	
Fremont, CA 94 510-659-6020	4539					
4. Verification						

4

-

I have read and understand FPPC Reg	ulations 18944.1 and 18942. I have v	rerified that the distribution set forth a	bove, is in accordance
(P)			
	Lee Ann Fergerson	Ticket Administrator	10/24/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: Raffle for the 2nd Annua	al Ohlone College Hilltop Gala pro	oviding furniture and equipment ir	the Academic Care
core buildings			EPPC Form 802 (2/2016)

	gency Report of: eremonial Role Even	ts and Ticket/F	ass Distr	ibutions	A	A Public Document
_	Agency Name Alameda County				Date Stamp	California Form 802
	Division, Department, or Reg	ion (if applicable)				Pur Official Ose Only
	Board of Supervisors					
	Designated Agency Contact					
	Lee Ann Fergerson, Ticket				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data of Original Filing	
	510-272-6601	leeann.fergerson@)acgov.org		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation			~	200.00
	Does the agency have a tick	ket policy? Yes	🛛 No 🗌 🛛	Face Value of	Each Ticket/Pass \$ 2	200.00
	Event Description: Childish			Date(s) <u>12</u>	<u>, 11 , 18</u>	
	Tielest(e)/Deee(ee) provided	Provide Title/ Expla		f no: GSW		
	Ticket(s)/Pass(es) provided	by agency? Yes			Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	🛛 No 🗔 🛛 I	f yes: <u>Hagger</u>	y, Scott Official's Name (Last, First))
	Use Section A to identify the agen A. Name of Agency, Depa		Number of Ticket(s)/ Passes			rsuant to the agency's policy
	Clerk of the Board		4	To re exemp	ward a County emplo lary service to the pu staff develop	blic or to encourage
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the	following:
					ionial Role Dother Control Other	
					ionial Role D Other [ing "Ceremonial Role" or "Other" d	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy

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

7	>	_ee Ann Fergerson	Ticket Administrator	12/11/18
Signature of Agency Head or Design		Print Name	Title	(month, day, year)
Comment: Teacher apprec	lation hight.			

C	eremonial Role Even	its and Ticket/F	Pass Distr	ibutions	A	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County				_	the second se
	Division, Department, or Reg	i on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		<u>,</u>]	
	Lee Ann Fergerson, Ticket	Administrator	Amendment (Must P	rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				
	510-219-562	leeann.fergerson@)acgov.org	·	Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation			20	1 80
	Does the agency have a ticl				Each Ticket/Pass \$ 30	J4.80
	Event Description: Warriors	Suite	[Date(s)	<u>, 12 , 18</u>	/
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🖾 No 🔲 l'	f no: <u>GSW</u>	Name of Source	
	Was ticket distribution made	at the behest vool		f yes: <u>Hagg</u> er	ty, Scott	
	of agency official?	at the beneat [165]		, , , , , , , , , , , , , , , , , , ,	Official's Name (Last, First)	
	Use Section A to identify the agen A. Name of Agency, Depa	· ·	Use Section B to Number of Ticket(s)/ Passes	1	lual. • Use Section C to ident	
	B. Name of India (Last, First		Number of Ticket(s)/ Passes	Coror	Identify one of the fo	-
				If check	nonial Role Other Other	cribe below:
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes		king "Ceremonial Role" or "Other" des e public purpose made purs	
	Washington Hospital Healt 2000 Mowry Ave., Fremont		20/4	To reward a the commun	· +	n for its contributions to
	Angus Cochran@whhs.con	n 510-791-3428				
4.	Verification		2			

(These read and understand FDDC Regu	lations 18944.1 and 18942. I have v	erified that the distribution set forth a	bove, is in accordance		
Or					
Y	Lee Ann Fergerson	Ticket Administrator	10/9/2018		
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)		
	the first the first statistic model for	demusite the number of modical	e en sie weeren de te est souill		
Comment:Hat Fundraiser- pro	ceeds from the fundralser will un	derwrite the purchase of medical	equipment that will		
bring the Morris Hyman Critical Cave Pavillon to life					
			FPPC Form 802 (2/2016)		

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

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distri	ibutions	Δ	Public Document
-	Agency Name		uss bloan		Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Reg	ion (if applicable)			-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must Pro	ovido Evolopation in Part 3)
	Area Code/Phone Number	E-mail				ovide Explanation III Fan 3.)
	510-272-6691	Leeann.fergerson@	@acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	🖾 No 🔲 F	ace Value of	Each Ticket/Pass \$	<u> </u>
	Event Description: TRAVIS	SCOTT: ASTROWC	DRLD D	ate(s) <u>12</u>	, 16 , 18	//
	Ticket(s)/Pass(es) provided		no: <u>GSW</u>	Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes	⊠ No 🗆 ^{If}	yes: Haggert		
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of India (Last, Firs		Number of Ticket(s)/		Identify one of the fol	lowing:
	Pitts, Andrew Wittenberg, Carter		Passes 4	ever	omote attendance at a c nt in order to maximize nue for concession and	potential county
	G				onial Role D Other D other of "Other" desc	nibe 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

1 phind markhad - > >	Regulations 18944.1 and 18942. I have v	erified that the distribution set forth a	bove, is in accordance
11 -			
	Lee Ann Fergerson	Ticket Administrator	12/12/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Agency Name			ibutions		A Public Document
,				Date Stamp	California Form 802
Alameda County]	For Official Use Only
Division, Department, or R	egion (if applicable)			For Official Use Only	
Board of Supervisors Designated Agency Contact	ct (Namo Titlo)			-	
Lee Ann Fergerson, Ticke					
Area Code/Phone Number				Amendment (Mu	ist Provide Explanation in Part 3.)
510-272-6691	leeann.fergersor	@acgov.org		Date of Original Filir	ng:(month, day, year)
Function or Event Info	ormation				
Does the agency have a t	ticket policy? Ye	s⊠ No⊡ F	Face Value of	Each Ticket/Pass \$	304.80
Event Description: Warrio	ors	C	Date(s) <u>12</u>	<u>, 17 , 18</u>	//
Ticket(s)/Pass(as) provide	Provide Title/ Ex	planation	f no: <u>GSW</u>		
Ticket(s)/Pass(es) provide	за ву аденсу? Уе			Name of Source	
Was ticket distribution ma	de at the behest γ_{e}	s 🗆 No 🗔 🛛 If	f yes: <u>Hagger</u> f	y, Scott Official's Name (Last, Fir	cefl
of agency official?				Oniciai's Name (Last, Pir	sij
• Use Section A to identify the ag		• Use Section B to 1 Number of Ticket(s)/			lentify an outside organization.
		- Number			
B. Name of In (Last, F		Number of Ticket(s)/ Passes		Identify one of th	e following:
B. Name of In (Last, F				Identify one of th onial Role C Other ing "Ceremonial Role" or "Other"	
		of Ticket(s)/	lf check	onial Role 🗌 Other	
	First) Organization	of Ticket(s)/	If check Cerem If checki	onial Role D Other ing "Ceremonial Role" or "Other onial Role D Other ing "Ceremonial Role" or "Other"	

	Lee Ann Fergerson	Ticket Administrator	11/14/18
Signature Strong mead or Designee	Print Name	Title	(month, day, year)
Comment: Supporting the vision of p	eople of all ages and abilities b	iking for everyday transportation,	, exercise and fun in
the East Be	ay - Silent auc	tion	
			FPPC Form 802 (2/2016)
		FPPC Toll-Free Helpline: 866/A	SK-FPPC (866/275-3772)

I have read an

Comment:

Signature of Agency Head of Designee

W).

Ceremonial Role Even	ts and Ticket/I	Pass Distr	ributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Ticket A	Administrator			Amendment (Mus	t Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
510-272-6691	Leeann.fergerson(@acgov.org		Date of Original Filing	:(month, day, year)
2. Function or Event Inform	mation		· · · · ·		204.00
Does the agency have a tick	ket policy? Yes	🗆 No 🗌 🕴	Face Value of	Each Ticket/Pass \$.	304.80
Event Description: Warriors	game	[Date(s)12	<u>, 27 , 18</u>	02 , 21 , 19
	Provide Title/ Expla	anation			
Ticket(s)/Pass(es) provided	by agency? Yes	No 🗆 🛛	f no: <u>GSW</u>	Name of Source	
Was ticket distribution made	at the behast of		f yes: <u>Hagger</u>	ty, Scott	
Was ticket distribution made of agency official?	at the benest Yes	NOLI	r yes	Official's Name (Last, First	9
3. Recipients					
• Use Section A to identify the agend	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	following:
				ionial Role Dother ing "Ceremonial Role" or "Other" of	
	······································		1	ionial Role Dother Other ing "Ceremonial Role" or "Other" of	
C. Name of Outside Org (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
Auburn Alehouse 2106 First Street, Livermore	e CA 94550	8/2	To reward a the commun		on for its contributions to
4. Verification					- <u> </u>

Lee Ann Fergerson

Print Name

11/13/18

(month, day, year)

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

Proceeds for Rooms of Hope, a non-profit org. that creates dream rooms for children with life threat. illnesses

Ticket Administrator

Title

A Public Document

			+	unnations		Fublic Document
1.	Agency Name			· <u>-</u>	Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors					= .0
	Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson, Ticket	Administrator			Amondment (Must	
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
	510-272-6691	Leeann.fergerson@	@acgov.org	l 	Date of Original Filing: .	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$)4.80
	Event Description: Warriors			Date(s)		
		Provide Title/ Expla		-		
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no: GSW	Name of Source	· · · · · · · · · · · · · · · · · · ·
	Was ticket distribution made	at the behest. Yos I		If yes: Hagger	ty, Scott	
	of agency official?	at the beneat Test			Official's Name (Last, First)	
	• Use Section A to identify the agend A. Name of Agency, Depa		Use Section B t Number of Ticket(s) Passes		nal. • Use Section C to identi e public purpose made purs	
	Haggerty, Scott		4			
					oversight of facilities or e County funding or support	
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes	/	Identify one of the fo	llowing:
	5				onial Role D Other D ing "Ceremonial Role" or *Other" des	Income
	-				ionial Role D Other D Other ing "Ceremonial Role" or "Other" desi	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

¥ É	Lee Ann Fergerson	Ticket	Administrator	12/12/19
V Signature of Agency Head or Designee Comment:	Print Name	ю А	Title	(month, day, year)
Comment.	· · · · · · · · · · · · · · · · · · ·		··	<u> </u>

	eremonial Role Even	ts and Ticket/P	ass Dist	ributions		Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County	ion (if englischie)	<u> </u>			For Official Use Only
	Division, Department, or Region (if applicable)					
	Board of Supervisors Designated Agency Contact	(Nama Titla)				
	•					
	Lee Ann Fergerson, Ticket	TE-mail	<u></u>		Amendment (Must	Provide Explanation in Part 3.)
		Leeann.fergerson@			Date of Original Filing:	(month, day, year)
	510-272-6691					(month, day, year)
2.	Function or Event Infor	mation			3	04 80
	Does the agency have a tic	ket policy? Yes [Each Ticket/Pass \$ _	
	Event Description: Warriors			Date(s) <u>12</u>	<u>, 23 , 18</u>	//
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes		If no: <u>GSW</u>	Name of Source	
	Was ticket distribution made	e at the behest. Vos l		If yes: <u>Hagger</u>	ty, Scott Official's Name (Last, First)	
	of agency official?			•	Official's Name (Last, First)	
	• Use Section A to identify the agen A. Name of Agency, Dep		Use Section B to Number of Ticket(s)/ Passes			irsuant to the agency's policy
	B. Name of Ind (Last, Fil		Number of Ticket(s)/ Passes		Identify one of the	following:
	Illingsworth, Tom		4	eve	omote attendance at nt in order to maximiz enue for concession a	ze potential county
					nonial Role 🖵 – Otner L king "Ceremonial Role" or "Other" d	
	C. Name of Outside C (include address and)rganization d description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	irsuant to the agency's policy

4. Verification

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

		Lee Ann Fergerson	Ticket Administrator	12/12/19
V.	Signature of Agenty Head or Designee	Print Name	Title	(month, day, year)
	Comment:			P
	oommene.			

. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department,	or Region (if applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Co	ntact (Name, Title)				
Lee Ann Fergerson, T	icket Administrator			Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Num	ber E-mail				
510-272-6691	Leeann.fergers	on@acgov.org		Date of Original Filing:	(month, day, year)
. Function or Event	Information				
Does the agency have	e a ticket policy? Y	es 🖾 No 🗔 🛛 F	ace Value of	Each Ticket/Pass \$ <u>3</u>	04.80
Event Description: Wa			Date(s) <u>12</u>		
	Provide Title/ E	Explanation			
Ticket(s)/Pass(es) pro	vided by agency? Y	es 🛛 No 🗖 🛙 🛙	fno: <u>GSW</u>	Name of Source	
Was ticket distribution	made at the behest Y		yes: Haggert	y, Scott	<
of agency official?	made at the beneat y		,	Official's Name (Last, First)	
Pacinients					
	the agency's department or uni	t. • Use Section B to i Number of Ticket(s)/ Passes			tify an outside organization. rsuant to the agency's policy
• Use Section A to identify		Number of Ticket(s)/	Describe th To re		rsuant to the agency's policy byee for his or her blic or to encourage
Use Section A to identify A. Name of Agend District 1 B. Name		Number of Ticket(s)/ Passes	Describe th To re	e public purpose made pur ward a County emplo ary service to the pub	rsuant to the agency's policy byee for his or her blic or to encourage nent
Use Section A to identify A. Name of Agend District 1 B. Name	y, Department or Unit	Number of Ticket(s)/ Passes 4 Number of Ticket(s)/	Describe th To re exempt	ward a County emplo ary service to the put staff developr	rsuant to the agency's policy byee for his or her blic or to encourage nent following: Income
Use Section A to identify A. Name of Agend District 1 B. Name	y, Department or Unit	Number of Ticket(s)/ Passes 4 Number of Ticket(s)/	Describe th To re exempt	e public purpose made pur ward a County emplo ary service to the put staff developr Identify one of the to onial Role Other [rsuant to the agency's policy byee for his or her blic or to encourage nent following: Income Income
• Use Section A to identify A. Name of Agence District 1 B. Name (//	y, Department or Unit	Number of Ticket(s)/ Passes 4 Number of Ticket(s)/	Describe th To re exempt	e public purpose made pur ward a County emplo ary service to the put staff developr Identify one of the t onial Role Other of the f onial Role Other of the f onial Role Other of the f	rsuant to the agency's policy byee for his or her blic or to encourage nent following: Income Income

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	12/12/19
Signature of Agency Head or Beeignee	Print Name	Title	(month, day, year)
Comment:	·····		

1.	Agency Name	· · · · · ·		Date Stamp	California 802	
	Alameda County				Form For Official Use Only	
	Division, Department, or Region (If Applicable))		-		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	1				
	Gabriela Christy	Amendment (Must pro	vide explanation in Part 3.)			
	Area Code/Phone Number E-mail					
	(510) 272-6692 Gabriela.Chr	isty@acgov	org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information				305.55/35	
		Yes 🔀 No		of Each Ticket/Pass \$		
	Event Description Raiders vs. Chiefs		Date(s) <u>12</u>	. 02 , 18	/	
	Provide Title/Expla	anation				
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Oaklar	Name of Sour	ce	
	Was ticket distribution made at the behest	No 🗌 Yes	Valle,	Richard- Supervisor D	istrict 2	
	of agency official?		Ed in yes	Official's Name (La	st, First)	
3	Recipients			· · · · · · · · · · · · · · · · · · ·		
•.	Use Section A to identify the agency's department or u	init. • Use Sec	tion B to identify an individu	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	o the agency's policy	
		Pass(es)				
	R Name of Individual	Number of				
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:	
			Coronienter (Other	Income 🔲	
			If checking "Ceremon	ial Role" or "Other" describe below:		
			Ceremonial Role	Other	Income	
				 ial Role" or "Other" describe below:		
					<u></u>	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	bublic purpose made pursuant to the agency's policy		
	New Haven Schools Foundation 34200 Alvarado-Niles Rd, Union City, CA 94587	3/1	 To reward a school or nonprofit organization for its contribution to the community 			
	= 501(c)(2) controlit correction		academic programs	s, and enriching the edu	icational experience to	
	a 501(c)(3) nonprofit corporation dedicated to funding scholarships, suppo		help students succe			
4.	Verification	11		· · · · · · · · · · · · · · · · · · ·		
	I have read and understand EDDC Doculations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
		Gabriela Cl	hristy	Supervisor's Assistant	199	
		Print Nam	e	Title	(Month, Day, Year)	
	Comment: Fundraiser for their Annual Gala	a.				
	Comment.			EPPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)	

_				D. t. Otama	Colifornia 000	
1.	Agency Name			Date Stamp	California 802	
	Alameda County	<u></u>			For Official Use Only	
	Division, Department, or Region (If Applic	Division, Department, or Region (If Applicable)				
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Gabriela Christy			Amendment (Must pro	ovide explanation in Part 3.)	
	Area Code/Phone Number E-mail					
	(510) 272-6692 Gabriela.	Christy@acgov.	org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information				305.55/35	
	Does the agency have a ticket policy?	Yes 🔀 🛛 No 🕻		f Each Ticket/Pass \$		
	Event Description Raiders vs. Steelers		Date(s)12	, 09 , 18	//	
	Provide Title/	Explanation				
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🛽	If no: Oaklar	nd Athletics Name of Sou	r/a	
	• •					
	Was ticket distribution made at the behas	st 🛛 No 🗖 Yes 🛛	If yes: Valle,	Richard- Supervisor D	ast, First)	
	of agency official?			•		
3.	• Use Section A to identify the agency's department	t or unit of lice Sect	ion B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	Use Section A to identify the agency's department	Number of				
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
					1	
					Ð	
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the following	ng:	
		Pass(es)	Ceremonial Role	Other		
	×			ial Role" or "Other" describe below:		
	2					
			Ceremonial Role		Income	
			If checking "Ceremon	ial Role" or "Other" describe below:		
		Number of				
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
		1 435(55)			ation for its contributions	
	Chabot College Foundation 25555 Hesperian Blvd Hayward, CA 94545	3/1	to the community	of of nonprofit organiz		
	Chabot College is a public		progress in the wor	kplace, and engage in	the civic and cultural life to the intellectual, cultu	
	comprehensive community college that					
4.	Verification	1 and 18942 I have ver	ified that the distribution set f	orth above, is in accordance with	the requirements.	
	\$ 16944.1					
		Gabriela Ch Print Name		Supervisor's Assistant	(Month, Day, Year)	
	Comment: physical, and economic vita	ality of the region	. The college respor	nds to the educational a		
				FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)	

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Region	1 (If Applicable)			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Gabriela Christy				Amendment (Must pro	vide explanation in Part 3.)
		-mail				···· ,
	(510) 272-6692	Gabriela.Chr	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	ation				304.00/20
	Does the agency have a ticket p	olicy?	Yes 🔀 🛛 No 🛛		f Each Ticket/Pass \$	001100100
	Event Description Warriors vs.			Date(s)	<u>, 10 , 18 -</u>	//
	P	rovide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by a	igency?	Yes 🔲 No 🛛	If no: GSW	Name of Sour	ce
	Was ticket distribution made at t	he hehest	No 🔲 Yes 🛙	Valle,	Richard- Supervisor D	istrict 2
	of agency official?	ne beneot			Official's Name (La	st, First)
3.	Recipients	<u>_</u>			K	
0.	Use Section A to identify the agency's	department or u	unit. • Use Sect	tion B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/	Describe the pub	lic 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 followin	g:
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
					— — — — — — — — — — — — — — — — — — —	
				Ceremonial Role	Other ial Role" or "Other" describe below:	Income
			·	·		
	C. Name of Outside Organiza (include address and descri	tion ption)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	Hayward salvation army 430 A Hayward, CA 94541	A St,	4	 To reward a scho to the community 	ol or nonprofit organiza	tion for its contributions
					- 1 - u the Dible Ite mini	
	an international movement, is evangelical part of the univers					stry is motivated by the ospel of Jesus Christ an
4.	Verification		·			
	1:	s 18944.1 and	18942. I have ver	ified that the distribution set fo	orth above, is in accordance with	the requirements.
			Gabriela Ch	nristy	Supervisor's Assistant	1/2/19
			Print Name		Title	(Month, Day, Year)
	Comment: Fundraiser for their	Red Kettle	Kickoff			
	Comment:				EPPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)

1. Agency Name

Gabriela Christy

(510) 272-6692

3. Recipients

Δ

В.

C.

Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . Gabriela.Christy@acgov.org (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 ______ Holiday Tour Date(s) <u>12</u>, <u>15</u>, 18 Provide Title/Explanation If no: <u>GS</u>W Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Ticket(s)/ (Lasi, First) Pass(es) Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Gardley, Kassandra 4 - To reward a County employee for his or her exemplary service to the public or to encourage staff development Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

Verification

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

	Gabriela Christy	Supervisor's Assistant	19189
Contract of righting rical of Designee	Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

California

Form

Date Stamp

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Regio	on (If Applicabl	le)			
	Board of Supervisors					
	Designated Agency Contact (A	lame, Title)				
	Gabriela Christy		Amendment (Must	provide explanation in Part 3.)		
		E-mail			Date of Original Filing	•
_		1	nristy@acgov	.org	Date of Original Filling	(Month, Day, Year)
2.	Function or Event Inform				of Each Tinket/Deec f	
	Does the agency have a ticket	policy?	Yes 🖾 No			
	Event Description	t Provide Title/Exp	-/	Date(s)	2 <u>, 16 , 18</u>	//
				If no: GSW		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 🛛 No		Ivanie ur s	
	Was ticket distribution made at	the behest	No 🗌 Yes	If ves: Valle	e, Richard- Supervisor	District 2
	of agency official?				Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency'	s department or	runit. • Use Sec			
	A. Name of Agency, Departmen	t or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	<u> </u>					
			Number of		<u> </u>	
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role		
	Johnson, Celina		2		nial Role" or "Other" describe below.	
				 – To reward a corr public 	munity volunteer for r	nis or her service to the
				Ceremonial Role	Other	
	Rodriguez, Brenda		2		nial Role" or "Other" describe below.	
			2	 To reward a corr public 	nmunity volunteer for h	his or her service to the
			Number of			
	C. Name of Outside Organiz (include address and desc		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
			1 435(05)		· · · · · · ·	
		<u> </u>				
4	Verification		<u> </u>			
τ.	I have road	is 18944.1 an	d 18942. I have ve	nfied that the distribution set	forth above, is in accordance w	with the requirements.
			Gabriela C	hristy	Supervisor's Assistar	nt 1/8/19
			Print Nam	e	Title	(Month, Day, Year)
	Commont					· · · · · · · · · · · · · · · · · · ·
	Comment:		·			FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)
					TELECTOR-LIGS Leshing:	

A Public Document

1. A	Agency Name				Date Stamp	California 802
	Alameda County			For Official Use Only		
D	ivision, Department, or Region	n (If Applicable				
E	Board of Supervisors					
D	Designated Agency Contact (Na	ame, Title)				
c	Gabriela Christy					
		-mail			Amendment (Must)	provide explanation in Part 3.)
		Gabriela.Chr	isty@acgov	org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Inform	ation				201100/2
	oes the agency have a ticket p		Yes 🗵 No	Face Value o	f Each Ticket/Pass \$ _	309100/3
					, 17 , 18	
E	vent Description <u>Warriors vs.</u>	Provide Title/Expla	anation	Date(s)		///
Ŧ	icket(s)/Pass(es) provided by a	agency?	Yes 🗌 No l	If no: GSW		
- 1	iurei(s)/Fass(es) provided by a	agonoy :			Name of St	
	Vas ticket distribution made at t	he behest	No 🗌 Yes	⊠ If yes: <u>Valle</u> ,	Richard- Supervisor	UISTRICT 2
1	of agency official?				Omciais Name	Last, First)
-	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
Ē	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	
				Ceremonial Role If checking "Ceremon	Other Content in the second s	Income
-		2		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
c	Name of Outside Organiza (include address and descr	ation iption)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
 1 0	Fri-Cities Community Develop Center 37620 Filbert St, News	oment ark, CA 945	4/1	 To reward a school to the community 	ool or nonprofit organi	zation for its contributior
t	o help low income and low m women, men, youth, families,	oderate and comm		move in a positive lifestyle choices, jo	direction towards ach b readiness, and fam	ievement in a healthy ily economics and educ

4. Verification

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

Gabriela Christy Print Name Supervisor's Assistant

(Month, Day, Year)

Date Stamp California 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . Gabriela.Christy@acgov.org (Month, Day, Year) (510) 272-6692 2. Function or Event Information 204.81 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗋 Date(s) 12 22 18 Warriors vs. mavericks Event Description 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 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Identify one of the following: Ticket(s)/ (Last First) Pass(es) Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Potter, Tisa 4/1- To reward a County employee for his or her exemplary service to the public or to encourage staff development income 🔲 Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

Verification

Α.

Β.

C.

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

	Gabriela Christy	Supervisor's Assistant	1919
Jignee	Print Name	Title	(Month, Day, Year)

Comment: _

1	Agency Name				Date Stamp	California 802
•••	Alameda County			Form OUZ		
	Division, Department, or Reg	on (If Applicab	le)		•	For Official Use Only
	Board of Supervisors		ia ia			
	Designated Agency Contact	Name, Title)				
			<u> </u>			
	Gabriela Christy Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)	
	(510) 272-6692		nristy@acgov.e	org	Date of Original Filing: _	(Month, Day, Year)
2	Function or Event Infor					
- .	Does the agency have a ticke		Yes 🖾 No 🛙	Face Value o	f Each Ticket/Pass \$	304.00 30
	•			 	, 23 , 18	1 1
	Event Description Warriors v	Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No 🛛	If no: GSW		
	Ticket(s)/Pass(es) provided b	y agonoy :			Name of Sou	
	Was ticket distribution made a	t the behest	No 🗌 Yes 🛛	⊠ lfyes: <u>Valle,</u>	Richard- Supervisor D	District 2
	of agency official?					asi, Firsi)
3.	Recipients					e
	Use Section A to identify the agency	/'s department o	r unit. • Use Secti Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
		<u></u> .	Fass(es)		······································	
				4 a		
	B. Name of Individua		Number of Ticket(s)/		Identify one of the followir	ng:
	(Last, First)		Pass(es)			
	Contro			Ceremonial Role	Other Other describe below:	
	Cerys, Jang		4/1		munity volunteer for his	s or her service to the
				public	······································	
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des	ization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy
			Pass(es)			
4.	Verification				10 - t	the construction of the
	l ha	tions 18944.1 an	d 18942. I have veri		orth above, is in accordance with	the requirements.
			Gabriela Ch		Supervisor's Assistant	1919
			Print Name		Title	(Month, Day, Year)
	Commont					
	Comment:					

	· · · · · · · · · · · · · · · · · · ·				STATISTICS IN THE REAL PROPERTY OF
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OOL
	Division, Department, or Region (If Applicable)			For Onicial Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Gabriela Christy				
	Area Code/Phone Number E-mail			Amendment (Must provi	de explanation in Part 3.)
	(510) 272-6692 Gabriela.Chr	risty@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	305.55/35
	Raiders vs. Bropcos			, 24 , 18	1 1
	Event Description Provide Title/Expla	anation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd Athletics	
				Name of Source	
	Was ticket distribution made at the behest of agency official?	No 🗖 Yes	If yes: Valle,	Richard- Supervisor Dis Official's Name (Last	t, First)
3.	Recipients		<u> </u>		
	Use Section A to identify the agency's department or I		tion B to identify an individu	al. • Use Section C to identify	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
	e.				
		Number of			1 >
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	
	Saaredra, Arturo	3/1		Other Carlie and the selow: al Rale" or "Other" describe below: munity volunteer for his o	Income
			Ceremonial Role	Other	
				ial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
	2				
4.	Verification		• <u>))</u>	· · · · · · · · · · · · · · · · · · ·	
	l ations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with th	ne requirements.
	2	Gabriela C	hristy	Supervisor's Assistant	1819
		Print Nam	e	Title	(Month, Day, Year)
				12	
	Comment:				FPPC Form 802 (4/12)

Comment: .

Date Stamp California 8 1. Agency Name 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.) E-mail Area Code/Phone Number Date of Original Filing: Gabriela.Christy@acgov.org (510) 272-6692 (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 vs. Lakers 18 12 Date(s) 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 🖾 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit А. Ticket(s)/ Pass(es) Number of Identify one of the following: Name of Individual В. Ticket(s)/ (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Olson, Charles 2 - To reward a community volunteer for his or her service to the public Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Wodzick, Stan 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 C. Ticket(s)/ Pass(es) (include address and description) Verification 4 Jations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Supervisor's Assistant Gabriela Christy Title Print Name (Month, Day, Year)

						A STATISTIC VICTOR AND STATISTICS
1.	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
	Division, Department, or Reg	ion (If Applicab	le)			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Gabriela Christy				Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			_	
	(510) 272-6692		nristy@acgov	.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				204,00/20
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	801.00100
	Event Description Warriors v	s. Trailblazer		Date(s)	, 27 , 18	
		Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: GSW	Name of Sou	rce
	Was ticket distribution made a	t the hehest	No 🗌 Yes	Valle,	Richard- Supervisor D	District 2
	of agency official?	a the beneot			Official's Name (L	ast, First)
-	Recipients					<i>b</i>
J.	Use Section A to identify the agency	/'s department o	r unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.
24	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant f	to the agency's policy
			Pass(es)			
			Number of			*****
	B. Name of Individua (Last. First)	1	Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	income 🗖
	Bucholthz, Jamie		4		ial Role" or "Other" describe below:	, as her consider to the
				 – To reward a comi public 	munity volunteer for his	s or her service to the
				Ceremonial Role	Other	income
					ial Role" or "Other" describe below:	
5	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy
	(include address and des		Pass(es)			
4.	Verification		140040	ited that the distribution and t	orth above, is in accordance with	the requirements
	1	8944.1 an				
	â		Gabriela C		Supervisor's Assistant	(Month, Day, Year)
	Lesignee		Print Nam	0		(monut, buy, rour)
	Comment:					
					FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Comment: ____

C	eremonial Role Event					
1.	Agency Name			·	Date Stamp	California 802
	Alameda County					
	Division, Department, or Regio	on (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (A	Vame, Title)	1			
	Sarah Oddie				Amondmont (thus	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				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	•			\$20°E EE tieket/\$2E pork
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$305.55 ticket/\$35 park
	Event Description	me		Date(s)	2 , 09 , 18	/
		Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗋 No	If no: Oakla	nd Raiders Name of S	
				Char		ource
	Was ticket distribution made at of agency official?	the benest	No 🗌 Yes	If yes: Char	Official's Name	(Last, First)
				*		à
5.	• Use Section A to identify the agency?	s department o	runit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departmen		Number of		blic purpose made pursuan	
	A, Name of Agency, Department	it of onit	Ticket(s)/	Describe the pu		it to the agoing o point,
			Pass(es)			
	B, Name of Individual		Number of Ticket(s)/		Identify one of the follow	vīng:
	B. Name of Individual (Last, First)		Number of			
	(Last, First)		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follow	Income
	B. Name of Individual (List, First) Mao, Sokhom		Number of Ticket(s)/	If checking "Ceremo To promote attend	Other nial Role" or "Other" describe below:	Income
	(Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend	Other Other or "Other" describe below: ance at a(n) event b	Income
	(Last, First)		Number of Ticket(s)/ Pass(es) 2	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other Other or or or ofther describe below: ance at a(n) event h potential County reve	Income [neld at a County facility in nue
	(Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other other other describe below: ance at a(n) event h potential County reve Other	Income [neld at a County facility in nue
	(Last, First) Mao, Sokhom	ation	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other other other describe below: ance at a(n) event h potential County reve Other	Income [neld at a County facility in nue Income [
	(Lss, First) Mao, Sokhom	ation	Number of Ticket(s)/ Pass(es) 2 2 Number of	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other County reve Other	Income [neld at a County facility in nue Income [
	(Last, First) Mao, Sokhom	ation	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other Other County reve Other	Income [neld at a County facility in nue Income [
	(Last, First) Mao, Sokhom	ration ription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the put	Other other other describe below: ance at a(n) event h potential County reve Other Other other other other other	Income [neld at a County facility in nue Income [
	(Last, First) Mao, Sokhom C. Name of Outside Organiz (include address and descr	ration ription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pull	Other Other County reve Other	Income

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

eremonial Role Ever					
Agency Name		-		Date Stamp	California 802
Alameda County					
Division, Department, or Reg	gion (If Applicab	1	For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Sarah Oddie					<u> </u>
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	e@acgov.org	J	Date of Original Filing	(Month, Day, Year)
Function or Event Infor	mation	······································		· · · · · · · · · · · · · · · · · · ·	<u>, a</u>
Does the agency have a ticke	et policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	\$304.80 ticket/\$30 park
Event Description Basketba	ll Game		Data(s) 1	2 , 10 , 18	\$304.80 ticket/\$30 park
	Provide Title/Exp	olanation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	en State Warriors	
				Name of S	ource
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Cha	official's Name	(Last. First)
	e			e 4,	
• Use Section A to identify the agence	y's department or	'unit. • Use Se	ction B to identify an individ	iual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
					and the second
	· · · · · · · · · · · · · · · · · · ·				
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	<i>i</i> ng:
(Lest, First)	al	Ticket(s)/	Ceremonial Role	Other	
B. Name of Individua (Lest, First) Atkin, Catherine	21	Ticket(s)/	If checking "Ceremo	Other nial Role" or "Other" describe below:	Income
(Lest, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend	Other nial Role" or "Other" describe below:	Income neld at a County facility
(Lest, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend	Other nial Role" or "Other" describe below: ance at a(n) event h potential County reven	Income neld at a County facility
(Lest, First)	al	Ticket(s)/ Pass(es) 2+1park	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other nial Role" or "Other" describe below: ance at a(n) event h potential County reven	Income neld at a County facility nue
(Lest, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other	Income neld at a County facility nue
(Lest, First) Atkin, Catherine		Ticket(s)/ Pass(es) 2+1park 2+1park	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other	Income neld at a County facility nue
(Lest, First)	ization	Ticket(s)/ Pass(es) 2+1park 2+1park 2+1park	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other	Income neld at a County facility nue Income
(Lest, First) Atkin, Catherine	ization	Ticket(s)/ Pass(es) 2+1park 2+1park	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other inial Role" or "Other" describe below: ance at a(n) event h potential County rever Other Other Nother	Income neld at a County facility nue Income
(Lest, First) Atkin, Catherine	ization	Ticket(s)/ Pass(es) 2+1park 2+1park 2+1park	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other inial Role" or "Other" describe below: ance at a(n) event h potential County rever Other Other Nother	Income neld at a County facility nue Income
(Lest, First) Atkin, Catherine	ization	Ticket(s)/ Pass(es) 2+1park 2+1park 2+1park	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other inial Role" or "Other" describe below: ance at a(n) event h potential County rever Other Other Nother	Income neld at a County facility nue Income
(Lest, First) Atkin, Catherine	ization	Ticket(s)/ Pass(es) 2+1park 2+1park 2+1park	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other inial Role" or "Other" describe below: ance at a(n) event h potential County rever Other Other Nother	Income neld at a County facility nue Income
(Lest, First) Atkin, Catherine C. Name of Outside Organ (include address and des	ization	Ticket(s)/ Pass(es) 2+1park 2+1park 2+1park	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other inial Role" or "Other" describe below: ance at a(n) event h potential County rever Other Other Nother	Income neld at a County facility nue Income
C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/ Pass(es) 2+1park 2+1park 2+1park Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pul	Other inial Role" or "Other" describe below: ance at a(n) event h potential County rever Other Other Nother	Income neld at a County facility nue Income
C. Name of Outside Organ (include address and des	ization cription)	Ticket(s)/ Pass(es) 2+1park 2+1park 2+1park Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the put	Other Other Contential County reven Other Other Other Contential County reven Other Cother C	Income neld at a County facility nue Income

4.

•••	Agency Name			<u>.</u>	Date Stamp	California 000	
	Alameda County				Due oramp	Form 802	
	Division, Department, or Regi	on (If Applicab	ole)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name.Title)					
	Sarah Oddie	. ,					
	Area Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)				
	(510) 272-6693 sarah.oddie@acgov.org				Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Inform	nation					
	Does the agency have a ticket		Yes 🔀 No	Face Value	of Each Ticket/Pass \$.	\$304.80 ticket/\$30 park	
	Event Description Basketball	Game				///	
		Provide Title/Exp	olanation				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	en State Warriors Name of S	Source	
	Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Cha	n. Wilma		
	of agency official?		NO L Tes	If yes:	Official's Name	(Last, First)	
3.	Recipients	4					
	 Use Section A to identify the agency' 	s department or	unit. • Use Se	ction B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit			Describe the pu	blic purpose made pursuar	it to the agency's policy	
			Pass(es)				
-			1 400(00)				
-	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
-	(Last, First)		Number of Ticket(s)/	Ceremonial Role	Other	Income	
-	B. Name of Individual (Last, First) Tam, Judy		Number of Ticket(s)/	If checking "Ceremo To promote attend	Other	Income	
-	(Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize	Other D nial Role" or "Other" describe below: ance at a(n) event h	Income	
-	(Last, First)		Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other D nial Role" or "Other" describe below: ance at a(n) event h potential County reven	Income held at a County facility in nue	
-	(Last, First)	ation iption)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below: ance at a(n) event h potential County reven	Income held at a County facility in nue	
-	(Lest, First) Tam, Judy Name of Outside Organiz	ation iption)	Number of Ticket(s)/ Pass(es) 2 2 Number of	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other inial Role" or "Other" describe below: ance at a(n) event h potential County rever Other inial Role" or "Other" describe below:	Income held at a County facility in nue	
-	(Lest, First) Tam, Judy C. Name of Outside Organiz (include address and descr	iption)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon Describe the put	Other Dial Role" or "Other" describe below: ance at a(n) event h potential County rever Other Dial Role" or "Other" describe below:	Income	
-	(Lest, First) Tam, Judy C. Name of Outside Organiz (include address and descr	iption)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremon Describe the put	Other inial Role" or "Other" describe below: ance at a(n) event h potential County rever Other inial Role" or "Other" describe below:	Income	

Ceremonial Role Ever					A Public Documer
1. Agency Name		· · · · ·	- <u>*</u>	Date Stamp	California 802
Alameda County				*	Form OUZ
Division, Department, or Reg	gion (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			-	
Sarah Oddie		2			
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org	ļ	Date of Original Filing	(Month Doy Yoar)
. Function or Event Infor	mation				(Monin, Day, Tear)
Does the agency have a ticke	et policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$.	\$304.80 ticket/\$30 park
Event Description Basketbal	I Game			2 , 17 , 18	///////
Event Description	Provide Title/Exp	lanation	Date(s)		//
Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	IST If no: Golde	n State Warriors	
	j			Name of S	ource
Was ticket distribution made a	at the behest	No 🗋 Yes	If yes: Char	, Wilma Official's Name	11 - 1 - 11 - 12 - 13 - 13 - 13 - 13 - 1
of agency official?		a e e		Official's Name	(Last, First)
Recipients					
Use Section A to identify the agence A. Name of Agency, Department		Number of			
			Deserths the mult		
	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	nic purpose made pursuar	t to the agency's policy
B. Name of Individua			Describe the put	Identify one of the follow	
		Pass(es)		Identify one of the follow	Āng:
B. Name of Individua		Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role		
B. Name of Individua (Last, First)		Pass(es)	Ceremonial Role If checking "Ceremon To promote attenda	Identify one of the follow Other Inter Int	ing: Income [neld at a County facility in
B. Name of Individua (Last, Funt) Quintero, Benjamin		Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attenda order to maximize p Ceremonial Role	Identify one of the follow Other Other Ince at a(n) event h ootential County reven Other	ing: Income [neld at a County facility in
B. Name of Individua (Last, Funt)		Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremonial To promote attenda	Identify one of the follow Other ial Role" or "Other" describe below: ance at a(n) event h botential County rever Other al Role" or "Other" describe below:	ing: Income [neld at a County facility in nue Income [neld at a County facility in
B. Name of Individua (Last, First) Quintero, Benjamin Fishman, Amie	al	Pass(es) Number of Ticket(s)/ Pass(es) 2	Ceremonial Role If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon To promote attenda order to maximize p	Identify one of the follow Other Other' describe below: ance at a(n) event h potential County rever Other Other' describe below: ance at a(n) event h	ring: Income [neld at a County facility in nue Income [neld at a County facility in nue
B. Name of Individua (Last, First) Quintero, Benjamin Fishman, Amie C. Name of Outside Organi	al	Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon To promote attenda order to maximize p	Identify one of the follow Describe below: ance at a(n) event h potential County rever Describe below: ance at a(n) event h potential County rever Describe below: ance at a(n) event h potential County rever	ing: Income [neld at a County facility in nue Income [neld at a County facility in nue
B. Name of Individua (Last, First) Quintero, Benjamin Fishman, Amie C. Name of Outside Organi	al	Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremon To promote attenda order to maximize p Ceremonial Role If checking "Ceremon To promote attenda order to maximize p	Identify one of the follow Describe below: ance at a(n) event h potential County rever Describe below: ance at a(n) event h potential County rever Describe below: ance at a(n) event h potential County rever	ring: Income [neld at a County facility in nue Income [neld at a County facility in nue

Sarah Oddie Supervisor's Assistant 12.21.2018 Print Name Title (Month, Day, Year)

Comment: _

4.

Ceremonial Role Events ar	nd licket/Pas	s Distributions		A Public Documer
1. Agency Name			Date Stamp	California 802
Alameda County	_			T GITTI
Division, Department, or Region (If)	Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name,	Title)		-	
Sarah Oddie				
Area Code/Phone Number E-mail	1			provide explanation in Part 3.)
(510) 272-6693 sarał	n.oddie@acgov.org	9	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informatio	n			
Does the agency have a ticket policy	/? Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ 🖞	\$304.80 ticket/\$30 park
Event Description Basketball Game		– – – – 12	, 22 , 18	//
Event Description	Title/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by agen	cy? Yes 🗌 No		State Warriors	
		, <u>c.</u>	Name of Sc	purce
Was ticket distribution made at the b	ehest 🛛 No 🗔 Yes	s⊠ Ifyes: <u>Chan</u> ,	, Wilma Official's Name (
of agency official?			Official's Name (Last, First)
. Recipients				2
Use Section A to identify the agency's depar		ection B to identify an individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Un	it Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
B. Name of Individual (Last. First)	Number of Ticket(s)		Identify one of the follow	ing:
	Pass(es)	Ceremonial Role	Other	Income
Coffin, Scott		If checking "Ceremonia	al Role" or "Other" describe below:	
			nce at a(n) event h otential County reven	eld at a County facility in ue
		Ceremonial Role	Other	Income
		If checking "Ceremonia	al Role" or "Other" describe below:	
		ļ		
	Marriera			· · · · · · · · · · · · · · · · · · ·
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)			
Alameda Health System Foundatio			or nonprofit organizat	ion for its contributions
Frank H Ogawa Plaza #900, Oakla	na,CA	to the community	· · · · · · · · · · · · · · · · · · ·	
Foundation for Alameda Health Sys hospitals	stem			
Verification				
	944.1 and 18942. I have ve	rified that the distribution set for	th above, is in accordance with	h the requirements.
	Sarah Oo	idie S	Supervisor's Assistant	12.21.2018
,	Print Nam		Title	(Month, Day, Year)

Ceremonial Role Eve					
. Agency Name				Date Stamp	California 80
Alameda County					Form OO
Division, Department, or Re	egion (If Applica	ble)		-	For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Title)	· . · ·		-	
Sarah Oddie					
Area Code/Phone Number	E-mail			Amendment (Musi	t provide explanation in Part 3.)
(510) 272-6693		e@acgov.org	r	Date of Original Filing	J:
Function or Event Info	_		2		(Month, Day, Year)
Does the agency have a tick		Yes 🗵 No	Eace Value	of Each Ticket/Pass \$	\$304.80 ticket/\$30 parl
Event Description Basketba	Provide Title/Ex	olanation	Date(s)	12 , 23 , 18	///
				en State Warriors	
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No		Name of S	Source
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Cha	n, Wilma	
of agency official?			1 / yes	Official's Name	(Last, First)
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
B. Name of Individu		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	
		Ticket(s)/ Pass(es)	Describe the pu	identify one of the follow	ving:
B. Name of Individu		Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ving:
B. Name of Individu (Last, First)		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attence	Identify one of the follow D Other Other	ving: Income
B. Name of Individu (Last, First)		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attenc order to maximize Ceremonial Role	Identify one of the follow Identify one of the follow Other Other Other Innial Role" or "Other" describe below: Iance at a(n) event h	ving: Income held at a County facility nue
B. Name of Individu (Last, First)	nization	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follow Other Other Inial Role" or "Other" describe below: Iance at a(n) event h potential County rever Other Other	ving: Income neld at a County facility nue Income
B. Name of Individu (Last, First) Garling, Angie C. Name of Outside Organ (include address and des	nization	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2+1park 2+1park Number of Ticket(s)/	Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo	Identify one of the follow Other Other Intial Role" or "Other" describe below: Idence at a(n) event h potential County rever Other Intial Role" or "Other" describe below:	ving: Income neld at a County facility nue Income
B. Name of Individu (Last, First) Garling, Angie C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2+1park 2+1park Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo Describe the pu	Identify one of the follow Other Other Other Idence at a(n) event h potential County reve Other Other Nial Role* or "Other" describe below: blic purpose made pursuan	ving: Income held at a County facility nue Income
B. Name of Individu (Last, First) Garling, Angie C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2+1park 2+1park Number of Ticket(s)/ Pass(es)	Ceremonial Role It checking "Ceremo To promote attence order to maximize Ceremonial Role If checking "Ceremo Describe the pu	Identify one of the follow Other Other Inial Role" or "Other" describe below: Idence at a(n) event h potential County reve	ving: Income held at a County facility nue Income t to the agency's policy

eremonial Role Even	e e e			8 8	
Agency Name				Date Stamp	California 80
Alameda County					
Division, Department, or Reg	ion (If Applicab	le)		7	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			7	
Sarah Oddie					
Area Code/Phone Number	E-mail		····		t provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	e@acgov.org	l .	Date of Original Filing	(Month, Day, Year)
Function or Event Infor	mation				
Does the agency have a ticke	•	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	\$304.80 ticket/\$30 par
Event Description Basketball	Game		Date(s) 1	2 , 23 , 18	\$304.80 ticket/\$30 par
	Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	If no: Golde	n State Warriors	
Mon tiplent distribution mode -	+ + ha h-++		- Char		ource
Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes	If yes: Char	n, Wilma Official's Name	(Last. First)
Recipients	e		<u> </u>		. <u></u>
Use Section A to identify the agency	s department or		ction B to identify an individ	ual. • Use Section C to ide	ntity an outside organization.
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pul	olic purpose made pursuar	nt to the agency's policy
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	
B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ving:
B. Name of Individual		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other ial Role" or "Other" describe below:	ving:
B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow	ving:
B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To reward a comm	Identify one of the follow Other Other ial Role" or "Other" describe below:	ving:
B. Name of Individual (Last, First)		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Ceremonial Role If checking "Ceremon To reward a comm public Ceremonial Role	Identify one of the follow Other Other Indexide a constraint of the follow: Unity volunteer for his	ving: Income
B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To reward a comm public Ceremonial Role	Identify one of the follow Other Other ial Role" or "Other" describe below: unity volunteer for his Other Other	ving: Income
B. Name of Individua (Last, First) Ong, Jennifer		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Ceremonial Role If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other Inial Role" or "Other" describe below: Unity volunteer for his Other Other Inial Role" or "Other" describe below:	ving: Income s or her service to the Income
B. Name of Individua (Last, First) Ong, Jennifer	zation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 2	Ceremonial Role If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other ial Role" or "Other" describe below: unity volunteer for his Other Other	ving: Income s or her service to the Income
B. Name of Individua (Last, First) Ong, Jennifer	zation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Ticket(s)/	Ceremonial Role If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other Inial Role" or "Other" describe below: Unity volunteer for his Other Other Inial Role" or "Other" describe below:	ving: Income s or her service to the Income
B. Name of Individua (Last, First) Ong, Jennifer C. Name of Outside Organiz	zation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Ticket(s)/	Ceremonial Role If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other Inial Role" or "Other" describe below: Unity volunteer for his Other Other Inial Role" or "Other" describe below:	ving: Income s or her service to the Income
B. Name of Individua (Last, First) Ong, Jennifer C. Name of Outside Organiz	zation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Ticket(s)/	Ceremonial Role If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other Inial Role" or "Other" describe below: Unity volunteer for his Other Other Inial Role" or "Other" describe below:	ving: Income s or her service to the Income
B. Name of Individua (Last, First) Ong, Jennifer C. Name of Outside Organiz	zation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Ticket(s)/	Ceremonial Role If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other Inial Role" or "Other" describe below: Unity volunteer for his Other Other Inial Role" or "Other" describe below:	ving: Income s or her service to the Income
B. Name of Individua (Last First) Ong, Jennifer C. Name of Outside Organiz (include address and desc	zation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Ticket(s)/	Ceremonial Role If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other Inial Role" or "Other" describe below: Unity volunteer for his Other Other Inial Role" or "Other" describe below:	ving: Income s or her service to the Income
B. Name of Individua (Last, First) Ong, Jennifer C. Name of Outside Organiz (include address and desc Verification	zation ription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon	Identify one of the follow Other ial Role" or "Other" describe below: unity volunteer for his Other Other Other Isl Role" or "Other" describe below: Isl Role" or "Other" describe below:	ving: Income s or her service to the Income
B. Name of Individua (Last, First) Ong, Jennifer C. Name of Outside Organiz (include address and desc Verification	zation ription)	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To reward a comm public Ceremonial Role If checking "Ceremon Describe the pub	Identify one of the follow Other ial Role" or "Other" describe below: unity volunteer for his Other Other Other Isl Role" or "Other" describe below: Isl Role" or "Other" describe below:	ving: Income s or her service to the Income

eremonial Role Ever					
. Agency Name			÷.	Date Stamp	California 80 Form
Alameda County					A THE R COMPANY OF THE AVERAGE AND A
Division, Department, or Reg	gion (If Applicable	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Sarah Oddie				Amondmont (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6693	sarah.oddie	@acgov.org)	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation	9 a	· · · · · · · · · · · · · · · · · · ·		
Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$	305.55 ticket/\$35 pari
Event Description Football g	ame		Date(s)	2 , 24 , 18	1 1
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oakl	and Raiders Name of So	
And the state of the			Cha		urce
Was ticket distribution made a of agency official?	at the behest	No 🗋 Yes	If yes: Cha	n, vviima Official's Name (i	Last. First)
	<u> </u>	a	- y (
• Use Section A to identify the agence	via danastroat au		stian Dán identifs en indivi	duel - a lies Postion C to iden	HE. on extende exception
• Use Section A to identify the adence	y's department or t	Number of			
			Describe the nu	iblic purpose made pursuant	to the agency's policy
A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)			
			Ceremonial Role	Identify one of the followi	
A. Name of Agency, Departme		Pass(es) Number of Ticket(s)/	Ceremonial Role If checking "Ceremo	Identify one of the following Other	ng:
A. Name of Agency, Departme	al	Pass(es) Number of Ticket(s)/	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo	Identify one of the following Other nnial Role" or "Other" describe below: Other Other	ng: Income
A. Name of Agency, Departme B. Name of Individua (Lest, Firet) C. Name of Outside Organ	al ization cription) undation, 350	Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Identify one of the following Other onial Role" or "Other" describe below: Other onial Role" or "Other" describe below:	Income Income Income
A. Name of Agency, Departme B. Name of Individua (Lest, Fire) C. Name of Outside Organ (Include address and des Alameda Health System Fo	al ization cription) undation, 350 , Oakland,CA	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 pu To reward a school	Identify one of the following Other nnial Role" or "Other" describe below: Other nnial Role" or "Other" describe below: nnial Role" or "Other" describe below: blic purpose made pursuant	Income Income Income
A. Name of Agency, Departme B. Name of Individua (Lest, First) C. Name of Outside Organ (Include address and des Alameda Health System For Frank H Ogawa Plaza #900 Foundation for Alameda He hospitals	al ization cription) undation, 350 , Oakland,CA alth System	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(e)/ Pass(es) 3+1park	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo to the community	Identify one of the following Other Describe below:	Income Income Income to the agency's policy ion for its contributions
A. Name of Agency, Departme B. Name of Individua (Lest, First) C. Name of Outside Organ (Include address and des Alameda Health System For Frank H Ogawa Plaza #900 Foundation for Alameda He hospitals	al ization cription) undation, 350 , Oakland,CA alth System	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(e)/ Pass(es) 3+1park	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo to the community	Identify one of the following Other nnial Role" or "Other" describe below: Other nnial Role" or "Other" describe below: nnial Role" or "Other" describe below: blic purpose made pursuant	Income Income Income to the agency's policy ion for its contributions
A. Name of Agency, Departme B. Name of Individua (Lest, First) C. Name of Outside Organ (Include address and des Alameda Health System For Frank H Ogawa Plaza #900 Foundation for Alameda He hospitals	al ization cription) undation, 350 , Oakland,CA alth System	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(e)/ Pass(es) 3+1park	Ceremonial Role If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo to the community	Identify one of the following Other Describe below:	Income Income Income to the agency's policy ion for its contributions

	6				A Public Documen
Agency Name				Date Stamp	California 802
Alameda County					ronn
Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)	1			
Sarah Oddie				Amendment (Must pr	
Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org	1	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	mation			¢	204.90 tieket/\$20 perk
Does the agency have a ticke		Yes 🛛 No		f Each Ticket/Pass \$	
Event Description Basketball	Game		Date(s)	<u>, 25 , 18 </u>	///
	Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sou	rce
Mas ticket distribution made a	t the behast		Chan		
Was ticket distribution made a of agency official?	n me benes(No 🗌 Yes	If yes: Chan	Official's Name (L	ast, 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 identi	fy an outside organization.
		Number of		lic purpose made pursuant f	
A. Name of Agency, Departme	at or onat	Ticket(s)/ Pass(es)	Describe the pub	ne purpose made pursuant i	to the agency's poncy
5 a					
		1			
B. Name of Individua (Last, First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
B. Name of Individua (Last, First) McCormick, Mike		Ticket(s)/ Pass(es)		Identify one of the followin Other	ng: Income
(Last, First)	1	Ticket(s)/	It checking "Ceremoni To promote attenda	Other	Income
(Last, First)		Ticket(s)/ Pass(es) 2	If checking "Ceremoni To promote attenda facilitymaximize p Ceremonial Role	Other Conter Co	Income
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda facilitymaximize p Ceremonial Role	Other	Income
(Last, First)	zation	Ticket(s)/ Pass(es) 2	If checking "Ceremoni To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremoni	Other	Income
(Laet, First) McCormick, Mike	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremoni	Other	Income
(Laet, First) McCormick, Mike	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremoni	Other	Income
(Leet, First) McCormick, Mike C. Name of Outside Organi (include address and desc	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremoni To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremoni	Other	Income
(Laet, First) McCormick, Mike C. Name of Outside Organi (include address and desc	zation cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremoni Describe the publ	Other	Income
(Laet, First) McCormick, Mike C. Name of Outside Organi (include address and desc	zation cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremoni To promote attenda facilitymaximize p Ceremonial Role [If checking "Ceremoni Describe the public rified that the distribution set for	Other al Role" or "Other" describe below: inceevent held at a Co otential County revenue Other al Role" or "Other" describe below: ic purpose made pursuant to	Income

1.	Agency Name	······································			Date Stamp	California 802
	Alameda County					Form OOL
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
	Sarah Oddie				Amondmont (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation		• <u> </u>		
	Does the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ 🛎	
	Event Description Basketball	Game		Date(s)	2 <u>, 25 , 18</u>	304.80 ticket/\$30 park
		Provide Title/Ex	planation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of So	urce
	Was ticket distribution made a	t the bebest	No 🗋 Yes	If yes: Char	i, Wilma	
	of agency official?				Official's Name (I	Last, First)
3.	Recipients				s	
	• Use Section A to identify the agency	's department of	r unit. 🔹 Use Sea	ction B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
	Ourselles Drive				Other	Income
	Cravalho, Brian		2+1park	_	ial Role" or "Other" describe below: anceevent held at a (County
					potential County reven	
				Ceremonial Role	Other	Income
			2+1park		ial Role" or "Other" describe below:	
			ZTIPAIN			
	C. Name of Outside Organi	zation	Number of	Describe the web	11.	
	(include address and desc		Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy
_	· · · · · · · · · · · · · · · · · · ·					
4.		ations 18944 1 an	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance with	h the requirements.
			Sarah Oc		Supervisor's Assistant	
,	,		Print Name		Title	(Month, Day, Year)
	Comment:					

eremonial Role Ever					A Public Docume
Agency Name	04			Date Stamp	California 802
Alameda County					Form
Division, Department, or Reg	jion (If Applicab	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			4	
Sarah Oddie					
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org	1	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor		<u> </u>	, 		(Month, Day, Year)
Does the agency have a ticke		Yes 🔀 No	Face Value o	of Each Ticket/Pass \$ _	304.80 ticket/\$30 park
			12) 27 18	
Event Description Basketbal	Provide Title/Exp	lanation	Date(s)2		//
Ticket(s)/Pass(es) provided b			Golder	n State Warriors	
noveries/r assies) hinning D	y agency?	Yes 🗋 No		Name of Sou	
Was ticket distribution made a	at the behest	No 🗌 Yes	If ves: Chan	, Wilma Official's Name (L	ne _
of agency official?				Official's Name (L	ast, First)
Recipients	.*			ধ- ⊭ল্যা	
Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individua (Lest, First)	il.	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
	· · · · · · · · · · · · · · · · · · ·		Ceremonial Role	Other	Income
Brown, Carol		2+1park	5	al Role" or "Other" describe below:	
				nceevent held at a C otential County revenu	
		<u> </u>	Ceremonial Role		
		2+1park	-	Uther al Role" or "Other" describe below:	Income L
Name of Outside Organi		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
(include address and desc		1 400(00)			
(include address and dese				P	
(include address and des				ř	
(include address and desc			- 1	p.	
Verification	ations 18944.1 and	18942. I have ver	·	rth above, is in accordance with	the requirements.
Verification	ations 18944,1 and		·	rth above, is in accordance with Supervisor's Assistant	the requirements. 12.21.2018
Verification	ations 18944,1 and	18942. I have ver	die S		·

	3				And a second sec
Agency Name				Date Stamp	California 80
Alameda County					Form OU
Division, Department, or Regio	on (If Applicab	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (M	Name, Title)				
Sarah Oddie					
Area Code/Phone Number	E-mail		·		t provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org)	Date of Original Filing	Month Day Year
Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$.	\$304.80 ticket/\$30 par
Event Description Basketball	Game			2 . 27 . 18	
Event Description	Provide Title/Exp	lanation	Date(s)		//
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	M If no. Gold	en State Warriors	
				Name of S	ource
Was ticket distribution made at	the behest	No 🗌 Yes	If yes: Cha	n, Wilma Official's Name	
of agency official?				Official's Name	(Last, First)
 Use Section A to identify the agency's 	s department or	unit. • Use See	ction B to identify an indivi	dual. • Use Section C to ide	
A. Name of Agency, Department	t or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	tt to the agency's policy
A. Name of Agency, Department	t or Unit	Ticket(s)/	Describe the pu	blic purpose made pursuar	it to the agency's policy
	t or Unit	Ticket(s)/	Describe the pu	blic purpose made pursuar	
B. Name of Individual (Lost First)	t or Unit	Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ving:
B. Name of Individual (Lost First)	t or Unit	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attence	Identify one of the follow	ving: Income County
B. Name of Individual (Lost First)	t or Unit	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attence	Identify one of the follow	ving:
B. Name of Individual (Lost First)	t or Unit	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attenc facilitymaximize Ceremonial Role	Identify one of the follow	ving: Income County
B. Name of Individual (Lost First)	ation	Ticket(s)/ Pass(ee) Number of Ticket(s)/ Pass(es) 2	Ceremonial Role If checking "Ceremo To promote attence facilitymaximize Ceremonial Role If checking "Ceremo	Identify one of the follow	ving: Income County nueconcession sales Income
B. Name of Individual (Lost First) Dean, Velma	ation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremo To promote attence facilitymaximize Ceremonial Role If checking "Ceremo	Identify one of the follow Other Other Inial Role" or "Other" describe below: Detential County rever Other Inial Role" or "Other" describe below:	ving: Income County nueconcession sales Income
B. Name of Individual (Lost First) Dean, Velma	ation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	Ceremonial Role If checking "Ceremo To promote attence facilitymaximize Ceremonial Role If checking "Ceremo	Identify one of the follow Other Other Inial Role" or "Other" describe below: Detential County rever Other Inial Role" or "Other" describe below:	ving: Income County nueconcession sales Income
B. Name of Individual (Last First) Dean, Velma C. Name of Outside Organiza (include address and descri	ation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo To promote attence facilitymaximize Ceremonial Role If checking "Ceremo Describe the put	Identify one of the follow Other Other Inial Role" or "Other" describe below: Detential County rever Other Inial Role" or "Other" describe below:	ving: Income County nueconcession sales Income
B. Name of Individual (Lest Firet) Dean, Velma C. Name of Outside Organiza (include address and descri	ation	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	Ceremonial Role if checking "Ceremo To promote attence facilitymaximize Ceremonial Role if checking "Ceremo Describe the put	Identify one of the follow Other nial Role" or "Other" describe below: anceevent held at a potential County rever Other Other nial Role" or "Other" describe below: olic purpose made pursuant	ving: Income County nueconcession sales Income

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 \$ 305.55 Does the agency have a ticket policy? Yes 🛛 No 🗋 Event Description: Raiders Date(s) _____ / 02 18 Provide Title/ Explanation If no: Oakland Coliseum JPA Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🗹 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🖄 No 🗌 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Β. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Income Cox, Lori Other To reward a county employee for his or her service to the 4 community Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

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
-	vee	Print Name	Title	(month, day, year)
Comment:	V			

С	eremonial Role Even	ts and Ticket/F	Pass Dist	ributions	Α	Public Document
1.	Agency Name			· ·	Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors, Distric	ct 4				
	Designated Agency Contact	(Name, Title)	1			
	Nathan Miley, Supervisor				Amendment (Must Pr	ovide Evolution in Part 3.)
	Area Code/Phone Number	E-mail				onue Explanation în Fan 3.7
	(510) 272-6694	district4@acgov.or	g		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	mation			20	5 55
	Does the agency have a tick	ket policy? Yes	🛛 No 🗖	Face Value of	Each Ticket/Pass \$ $\frac{30}{2}$	5.55
	Event Description: Raiders	Provide Title/ Expla	nation	Date(s) <u>12</u>	<u>, 09 , 18</u>	
	Ticket(s)/Pass(es) provided		🗆 No 🛛	If no: Oakland	Coliseum JPA	
				lf yes: <u>Miley, N</u>	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	Official's Name (Last, First)			
	Use Section A to identify the agent A. Name of Agency, Depa		Number of Ticket(s)/ Passes		e public purpose made purs	
	B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo	llowing;
	Brooks, Patricia		4		nonial Role Other Other ing "Ceremonial Role" or "Other" des COUNTY EMPLOYEE FOR h	
					nonial Role Dother Dother desc	income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy

4. Verification

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

	7	Nathan Miley	Supervisor, District 4	01/09/2019
	nee	Print Name	Title	(month, day, year)
	\mathcal{M}			
Comment:				

Agency Report of: Coromonial Role Events and Ticket/Pr

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С	eremonial Role Even	its and Ticket/F	Pass Dist	ributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only
	Board of Supervisors, Distri	ct 4				
	Designated Agency Contact	(Name, Title)				
	Nathan Miley, Supervisor					t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6694	district4@acgov.or	g		Date of Original Filing	g:(month, day, year)
2.	Function or Event Infor	mation				204 90
	Does the agency have a tic	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$.	304.80
	Event Description: Golden S	State Warriors		Date(s)12	<u>/ 10 / 18</u>	1 1
		Provide Title/ Expla	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	🔲 No 🗹	If no: Golden S	Name of Source	
	Men ticket distribution made	at the behast of the		lf yes: <u>Miley, N</u>	lathan	
	Was ticket distribution made of agency official?	at the benest Yes	🖄 No 🗌	ii yes	Official's Name (Last, Firs	st)
3.	Recipients	<u>E</u>)				
	 Use Section A to identify the agen 	cy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made p	ursuant to the agency's policy
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the	e following:
	Van Buren, Obray				nonial Role 🗌 Other	
	8		4		^{king "Ceremonial Role"} or "Other" Community Voluntee Icrease attendance	describe below: In for his or service to the
					nonial Role DOther king "Ceremonial Role" or "Other"	
	C. Name of Outside Ou (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
1	Verification		I			

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

_	gnee	Nathan Miley Print Name	Supervisor, District 4	01/09/2019 (month, day, year)		
Comment:	V					
C	eremonial Role Even	ts and licket/P	ass dist	ributions	A	Public Document
----	---	----------------------	-----------------------------------	---------------------------------	--	--------------------------------
1.	Agency Name			-	Date Stamp	California Form 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Distri	ct 4				
	Designated Agency Contact	(Name, Title)			1	
	Nathan Miley, Supervisor		Amondment (16.45	unitie Contendenties in Dert 23		
	Area Code/Phone Number	E-mail				rovide Explanation in Part 3.)
	(510) 272-6694	district4@acgov.or	g		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$	
	Event Description: WWE			Date(s) 12	<u>_ 15 _ 18</u>	/
		Provide Title/ Expla	nation			//
	Ticket(s)/Pass(es) provided	by agency? Yes [No 🛛	If no: Oakland	Coliseum JPA Name of Source	
				If yes: Miley, N		
	Was ticket distribution made	at the benest Yes	🖄 No 🗌	If yes	Official's Name (Last, First)	
	of agency official?			A		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of India (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Stewart, Darryl		4		nonial Role Other Other Ming "Ceremonial Role" or "Other" des COUNTY employee for h	
			,		nonial Role Other Other Angle "Ceremonial Role" or "Other" dese	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
					_	

4. Verification

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

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

Board of Supervisors, District 4
Designated Agency Contact (Name, Title)

Nathan Miley, Supervisor

Area Code/Phone Number E-mail

(510) 272-6694 district4@acgov.org

Function	or Event Informatio	n

Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of Each Ticket/Pass \$
Event Description: Travis Scott		Date(s) <u>12 / 16 / 18</u> /////
Provide Tit	le/ Explanation	
Ticket(s)/Pass(es) provided by agency?	Yes 🗋 No 📈	If no: Oakland Coliseum JPA
		Name of Source
Was ticket distribution made at the behest		If yes: Miley, Nathan
		Official's Name (Last, First)
of agency official?		

3. Recipients

2.

• 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:		
Ng, Eileen	4	Ceremonial Role Other Incom If checking "Ceremonial Role" or "Other" describe below: To reward a county employee for his or her service to th community		
· · · · · · · · · · · · · · · · · · ·		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		

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
		e	Print Name	Title	(month, day, year)
Comment:	V				
oonnen				······································	

Amendment (Must Provide Explanation in Part 3.)

(month, day, year)

Date of Original Filing:

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

	Agency Name					Form ðUZ
	Alameda County		-	For Official Use Only		
	Division, Department, or Reg	ion (if applicable)				
	Board of Supervisors, Distric	1				
	Designated Agency Contact	(Name, Title)				
	Nathan Miley, Supervisor				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6694	district4@acgov.or	g		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			00.	
	Does the agency have a ticl	ket policy? Yes	🛛 No 🗖 🗏	Face Value of	Each Ticket/Pass \$ 304	. .80
	Event Description: Golden S	State Warriors	<u>, 17 , 18</u>	1 1		
	Event Description.	Provide Title/ Expla				
	Ticket(s)/Pass(es) provided	by agency? Yes	lf no: Golden S			
				f yes: <u>Miley, N</u>	Name of Source	
	Was ticket distribution made	at the behest Yes	if yes:	Official's Name (Last, First)		
	of agency official?					
	A. Name of Agency, Depa		of Ticket(s)/ Passes		e public purpose made purs	
	B. Name of Individual (Last, First) Johnson, Brittia		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
			2	To reward a	emonial Role Cher In In Sching "Ceremonial Role" or "Other" describe below: a Community Volunteer for his or service to increase attendance	
					nonial Role Dther Dther king "Ceremonial Role" or "Other" desc	Income 🗌
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes		e public purpose made pursu	
	Rebuild Together	·····	2	To reward a to the comm	school or nonprofit orga unity	anization for its service

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. $I = \Lambda$

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

Agency Report of: Distributions

C	eremonial Role Ever	its and Ticket/F	A Public Documen			
	Agency Name		Date Stamp	California 802		
	Alameda County			\$		1 Gillin
	Division, Department, or Reg	jion (if applicable)				For Official Use Only
	Board of Supervisors, Distri	ct 4				
	Designated Agency Contact	(Name, Title)			-	
	Nathan Miley, Supervisor					rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				tonde Explanation in 1 art 0.j
	(510) 272-6694	district4@acgov.or	g		Date of Original Filing: .	(month, day, year)
2.	Function or Event Information					
	Does the agency have a tic	ket policy? Yes	🛛 No 🗌		Each Ticket/Pass \$ $\frac{30}{2}$	
	Event Description: Golden	State Warriors Provide Title/ Expla	Date(s) <u>12</u>		/	
	Ticket(s)/Pass(es) provided		If no: Golden S	State Warriors	4	
			lf yes: <u>Miley, N</u>	Name of Source		
	Was ticket distribution made of agency official?	e at the behest Yes	🖄 No 🗌	If yes: <u>miley</u> , th	Official's Name (Last, First)	
	• Use Section A to identify the ager A. Name of Agency, Department		Number of Ticket(s)/ Passes		ne public purpose made purs	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
					nonial Role 🔲 Other 🗖 king "Ceremonial Role" or "Other" des	
					nonial Role Conter Cother king "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes		e public purpose made pursuant to the agency's policy	
	East Bay Innovations		4	To reward a to the comm		anization for its service

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_ A

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

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

Area Code/Phone Number E-mail

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

Was ticket distribution made at the behest Yes 🖄 No 🗌

(510) 272-6694

district4@acgov.org

2.	Function or Event Information			204.00
	Does the agency have a ticket policy?	Yes 🛛	No 🗖	Face Value of Each Ticket/Pass \$ 304.80
	Event Description: Golden State Warriors			Date(s) <u>12 / 23 / 18</u>

Yes 🗌 No 🗹

Provide Title/ Explanation

18 Date(s) <u>12 23</u>

If no: Golden State Warriors irce

		Name	of Sou
If ves:	Miley,	Nathan	
		0.00 1.0	

Official's Name (Last, First)

Date of Original Filing:

Amendment (Must Provide Explanation in Part 3.)

(month, day, year)

3. Recipients

of agency official?

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

A. Name of Agency, Department or Unit	Number 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 Conter
		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
East Bay League or Women Voters	4	To reward a school or nonprofit organization for its service to the community

4. Verification

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

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

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

Yes 🛛 No 🗍

Yes 🗋 No 🗹

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

Number

of Ticket(s)/

Passes

Number

of Ticket(s)/

Passes

Number

of Ticket(s)/

Passes

4

4. Verification

Saint Mary's Center

Board of Supervisors, District 4 Designated Agency Contact (Name, Title)

2. Function or Event Information

Does the agency have a ticket policy?

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

E-mail

Was ticket distribution made at the behest Yes M No

Name of Agency, Department or Unit

Name of Individual

(Last, First)

Name of Outside Organization

(include address and description)

district4@acgov.org

Provide Title/ Explanation

Nathan Miley, Supervisor

Area Code/Phone Number

Event Description: Raiders

of agency official?

Recipients

3.

Α.

В.

C.

(510) 272-6694

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. M

		Nathan Miley	Supervisor, District 4	01/09/2019
•	3	Print Name	Title	(month, day, year)
Comment:	V			
	140			

Amendment (Must Provide Explanation in Part 3.)

305.55

(month, day, year)

Date of Original Filing:

18

Official's Name (Last, First)

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

Identify one of the following:

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

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

Other

Other

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

To reward a school or nonprofit for its service to the public

Income

Income

Name of Source

Face Value of Each Ticket/Pass \$

If no: Oakland Coliseum JPA

24

Ceremonial Role

Ceremonial Role

Date(s) ____/

If yes: Miley, Nathan

Agency Report of: aial Dala E vents and Ticket/Pass Distributions

Ce	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	<i>F</i>	A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)]	For Official Use Only		
	Board of Supervisors, Distrie	ct 4				
	Designated Agency Contact	(Name, Title)				
	Nathan Miley, Supervisor				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6694	district4@acgov.org	g		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation		,,,		204 20
	Does the agency have a tick	ket policy? ∖⊸s	🛛 No 🗖 👎	ace Value of	Each Ticket/Pass \$ _	004.00
	Event Description: Golden S	State Warriors	Г	Date(s) 12	<u>, 25 , 18</u>	1 1
		Provide Title/ Explai	nation			······································
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Golden S				Name of Source	
	Was ticket distribution made at the behest Yes 🕅 No 🗔 If yes: Miley, Nath				lathan	
	Official's Name (Last, First))
	of agency official?					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to iden	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e the public purpose made pursuant to the agency's policy	
	B. Name of Individual (Last, First) Miley, Nathan Alexander, Toni		Number of Ticket(s)/ Passes		Identify one of the	following:
			1	Ceren To increase facility	nonial Role Dother Control Role Other Control Role Control Role" or "Other" of attendance at a even	Income Income Income Income
			1		nonial Role Other <i>king "Ceremonial Role" or "Other" a</i> attendance at a even	Income Income Income Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	irsuant to the agency's policy

4. Verification

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

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



Agency Name

Alameda County

3. Recipients

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

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:
Husband, James	1	Ceremonial Role Dother Income
Husband, Josie	1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Husband, Darlene	1	Ceremonial Role Other I income
		Ceremonial Role Other Income Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

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) 12 / 27 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: Β. of Ticket(s)/ (Last. First) Passes Ceremonial Role Crotti, Patti Other Income To increase attendance at a event sponsored in a county 2 facility LeBlanc, Cynthia Ceremonial Role Other 🔲 Income 2 If checking "Ceremonial Role" or "Other" describe below: To increase attendance at a event sponsored in a county facility Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

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
5		Print Name	Title	(month, day, year)
	J.			
Comment:		 		

1. Agency Name			o pistinguolis		A Public Docume
				Date Stamp	California
Alameda County					- Contraction - Contraction
Division, Department, or Re	gion (If Applica	ible)]	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Briana Brown					
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
5102726695	briana.bro	wn2@acgov.	.org	Date of Original Filing:	
2. Function or Event Infor	mation		and a state of the		(Month, Day, Year)
Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	365 5
Event Description LRaiders	Game	_		. , 2 , 18	12,9,18
	Provide Title/Ex	planation	Date(s)		12,9,18
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklan	d Athletics	
				Name of Sou	Irce
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes:		
	· · · · · · · · · · · · · · · · · · ·		and a contract of the state of	Official's Name (L	ast, First)
Recipients ·Un Sector action action		and an and a second second			
and the second sec	• Use Section is to accept, the accessive successful of		ction B to idensify an individus		
A. Haue of Agency Departme	nt or thin	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant t	to the agency's policy
					an yang ang ang ang ang ang ang ang ang ang
				ang tanang ang tang tang tang tang tang	ann an agus an
M					
B. Name of Individual (Lest; Firal)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
Nathan wantatah			Ceremonial Role	Other	<u>ور می بادی می اور می مند می مند می محمد می محمد می محمد می معموم می معموم می مند می معامل می محمد می معامل می</u> محمد م
		5	If checking "Ceremonial	Role" or "Other" describe below:	Income
			Ceremonial Role	Other Role" or "Other" describe below:	Income
C. Name of Outside Organiza (include address and descri	ation	Number of Ticket(s)/	Describe the public		
	prom	Pass(es)		purpose made pursuant to	the agency's policy
		1			
					Manufacture (1997) - 1997 - 19
Verification					
	ons 18944.1 and 1	8942. I have verifi	ed that the distribution set forth a	above, is in accordance with the	2 /Pquilremente
	ons 18944.1 and 1	8942. I have verifi Briana Brov	ed that the distribution set forth a VN Sur	above, is in accordance with the pervisor's Assistant	e requirements.

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) ·ona **Amendment** (Must provide explanation in Part 3.) E-mail **Code/Phone Number** Date of Original Filing: . Briana.brown2@acgov.org 272-6695 (Month, Day, Year) **Function or Event Information** 2 304.80 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes 🛛 No 🗆 Event Description _____Basketball 12 10 18 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source Was ticket distribution made at the behest No 🗌 Yes 🖾 If yes: _ of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agence Use Section B to identify an individual Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit А. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Other income 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) **Cleveland Elementary School** To reward a school or nonprofit organization for it's contributions Ц to the community Educate youth in ALCO

4. Verification

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

Briany Browl

Print Name

v

Supervisor's Assistant

Comment: Parking Pass: \$30.00

A Public Document

_				Date Stamp	California 000		
1.	Agency Name	Date Stamp	Form 802				
	Alameda County		For Official Use Only				
	Division, Department, or Region (If Applicable)					
	Board of Supervisors			· · · ·			
	Designated Agency Contact (Name, Title)			1			
	P: D				l		
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
		2@2cdov.0	ra	Date of Original Filing: _	Alanth Day Voorl		
_	(510)272-6695 briana.browr	12@00901.0	-9		(WONUN, Day, Tear)		
2.	Function or Event Information	_		of Each Ticket/Pass \$	304.80		
	Does the agency have a ticket policy?	Yes 🛛 No					
	Event Description Warriors Basketball		Date(s)2	2 , 17 , 18	//		
	Event Description Provide Title/Explo	anation					
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of Sour	roa		
				Name of Sou	66		
	Was ticket distribution made at the behest	No 🗌 Yes	🛛 If yes:	Official's Name (La	ast First)		
	of agency official?						
3.	Recipients						
	Use Section A to identify the agency's department or		tion B to identify an individu	• Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy		
		Pass(es)					
					G		
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	ıg:		
	(Last First)	Pass(es)					
			Ceremonial Role	Other ial Role" or "Other" describe below:	Income 🔲		
			. If thething Ceremon				
			Ceremonial Role	Other	Income		
			If checking "Ceremon	ial Role" or "Other" describe below:			
		Number of					
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy		
		F 055(05)		1.0.1			
	East Bay Innovations	4	Fo promote attenda	ance at a County spons in order to maximize po	ored event/event held		
_		· · · · · · · · · · · · · · · · · · ·					

4. Verification

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

Braner Bron ~ Print Name

Supervisor's Assistant Title

Month, Day, Year)

Comment: ______ Parking Pass: \$30.00

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

1.	Agency Name			Date Stamp	California Q02		
	Alameda County		Form OUZ				
	Division, Department, or Region (If Applicable		For Official Use Only				
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Briana Braun	Amendment (Must pro	ovide explanation in Part 3.)				
	Area Code/Phone Number E-mail						
_	(510)272-6695 Briana.brown	n2@acgov.	org	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Information						
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	304.80		
	Event Description Warriors Basketball		Date(s) 12	, 22 , 18	//		
	Provide Title/Expla						
	Ticket(s)/Pass(es) provided by agency?	If no: Golder	n State Warriors Name of Sour	rce			
	Was ticket distribution made at the behest	No 🗌 Yes	If yes:				
	of agency official?		<u> </u>	Official's Name (La	ast, First)		
3.	Recipients						
	• Use Section A to identify the agency's department or unit. (• Use Section B to identify an individual.) • Use Section C to identify an outside organization.						
	A. (Name of Agency, Department or Unit)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	Health Care for the Homeless	4		nce at a County spons der to maximize potenti			
	B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:		
				Other describe below:	Income		
	ा इ. 		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 to	the agency's policy		
	Verification have read and understand EPPG Regulations 18944.1 and 1			th above, is in accordance with the upervisor's Assistant	he requirements.		
-	Signature of Agency read or Designee	Print Name	<u> </u>	Title	(Morfin, Day, Year)		

Parking Pass: \$30.00 Comment:

4.

A Public Document

A Public Document

1	. Agency Name			Date Stamp	California 000
	Alameda County				Form 802
	Division, Department, or Region (If Applicabl	le)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Rice Roug				
	Area Code/Phone Number E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must pro	,
	(510)272-6695 Briana.brow	n2@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	304.80
	Event Description Warriors Basketball		Date(s) 12	23 , 18	1 1
	Provide Title/Expl	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors	
				Name of Sour	ce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	5 🛛 If yes:	Official's Name (La	st. First)
2		. –	· · · · · · · · · · · · · · · · · · ·		
э.	Recipients Use Section A to identify the agency's department or	unit. • Use Se	ction 8 to identify an individu	Use Section C to identify	y an outside organization.
	A. (Name of Agency, Department or Unit)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant to	
		1 433(63)		7	
		·			
	B. (Name of individual) (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following]:
	Coll Mumbre		Ceremonial Role		Income
	Gail Murphy	4		al Role" or "Other" describe below:	
	20		To reward a commu	inity volunteer for her se	ervice to the public
			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 to	the agency's policy
		,			

4. Verification

the second and a second and a second and the second

Rr.ana Breven Print Name)esignee

Supervisor's Assistant

Month, Dav. Year

Comment: Parking Pass: \$30.00

4.

1 Aconov Nema					A Public Documer	
1. Agency Name				Date Stamp	California QOC	
Alameda County Division, Department, or Regi						
		For Official Use Only				
Board of Supervisors						
Designated Agency Contact (
Briana Brown						
Area Code/Phone Number	E-mail			Amendment (Must pro	wide explanation in Part 3.)	
5102726695 briana.brown2@acgov.org				Date of Original Filing:		
2. Function or Event Inform	nation				(Month, Day, Year)	
Does the agency have a ticket	policy?	Yes 🛛 No	Face Value of	Each Ticket/Pass \$	305	
Event Description Raiders Game						
	Provide Title/Expla	nation	Date(s)		//	
Ticket(s)/Pass(es) provided by agency?		Yes No X If no: Oakla		d Athletics		
				Name of Sour	20	
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes:			
	and the second			Official's Name (Last, First)		
Recipients	1958 Calman					
 Governments and the agency and the age		Number of	ction B to identify an individua	 Use Section C to identify 	an outside organization.	
A. Name of Agency Department	or Unn	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy	
					and the second	
					an ayan ayaa ayaa ayaa ayaa ayaa ayaa a	
B. Name of Individual (Last; Fist)		Number of Ticket(s)/ Pass(es)	1	Identify one of the following:		
James Boyld		4	Ceremonial Role	Other D Role" or "Other" describe below:	Income	
			Ceremonial Role	Other	Income	
C. Name of Outside Organizat (include address and descrip	tion)	Number of Ticket(s)/ Pass(es)	Describe the public	ourpose made pursuant to t	ne agency's policy	
d (a				n a sellengener and serve story system		
Verification		<u></u>		an ann an tha ann an th		
54 C C C C C C C C C C C C C C C C C C C	s 18944.1 and 1894	42. I have verifi	ied that the distribution set forth a	bove, is in accordance with "		
_		Briana Brov			requirements.	
90		Print Name	Sup	ervisor's Assistant	713/14	
				1100	(Month, Day, Year)	
omment:						

Ageney Name				A Public Docume
1. Agency Name			Date Stamp	California 802
Alameda County Division, Department, or Region (If Applicab.	(0)		-	Form OO2 For Official Use Only
	ie)			, or onload dat only
Board of Supervisors				
Designated Agency Contact (Name, Title)			7	
Briana Brown				
Area Code/Phone Number E-mail			Amendment (Must p	provide 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		Data(a) 12	2 , 25 , 18	//
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 of agency official?	No 🗋 Yes	If yes:	Official's Name (L	
				_ast, First)
Recipients Use Section A to identify the agency's department or				
	Number of	ction B to identify an individu		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
¥.				
B. Name of Individual	Number of Ticket(s)/			
(Lasi, First)	Pass(es)		Identify one of the followir	ng:
Llyod		Ceremonial Role		Income
Liyod	4		l Role" or "Other" describe below:	
			nity volunteer for her s	service to the public
		Ceremonial Role	Conter Role" or "Other" describe below:	
×				
C. Name of Outside Organization	Number of	Describe the multi		
(include address and description)	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	o the agency's policy
			1	
Vorification				
h pulations 18944 1 and 1	8942 I have ver	ified that the distribution set forti	h abova ia ia accordanza ili	
				me requirements.
	coma	<u>BIOWN</u> SI		<u> </u>
Bri	Print Name		upervisor's Assistant ^{7itte}	

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

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

Particles County Particles Particle	Form OU For Official Use Only wide explanation in Part 3.) (Month, Day, Year) 304.80		
Particle County of Agency Contact (Name, Tills) Board of Supervisors Designated Agency Contact (Name, Tills) Area Code/Phone Number F-mill C (C) 270 - (LGC) Briana.brown2@acgov.org Face Value of Each Ticket/Pass \$	For Official Use Only Vide explanation in Part 3.) (Month, Day, Year) 304.80		
Beard of Supervisors Designated Agency Contact (Name, Title) Area Code/Phone Number Area Code/Phone Number Composition of Event Information Does the agency have a ticket policy? Yess ID Action of Event Information Does the agency have a ticket policy? Yess ID Action of Event Information Description Warriors Besketball Does the agency have a ticket policy? Yess ID No Ticket(§)/Pass(es) provided by agency? Yess ID No Vast ticket distribution made at the behest No Yess ID No Area Code/Priore Nume (Least, First) Recipients -State Agency, Department of Unit Number of Ticket(§) Recipients -State Agency, Department of Unit Number of Ticket(§) Recipients -State Agency, Department of Unit Number of Ticket(§) Recipients -State Agency, Department of Unit Number of Ticket(§) Recipients -State Agency, Department of Unit Number of Ticket(§) Recipients	vide explanation in Part 3.) (Month, Day, Year) 304.80		
Designated Agency Contact (Name, Title) B::::::::::::::::::::::::::::::::::::	(Month, Day, Year) 304.80		
B: Ammediate Control of the Source Section Control of Conter Control of Control of Conter Control of Control of	(Month, Day, Year) 304.80		
Area Code/Phone Number E-mail	(Month, Day, Year) 304.80		
Area Code/Phone Number E-mail	(Month, Day, Year) 304.80		
2. Function or Event Information	(Month, Day, Year) 304.80		
2. Function or Event Information	304.80 //		
Does the agency have a ticket policy? Yes IN NO Face Value of Each Ticket/Pass \$304. Event Description Warriors Basketball Date(s) _12 _ 27 _ 18 / /	// Ce		
Event Description Warriors Basketball Date(s) 12 27 18 Provide Tille/Explanation If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No Yes If no: Golden State Warriors Vast ticket distribution made at the behest of agency official? No Yes If yes: Official's Name of Source It excliptents	// ce		
Provide TitletExplanation Date(s)	20		
Ticket(s)/Pass(es) provided by agency? Yes No If no: Colden State Warriors Was ticket distribution made at the behest of agency official? No Yes If yes: Official Name (Last, First) Recipients •Use Section & to incently the agency's department screent Edda Section & to incently the agency's policy •Use Section & to incently the agency's department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy B. @ame of Agency Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) User Section Control the following: 			
Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Recipients • Use Section & to identify the spancy's department or unit • Use Section & to identify an outside organization A. #eame of Agency Department or unit Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy B. #amm of Individual Section & to identify the opency is department or unit Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy B. #amm of Individual Section & Tocket(s) Identify one of the following: Income Ceremonial Role Other Income Income If classing 'Ceremonial Role Other Income If classing 'Ceremonial Role Other Income If classing 'Ceremonial Role' or 'Chier' describe below: Income Income If classing 'Ceremonial Role' or 'Chier' describe below: Income Income C Name of Outside Organization (Include address and description) To classing 'Ceremonial Role' or 'Chier' describe below: Income Peter Pan Coop Nursery J To reward a school or nonprofit organization for it's contribution to the community To reward a school or nonprofit organization			
of agency official? It is to be a first section A to identify the agency's department or unit? Citical Section A to identify the agency's department or unit? Citical Section A to identify an outside organization A. Rame of Agency. Department or Unit? Number of Texet(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy B. Number of Individual Number of Texet(s)' Pass(es) Identify one of the following: Identify Commonial Role Other I Income If checking 'Commonial Role' or 'Other' describe below: To reward a community volunteer for her service to the public C. Name of Outside Organization (Included) Number of Texet(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy Peter Pan Coop Nursery A To reward a school or nonprofit organization for it's contribution to the community To reward a school or nonprofit organization for it's contribution to the community Verification *C Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.			
of agency official? Officials Name (Last, First) • Best Section & to identify the agency's department or unit • Use Section & to identify an outside organization A. @ame of Agency Department or Unit Number of Ticket(sy) Describe the public purpose made pursuant to the agency's policy B. @ame of individual Number of Ticket(sy) Describe the public purpose made pursuant to the agency's policy Pass(es) Identify one of the following: Last, First) Income Ceremonial Role Other Income If checking 'Caremonial Role Other Income <t< td=""><td>1 5 0</td></t<>	1 5 0		
	st, rirst)		
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D. Taket(s)/ Pass(es) Identify one of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image:			
D. Taket(s)/ Pass(es) Identify one of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image: Constraint of the following: Image:	-		
D. Taket (s) (Lext, Frid) Tocket(s) Pass(es) Identify one of the following: Image: Comparison of the following: Image: Comparison of the following: Image: Comparison of the following: Image: Comparison of the following: Image: Comparison of the following: Image: Comparison of the following: Image: Comparison of the following: Image: Comparison of the following: Image: Comparison of the following: Image: Comparison of Compari	э.		
Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public 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 Peter Pan Coop Nursery If To reward a school or nonprofit organization for it's contribution	Identify one of the following:		
To reward a community volunteer for her service to the public Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(sy Pass(es) Peter Pan Coop Nursery J EAUCALE: ALCO YOUH J Verification 'C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	Income		
C. Name of Outside Organization (include address and description) Number of Ticket(sy Pass(es) Describe the public purpose made pursuant to the agency's policy Peter Pan Coop Nursery H To reward a school or nonprofit organization for it's contribution to the community Verification 'C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	rvice to the public		
C. Ticket(s) Describe the public purpose made pursuant to the agency's policy Peter Pan Coop Nursery H To reward a school or nonprofit organization for it's contribution to the community Educate 'ALCO Youth H Verification It *C Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.	Income		
C. Ticket(s) Describe the public purpose made pursuant to the agency's policy Peter Pan Coop Nursery H To reward a school or nonprofit organization for it's contribution to the community Educate 'ALCO Youth H Verification It *C Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.			
Educate 'ALCO Youth A to the community Verification *C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	he agency's policy		
Educate 'ALCO Youth to the community Verification	for it's contributions		
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1: C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.			
1: C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.			
	Requiremente		
	1/1/11/1		
- Supervisor's Assistant 4/5/19	- 4/5/14		
Comment:			