Agency Report of: C 1.

Ceremonial Role Events and Ticket/Pass Distributions				<u> </u>	Public Document
 Agency Name Alameda County Division, Department, or Region Board of Supervisors Designated Agency Contact (A) Lee Ann Fergerson, Ticket A 	on (if applicable) Name, Title)			Date Stamp	California 802 Form 802 For Official Use Only
2. Function or Event Inform Does the agency have a tick Event Description: Warriors Ticket(s)/Pass(es) provided I Was ticket distribution made of agency official?	et policy? Yes 🛛 vs. Spurs Provide Title/ Explana by agency? Yes	ation D		Each Ticket/Pass \$ <u>3(</u> <u>6</u> <u>19</u> <u>Name of Source</u> ty, Scott <u>Official's Name (Last, First)</u>	04.80 //
3. Recipients • Use Section A to identify the agen A. Name of Agency, Depa	Use Section B to in Number of Ticket(s)/ Passes			tify an outside organization. rsuant to the agency's policy	

	Z		
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other 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
Livermore Rotary Club P.O. Box 694 Livermore CA		4/1	To reward a school or non-profit organization for its contributions 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

	Lee Ann Fergerson	Ticket Administrator	2/1/19
Volgitatute of Agency Fred of Second	Print Name	Title	(month, day, year)
Comment: All proceeds will go to I	ivermore Community Service Pro	ojects, Grants for Schools and Loc	al Groups & more

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

Ι.	Agency Name				Date Stamp	Form 802
	Alameda County Division, Department, or Region (if applicable)					I CIIII
						For Official Use Only
	Board of Supervisors		2			
	Designated Agency Conta	act (Name, Title)	1			
	Lee Ann Fergerson, Tick	et Administrator		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 In	formation				
	Does the agency have a ticket policy? Yes 🗵			Face Value of	of Each Ticket/Pass \$ <u></u>	
	Event Description: Mons	ster Jam		Date(s)	<u>, 16 , 19</u>	///
		Provide Title/ Exp				
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □			If no: <u>GSW</u>	Name of Source	
			If yes: <u>Hagge</u>			
	Was ticket distribution m	s⊠ No∟	II yes	Official's Name (Last, Firs	<i>t</i>)	
	of agency official?					
3.	Recipients					
		e agency's department or unit.	• Use Section H	3 to identify an indiv	idual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(Passes	s)/ Describe	the public purpose made p	ursuant to the agency's policy
						Y III
	D .	of Individual	Numbe of Ticket(s)/	Identify one of th	e following:

в.	(Last, First)	of Ticket(s)/ Passes	Identity one of the following.
Vargas family	s, James	4	To promote attendance at a county sponsored e event in order to maximize potential county revenue for concession and parking sales.
			Ceremonial Role U Other U Income I Income I Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
			±

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	2/19/19
Signature of series, many and series of	Print Name	Title	(month, day, year)
Comment:			

Agency Report of:	
Ceremonial Role Events and Ticket/Pass Distributions	
1. Agency Name	

Ceremonial Role Events and Ticket/Pass Distributions					A	Public Document
1. Agenc	and the second				Date Stamp	California 802
Alamed	da County					
Division	n, Department, or Reg	ion (if applicable)				For Official Use Only
Board of	of Supervisors					
Designa	Designated Agency Contact (Name, Title)				1	
Lee An	n Fergerson, Ticket	Administrator			Amendment (Must P	Provide Explanation in Part 3.)
Area Co	ode/Phone Number	E-mail				
510 - 27	72-6691	leeann.fergerson	@acgov.org		Date of Original Filing:	(month, day, year)
2. Funct	ion or Event Infor	mation				50.00
Does t	he agency have a tic	ket policy? Yes	s 🛛 No 🗖 🛛 Fa	ace Value of	Each Ticket/Pass \$	50.00
Event	Description: Panic at	the Disco	D;	ate(s) <u>2</u>	<u>, 19 , 19 </u>	//
	s)/Pass(es) provided	Provide Title/ Exp		no: GSW		
ΠΟΚΕΙ	sir assies/ provided	by agency: rea			Name of Source	
Was tie	cket distribution mad	e at the behest Ye	s⊠ No⊡ ^{If}	yes: <u>Hagge</u> i	ty, Scott Official's Name (Last, First)	
of age	ency official?				Unicial's Name (Last, First)	
A.	Name of Agency, Dep		of Ticket(s)/ Passes			
В.	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	following:
Payr	Payne, Ron		4		romote attendance at ent in order to maximiz venue for concession a	ze potential county
					coner L Other L Other d	
C.	Name of Outside (include address a		Number of Ticket(s)/ Passes	Describe	the public purpose made pu	irsuant to the agency's policy
				<u> </u>		

4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	2/13/19
Signature of Agency Head of Designee	Print Name	Title	(month, day, year)
Comment:			

	eremonial Role Even	ts and Ticket/P	ass Disti	ributions	<u> </u>	Public Document
1.	Agency Name Alameda County				Date Stamp	California 802
						Constant of the owner owne
	Division, Department, or Regi	on (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)			1	
	Lee Ann Fergerson, Ticket A	Administrator				ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)
	510-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	No 🗆	Face Value of	Each Ticket/Pass \$ $\frac{60}{2}$.00
	Event Description: Disney of					2 , 28 , 19
	Event Description.	Provide Title/ Explai	nation		//	
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗖	If no: <u>GSW</u>	· · · · · · · · · · · · · · · · · · ·	
		Honoor			Name of Source	
	Was ticket distribution made at the behest Yes 🛛 No 🔲 If yes: Hagger			Official's Name (Last, First)		
	of agency official?					
	Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Deputy Sheriff's Assoc.		Number of Ticket(s)/ Passes 4, 4		re public purpose made purp reward a county emplo exemplary service to	yee for his or her
	B. Name of ind (Last, Fin		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
				1	monial Role D Other C	
	£	·			monial Role Other Cother Cother Cother de	
	C. Name of Outside C (include address an		Number of Ticket(s) Passes	/ Describe t	he public purpose made pur	suant to the agency's policy

4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	2/13/19
	Print Name	Title	(month, day, year)
Comment raised thousands of	of dollars for four local high schools	were a major supporter of Spe	cial Olympics, ig

and gave money to youth programs in San Joaquin, Alameda, and Contra Costa counties.

	eremonial Role Even						
۱.	Agency Name				Date Stamp	California 802	
	Alameda County			- Chick and			
	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	÷				
	Gabriela Christy				Amendment (Mustr	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail				novide explanation in Fait 5.)	
	(510) 272-6692	Gabriela.Ch	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation		14		305.80/30	
	Does the agency have a ticke		of Each Ticket/Pass \$ _	303.00/30			
	Event Description Warriors vs. San Antonio Date(s) 02				2 , 06 , 19		
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No 🛙	⊠ If no: GSW	Name of So	201720	
				\/alle			
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor Official's Name	(Last, First)	
~							
3.	• Use Section A to identify the agend	cy's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ider	tify an outside organization.	
	Number of				escribe the public purpose made pursuant to the agency's policy		
	B. Name of Individu	Jal	Number of Ticket(s)/		Identify one of the follow	ving:	
	B. Name of Individu (Last, First)	Jal		Coromonial Bolo			
	B. Name of Individu (Last, First) Caudillo, Patricia	Jal	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo		Income	
	(Last, First)	Jal	Ticket(s)/	If checking "Ceremo	Other	Income	
	(Last, First)	Jal	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn	Other Other onial Role" or "Other" describe below munity volunteer for he	Income	
	(Last, First)	Jal	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role	Other Other onial Role" or "Other" describe below munity volunteer for he	Income	
	(Last, First)	Jal	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role	Other Other or "Other" describe below munity volunteer for he Other	Income	
	(Last, First)	Jal	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role	Other Other or "Other" describe below munity volunteer for he Other	Income	
	(Last, First)	anization	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role If checking "Ceremo	Other Other or "Other" describe below munity volunteer for he Other	Income	
	(Last, First) Caudillo, Patricia	anization	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role If checking "Ceremo	Other	Income	
	(Last, First) Caudillo, Patricia	anization	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role If checking "Ceremo	Other	Income	
	(Last, First) Caudillo, Patricia	anization	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn Ceremonial Role If checking "Ceremo	Other	Income	

 Gabriela Christy
 Supervisor's Assistant
 3/12/19

 signee
 Print Name
 Title
 (Month, Day, Year)

Al Div De G Ar (5 2. F Do Ev	gency Name ameda County vision, Department, or Region (/f / oard of Supervisors esignated Agency Contact (Name, abriela Christy rea Code/Phone Number 510) 272-6692 E-ma Gab unction or Event Informatic oes the agency have a ticket polic vent Description LA Arrolladora Provid	™e) il riela.Christy@acgov. on	org	Date Stamp	California 802 For Official Use Only provide explanation in Part 3.)	
Div Bo De G Ar (5 2. F	vision, Department, or Region (<i>If ,</i> oard of Supervisors esignated Agency Contact (<i>Name,</i> abriela Christy rea Code/Phone Number E-ma Gab 10) 272-6692 Gab unction or Event Informatic oes the agency have a ticket polic	™e) il riela.Christy@acgov. on	org		For Official Use Only provide explanation in Part 3.)	
Bo De G Ar (5 2. F Do E	bard of Supervisors esignated Agency Contact (Name, abriela Christy rea Code/Phone Number 510) 272-6692 Gab unction or Event Information bes the agency have a ticket polici	™e) il riela.Christy@acgov. on	org		provide explanation in Part 3.)	
De G Ar (5 2. F Do Ev	abriela Christy rea Code/Phone Number 510) 272-6692 Gab unction or Event Information bes the agency have a ticket polici	il riela.Christy@acgov. on	org			
De G Ar (5 2. F Do Ev	abriela Christy rea Code/Phone Number 510) 272-6692 Gab unction or Event Information bes the agency have a ticket polici	il riela.Christy@acgov. on	org			
Ar (5 2. F Do E\	rea Code/Phone Number E-ma (10) 272-6692 Gab unction or Event Information bes the agency have a ticket polici	riela.Christy@acgov. on	org			
Ar (5 2. F Do E\	rea Code/Phone Number E-ma (10) 272-6692 Gab unction or Event Information bes the agency have a ticket polici	riela.Christy@acgov. on	org			
(5 2. F Do Ex	i10) 272-6692 Gab unction or Event Information poes the agency have a ticket policities	on	org	Date of Original Filing		
2. F	unction or Event Information of Event Information of Event Information of Event Information of the second s				(Month, Day, Year)	
Do Ev	pes the agency have a ticket polic					
	LA Arrolladora		Face Value o	of Each Ticket/Pass \$.	60	
	Provid	le Title/Explanation				
Ti	cket(s)/Pass(es) provided by age	ncy? Yes 🗌 No 🛛	If no: GSW	Name of S		
	/as ticket distribution made at the of agency official?	, Richard- Supervisor Official's Name	Last. First)			
	Use Section A to identify the agency's dep Name of Agency, Department or I	Number of		ual. • Use Section C to ide blic purpose made pursua		
-		Pass(es)				
_		· ·				
-	3. Name of Individual	Number of Ticket(s)/		Identify one of the folio		
_	(Last, First)	Pass(es)				
			Ceremonial Role	Other D onial Role" or "Other" describe belo	Income	
(Guerrero, Nico	2			his service to the public	
		2		initiality volunteer for		
-			Ceremonial Role	Other	Income	
-	Tavares, Lucia			onial Role" or "Other" describe belo		
		1	 – To reward a con 	nmunity volunteer for	her service to the public	
Ċ	C. Name of Outside Organizatio (include address and descript)		Describe the pu	ublic purpose made pursu	ant to the agency's policy	
-		- rass(85)				
	Verification					

Comment:

Cerer	nonial Role Events	and Tick	et/Pass D	istributions		A Public Document
1. Age	ency Name		Date Stamp	California 802		
Alar	meda County	÷7				Form OOZ
Divis	sion, Department, or Regio	n (If Applicable)	1 .	For Official Use Only		
Boa	rd of Supervisors					
	ignated Agency Contact (N	ame, Title)	-			
Gab	oriela Christy					
	Area Code/Phone Number E-mail				Amendment (Must)	provide explanation in Part 3.)
		Gabriela.Chri	sty@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
	nction or Event Inform				1	
	s the agency have a ticket		Yes 🛛 No 🗌	Face Value	of Each Ticket/Pass \$ _	100
	Event Description			Date(s)	2 , 16 , 19	//
	Provide Title/Explanation			lf no: Oakla	nd A's	
Tick	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠				Name of S	
Was	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)	
A.	Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	nt to the agency's policy
B.	Name of Individua (Last, First)		Number of Ticket(s)/ Pass(es)	Ticket(s)/ Identify one of the fol		wing:
				Ceremonial Role	Other Other or "Other" describe below	Income
				Ceremonial Role	Other Other onial Role" or "Other" describe below	
Ċ.	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	ant to the agency's policy
	ameda County Health Ca omeless 1404 Franklin Sti		3	– To reward a not community	nprofit organization fo	r its contributions to the
	Oakland, CA The ACHCH health center program is overseen by a community-ba			co-applicant gove for the Homeless		neda County Health Care

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. -1

3	12	1	9	
-		_		7

Print Name

Gabriela Christy

~

Title

(Month, Day, Year)

Comment: _

Ce	eremonial Role Events and ⁻	Ticket/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County					
	Division, Department, or Region (If Applie	cable)		-	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	1				
	Gabriela Christy	Gabriela Christy				
	Area Code/Phone Number E-mail			_ C Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6692 Gabriela	.Christy@acgov.	org	Date of Original Filing	I:(Month, Day, Year)	
2.	Function or Event Information	0			400	
	Does the agency have a ticket policy?	Yes 🛛 No 🛛	Face Value	of Each Ticket/Pass \$	100	
	Monster Jam	2 <u>, 17 , 19</u>				
	Event Description Provide Title	e/Explanation	Date(s)	/	//	
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🛙	If no: Oakla	and A's		
				Name of S		
	Was ticket distribution made at the beha	est 🛛 No 🗖 Yes 🛛	⊠ lfyes: Valle	e, Richard- Superviso Official's Name	r District 2	
	of agency official?			Official's Name	e (Last, First)	
3.	Recipients					
	Use Section A to identify the agency's departme		tion B to identify an individ	dual. • Use Section C to ide	entify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	nt to the agency's policy	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:	
			Ceremonial Role		Income	
	Gutierrez, Freddy			onial Role" or "Other" describe belo		
		B	I – To reward a cor	mmunity volunteer for	his service to the public	
			Ceremonial Role If checking "Cerem	e 🛛 Other 🗋 Ionial Role" or "Other" describe belo	income	
					054. 	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	ant to the agency's policy	
	*				<u> </u>	
4	. Verification		I			
-1		14.1 and 18942. I have v	erified that the distribution s	et forth above, is in accordance	with the requirements.	
		Gabriela C	Christy	Supervisor's Assista	ant 3/12/19	
	esignee	Print Nar		Title	(Month, Day, Year)	

Comment: ____

С	eremonial Role Events and Ticl	ket/Pass l	Distributions		A Public Document			
1.	Agency Name			Date Stamp	California 802			
	Alameda County			The second se				
	Division, Department, or Region (If Applicable)	<u></u>	Í	For Official Use Only			
	Board of Supervisors							
	Designated Agency Contact (Name, Title)	- C	=					
	Gabriela Christy							
	Area Code/Phone Number E-mail		· · · · · · ·	. Amendment (Must pro	vide explanation in Part 3.)			
	(510) 272-6692 Gabriela.Chr	risty@acgov.	org	Date of Original Filing: _	(Month, Day, Year)			
2.	Function or Event Information	2 0		·				
	Does the agency have a ticket policy?	Yes 🛛 No 🕻	_ Face Value o	of Each Ticket/Pass \$	150			
	Event Description Panic at the Disco	Date(s)	, 19 , 19	1 1				
	Provide Title/Explanation Difference Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If				20			
	Ticket(s)/Pass(es) provided by agency?	Name of Sour	709					
	Was ticket distribution made at the behest		a Valle.	Richard- Supervisor D				
	of agency official?	No 🗌 Yes 🛛	If yes:	Official's Name (La	ist, 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 pub	lic purpose made pursuant t	o the agency's policy			
					2. D.			
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the followin	g:			
		Pass(es)	Ceremonial Role	Other				
				ial Role" or "Other" describe below:	Income.			
			Ceremonial Role	Other	Income			
				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 t	o the agency's policy			
	ALCO Deputy Sheriff's activities league 15001 Foothill Blvd., San Leandro, CA		– To reward a nonp community	profit organization for its	contributions to the			
	The mission of the Alameda County Deputy Sheriffs' Activities League is to u				s and youth of Alameda of initiatives that will red			
4.	Verification	·						
	gulations 18944.1 and			orth above, is in accordance with	the requirements.			
	(ee	Gabriela Ch Print Name		Supervisor's Assistant	Month Day Year			
	\mathbf{N}				(aronar, bay, roal)			

Comment: _

Cerem	ionial Role Even	ts and Ticl	ket/Pass [Distributions		A Public Document
. Ager	ncy Name		a		Date Stamp	California 802
Alam	eda County					Porm
Divisi	on, Department, or Reg	ion (If Applicable)			For Official Use Only
Board	d of Supervisors					
	nated Agency Contact	Name, Title)			1	
Gabr	iela Christy					
	Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510)	272-6692	Gabriela.Chi	risty@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
. Fund	ction or Event Infor	mation				
Does	the agency have a ticke	t policy?	Yes 🛛 No 🗌	_ Face Value of	of Each Ticket/Pass \$ _	305.80/30
Event	Warriors v	s. Kings		Date(s)02	2 , 21 , 19	
Event	Description	Provide Title/Expl	anation	Date(s)		//
Ticke	t(s)/Pass(es) provided b	v agency?	Yes 🔲 No 🛛	d If no: GSW		
					Name of So	
	ticket distribution made a	at the behest	No 🗌 Yes 🛛	If yes: Valle	, Richard- Supervisor Official's Name	District 2
	gency official?					
	ipients Section A to identify the agend	we depertment of	unit - Une Coot	ian D ta identify an Individ	lual - Llas Soction C to idea	ntify an outside estenization
			Number of			
А.	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
Publ	Public Defenders			To reward a Count	ty employee for his or	her exemplary service to
			4	the public or to encourage staff development		
						8
			N. where of			
В.	Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Fass(es)	Ceremonial Role	Other	
					onial Role" or "Other" describe below	
	-					
				Ceremoniai Role		. Income
				in checking Cerema	onial Role" or "Other" describe below	
Ċ.	C Name of Outside Organization		Number of			
0.	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	nt to the agency's policy
4. Ver	ification					· · · ·
l hav		ulations 18944.1 an	d 18942. I have ve	erified that the distribution set	t forth above, is in accordance v	with the requirements.
Ģ			Gabriela C	hristy	Supervisor's Assista	nt 3112/9
_	or Design	ee	Print Nam		Title	(Month, Day, Year)
Con	nment:	·			· · · · · · · · · · · · · · · · · · ·	EPPC Form 802 (4/

Cere	emonial Role Event	ts and Tic	ket/Pass	Distributions	×	A Public Document	
1. Aç	gency Name	· · · · · ·			Date Stamp	California 802	
Ala	ameda County			rom			
Div	vision, Department, or Regi	on (If Applicable	1	For Official Use Only			
	oard of Supervisors signated Agency Contact (Name, Title)	-	e C			
Ga	Gabriela Christy						
	ea Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(5	10) 272-6692	Gabriela.Chi	risty@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2. Fi	unction or Event Infor	mation					
Do	bes the agency have a ticke	t policy?	Yes 🛛 No [Face Value of	of Each Ticket/Pass \$ _	305.80/30	
Ev	ent Description Warriors v	s. Rockets Provide Title/Expl	anation	Date(s)	2 , 23 , 19	//	
Tic	cket(s)/Pass(es) provided b	y agency?	Name of Sc				
	as ticket distribution made a f agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name (District 2 Last, First)	
	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)		blic purpose made pursuan		
_							
B	B. Name of Individual (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
V	alle, Raul		4		nial Role" or "Other" describe below:	Income	
v	Valle, Barbara		4	-	onial Role" or "Other" describe below.	Income	
c	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy	
	Verification	ulations 18944.1 ar	d 18942. I have v	erified that the distribution se	t forth above, is in accordance v	vith the requirements.	
	(\sim	Gabriela (Christy	Supervisor's Assista	nt alizipi	
	Si :gn	ee	Print Nar		Title	(Month, Day, Year)	
	nave read and understand FPPC Reg	<u> </u>	Gabriela C	Christy	Supervisor's Assista	[

Comment: __

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
0		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Aro, Mark	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for his service to the public
Johnson, Haliey	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for her service to the public
Nunez, Sara	4	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: - To reward a community volunteer for her service to the public
		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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
3		
a v		

remonial Role Events and Ticke	upass D	stributions		A Public Document
Agency Name			Date Stamp	California 802
Alameda County			Form OUZ For Official Use Only	
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	provide explanation in Part 3.)
(510) 272-6692 Gabriela Chris	ty@acgov.o	org	Date of Original Filing	(Month, Day, Year)
Function or Event Information				60
Does the agency have a ticket policy? Y	es 🗵 No 🗆	Face Value of	of Each Ticket/Pass \$	
Event Description Disney on Ice		Date(s) 02	2 , 27 , 19	//
Event Description Provide Title/Explana	ation			
Ticket(s)/Pass(es) provided by agency? Y	es 🗌 No 🗵	If no: GSW	Name of	Source
		Valle	, Richard- Superviso	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes:	Official's Name	e (Last, First)
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	ant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the foll	owing:
		Ceremonial Role	onial Role" or "Other" describe bel	9W:
		Ceremonial Role If checking "Cerem	e 🛛 Other 🗖 onial Role" or "Other" describe bel	ow:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursu	uant to the agency's policy
ALCO Deputy Sheriff's activities league 15001 Foothill Blvd., San Leandro, CA	4	– To reward a not community	nprofit organization f	or its contributions to the
The mission of the Alameda County Deputy Sheriffs' Activities League is to u		unite the Sheriff's County in the pur	o Office personnel, cirsuit and implementa	tizens and youth of Alame tion of initiatives that will r
. Verification				- with the security reacts
I have the second secon	18942. I have ve	erified that the distribution s	et torth above, is in accordant	
1 100	Gabriela C	Mandanaka	Supervisor's Assis	tont FIXIVIIM

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name	<u>.</u>	Date Stamp	California 802		
	Alameda County					Fortin Com
	Division, Department, or Reg	ion (If Applicabl	-	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	-			
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	nristy@acgov	.org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information					(((((((((((((((((((((((((((((((((((((((
	Does the agency have a ticket policy? Yes X No				of Each Ticket/Pass \$	60
	Event Description Disney on Ice Date(s)			2 , 28 , 19	03 , 01 , 19	
	1 Toward Thomas Appandition				/	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: GSW					
					Name of Sou	
	Was ticket distribution made a of agency official?	at the behest	No 🔲 Yes	If yes: Valle	, Richard- Supervisor [Official's Name (L	ast First)
_						
3.	• Use Section A to identify the agence	v's denartment or	runit e Use Sec	tion B to identify an individu	ual • Lise Section C to ident	ify an outside organization
	A. Name of Agency, Department or Unit		Number of			· · · ·
	A. Name of Agency, Department of Unit		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	· · · · · · · · · · · · · · · · · · ·				······································	
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/		Identify one of the followi	ng:
			Pass(es)	Ceremonial Role	Other	
				-	ial Role" or "Other" describe below:	
	<u></u>					
				Ceremonial Role		Income
				If checking "Ceremone"	ial Role" or "Other" describe below:	
	C Name of Outside Organ	ization	Number of			
	C. Name of Outside Organ (include address and deal		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	UNION CITY FAMILY CENTER 725			- To reward a pop	profit organization for it	s contributions to the
	Whipple Rd, Union City, CA		40	community	orone organization for h	
	The Union City Fomily Con	tor is a		community and nu	iblic and private organi	zations working together
	The Union City Family Cen partnership of families, sch				to retirement" success	zations working together
4	Verification	· · · · · · · · · · · · · · · · · · ·	1	L		
т.	I have read and understand FPPC Rem	ıl≏tions 18944.1 an	d 18942. I have ve	rified that the distribution set i	forth above, is in accordance wit	h the requirements.
		14 C	Cabriela C	briety	Supervisor's Assistant	3/12/10

С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (If Applicable		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Sarah Oddie				
	Area Code/Phone Number E-mail	···.	<u>.</u>	Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6693 sarah.oddie(@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
				of Each Ticket/Pass \$ $\frac{4}{2}$	304.80 ticket/\$30 park
	Event Description Basketball Game	Date(s)	2 , 06 , 19	///	
	GO			n State Warriors	
				Name of So	urce
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (I	
	of agency official?	Official's Name (I	.ast, First)		
3.	• Use Section A to identify the agency's department or	1	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
			Ceremonial Role	Other	Income
	Le, Lisa	² To promote atte		onial Role" or "Other" describe below: dance at a(n) event held at a County facility ir e potential County revenue	
		2	Ceremonial Role If checking "Ceremor	Other niel Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	Self-Help for the Elderly, 2400 MacArthur Boulevard, Oakland, CA 94602	2	To reward a schoo to the community	l or nonprofit organizat	ion for its contributions
	Services for low-income seniors in the Bay Area				
4.	Verifigation				

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

Sarah Oddie	Supervisor's Assistant	02.26.2019
Print Name	Title	(Month, Day, Year)

C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OUZ For Official Use Only
	Division, Department, or Region (If Applicable)			For Onicial Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			1	
	Sarah Oddie				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693 sarah.oddie@	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information				00 4 00 4 ¹ - 1 - 1/000
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _ \$	304.80 ticket/\$30 park
	Event Description Basketball Game		Date(s)		1
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors	
					nce
	Was ticket distribution made at the behest of agency official?	/as ticket distribution made at the behest No □ Yes ⊠ If yes: Cha		Official's Name (L	.ast, First)
_		· · · · · · · · · · · · · · · · · · ·		······	
J.	• Use Section A to identify the agency's department or t		tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			00.01.01.0	Other	
	Diaz, Mary June Taylor, Debbie	1	-	hial Role" or "Other" describe below:	ald at a County facility in
				lance at a(n) event held at a County facility i potential County revenue	
			Ceremonial Role	Other	Income
	Chang, James Oddie, Sarah	1		nial Role" or "Other" describe below:	eld at a County facility in
			order to maximize	potential County reven	iue
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
		2			
4.	Verification			fath above is in accordance wi	

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

Sarah Oddie	Supervisor's Assistant	02.26.2019
Print Name	Title	(Month, Day, Year)

Comment: _

Ceremonial Role Events and 1	licket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form
Division, Department, or Region (If Applic	able)			For Official Use Only
Board of Supervisors				\$)
Designated Agency Contact (Name, Title)			-	
Sarah Oddie				
Area Code/Phone Number E-mail	<u></u>		Amendment (Must	provide explanation in Part 3.)
(510) 272-6693 sarah.od	die@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	\$304.80 ticket/\$30 park
Event Description Basketball Game	(Evelopetion	Date(s)		
			n State Warriors	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of S	ource
Was ticket distribution made at the behe	st No 🗌 Yes	If yes: Char	n, Wilma	
of agency official?	, to hand to be		Official's Name	(Last, First)
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)		blic purpose made pursuar	it to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
(E00), 1997	Pass(es)	Ceremonial Role	Other	Income
Wilson, Galen			nial Role" or "Other" describe below.	
Sarikey, Curtiss	2+p		dance at a(n) event held at a County facility potential County revenue	
Richman, Rachel	2+p		nial Role" or "Other" describe below.	Income C
		order to maximize	potential County reve	nue
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	at to the agency's policy
			······································	
4. Verification				

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

Sarah Oddie	Supervisor's Assistant	02.26.2019
 Print Name	Tille	(Month, Day, Year)

Comment: ____

Ceremonial Role Events and Tic	uneur ass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form 002
Division, Department, or Region (If Applicab	le)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Sarah Oddie				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	e@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 ticket/\$30 park
Baskethall Game		Date(s)		<i>,</i> ,
Event Description	planation	Date(s)		//
Ticket(s)/Pass(es) provided by agency?	Yes 🗍 No	If no: Golder	n State Warriors	
			Name of So	urce
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (I	and Einst
of agency official?			Omciai s Name (I	_ast, Fifst)
3. Recipients • Use Section A to identify the agency's department of		tion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		· · · · · · · · · · · · · · · · · · ·		1
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
	1 455(657	Ceremonial Role	Other	
McCormick, Mike		If checking. 'Ceremon	ial Role" or "Other" describe below:	
	2		ance at a(n) event h potential County reven	eld at a County facility in
		Ceremonial Role	Other	Income
Neideffer, Marty	2	-	ial Role" or "Other" describe below:	ald at a Caunty facility in
			ootential County reven	eld at a County facility in ue
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
			<i></i>	
4. Verification				the requirements

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

-	Sarah Oddie	Supervisor's Assistant	02.26.2019
9	Print Name	- Title	(Month, Day, Year)

Comment: _

Event Description Basketball Game Date(s) Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? No Yes If yes: Ch • Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv	Date Stamp Form For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value Event Description Basketball Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Gold Was ticket distribution made at the behest No □ Yes ⊆ ch of agency official?	
Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value Event Description Basketball Game Provide Title/Explanation Date(s)	For Unicial Use Univ
Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value Event Description Basketball Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Gold Was ticket distribution made at the behest of agency official? No □ Yes ⊠ 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv	
Sarah Oddie Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes INO IF Face Value Event Description Basketball Game Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes INO If no: Gold Was ticket distribution made at the behest of agency official? If no: Charles If yes: Charles • Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv Number of	
Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value Event Description Basketball Game Provide Title/Explanation Date(s)	
Area Code/Phone Number (510) 272-6693 E-mail sarah.oddie@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value Event Description Basketball Game Provide Title/Explanation Date(s)	
 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value Event Description Basketball Game Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Gold Was ticket distribution made at the behest No □ Yes ⊠ If yes: Ch of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv Number of Describe the section B to identify an indiv	Amendment (Must provide explanation in Part 3.)
Does the agency have a ticket policy? Yes ⊠ No □ Face Value Event Description Basketball Game Date(s) Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Gold Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Ch 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv	Date of Original Filing:
Event Description Basketball Game Date(s) Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? No Yes If yes: Ch • Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv	
Event Description Basketball Game Date(s) Provide Title/Explanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? No Yes If yes: Ch • Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv	e of Each Ticket/Pass \$ <u>\$304.80 ticket/\$30 park</u>
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Gold Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Ch 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv	<u>02 , 10 , 19 ,</u>
 Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Ch of agency official? 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an indiv 	
 Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Choose of agency official? 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an indiv 	den State Warriors
Of agency official? S. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv	Name of Source
 3. Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an indiv Number of Department or Unit. 	Official's Name (Last, First)
Use Section A to identify the agency's department or unit. Use Section B to identify an indiv	
	vidual. • Use Section C to identify an outside organization.
Pass(es)	public purpose made pursuant to the agency's policy
B. Name of Individual Number of Ticket(s)/ (Last, First) Pass(es)	Identify one of the following:
Ceremonial Ro	
	monial Role" or "Other" describe below:
	ndance at a(n) event held at a County facility in e potential County revenue
Ceremonial Ro	
	monial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the pass(es)	public purpose made pursuant to the agency's policy
4. Verification	

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

		Sarah Oddie	Supervisor's Assistant	02.26.2019
-	`e	Print Name	Title	(Month, Day, Year)
/				

Comment: _

Alameda County Form OUL Alameda County Per official Use Driv Besignated Agency Contact (Name, 720) Per official Use Driv Barda of Supervisors Designated Agency Contact (Name, 720) Sarah Oddie Amenda of Supervisors Area Code/Phone Number E-mail (510) 272-5693 Earnal and odde@acgov.org 2. Function or Event Information Date of Orginal Filing:	1. Agency Name				Date Stamp	California 002
Division, Department, or Region (If Applicable) Per Oncer Use	- .				Date etamp	
Board of Supervisors Designated Agency Contact (Name, 706) Sarah Oddie Area Code/Phone Number (510) 272-5693 E-mail (510) 272-5693 E-mail (510) 272-5693 Destinated Agency Contact (Name, 706) Sarah Oddie Chunction of Event Information Deste agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass § \$304.80 ticket/\$30 park Dest he agency have a ticket policy? Yes X No Provide Title@Expansion Ticket(s)/Pass(es) provided by agency? Yes X If no: Golden State Warriors Vas ticket distribution made at the behest not agency official? If no: Golden State Warriors * 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. * Use Section B to identify one of the following: Pass(ef) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Aux free? Number of Teket(s) Describe the public purpose made pursuant to the agency's policy Brown, Siene 4+p Contended Role Contended Agency. Deventeactile advo	•	- Deview (It As the f	- (-)		4	For Official Use Only
Designated Agency Contact (Name, Title) Sarah Oddie Area Code/Phone Number (510) 272-6693 Sarah. Oddie@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yess Ø No Event Description Basketball Game Provide explanation Tricket(s)/Pass(es) provide by agency? Yess Ø No (Yess) Vas ticket distribution made at the behest No (Yess) Official? 3. Recipients - Use Section A to identify the agency's department or unit. - Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Name of agency official? A. Name of Individual - Use Section A to identify the agency's department or unit. - Use Section C to identify an outside organization. A. Name of Individual - Name of Individual - Name of Individual - Describe the public purpose made pursuant to the agency's policy Past(ei) - Describe the public purpose made pursuant to the agency's policy - Describe the public purpose made pursuant to the agency's policy <tr< th=""><th>Division, Department, c</th><th>r Region (IT Applicat</th><th>ne)</th><th></th><th></th><th></th></tr<>	Division, Department, c	r Region (IT Applicat	ne)			
Sarah Oddle Area Code/Phone Number (510) 272-6693 E-mail sarah.oddle@acgov.org Date of Original Filling:	Board of Supervisors					
Area Code/Phone Number (\$10) 272-6693 E-mail sarah.oddie@acgov.org Date of Original Filling:(Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Event Description Basketball Game Provide TrideExplanation. Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 park Date(s)_02_/10_/19/ If no: Golden State Warriors Name of Source If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No Yes X If yes: Chan, Wilma Official? Name (Last, First) 3. Recipients Name of Agency, Department or Unit Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual Acs, Fergi Number of Ticket(s) Pass(es) Ceremonial Role	Designated Agency Co	ntact (Name, Title)		······································		
Area Code/Phone Number (\$10) 272-6693 E-mail sarah.oddie@acgov.org Date of Original Filling:(Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Event Description Basketball Game Provide TrideExplanation. Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 park Date(s)_02_/10_/19/ If no: Golden State Warriors Name of Source If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No Yes X If yes: Chan, Wilma Official? Name (Last, First) 3. Recipients Name of Agency, Department or Unit Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual Acs, Fergi Number of Ticket(s) Pass(es) Ceremonial Role	Sarah Oddie					
(510) 272-8693 sarah oddie@acgov.org Date of Orginal Filing: (Month. Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 park Event Description Basketball Game Provide TitleExplanation Date (s) 19		ber E-mail			Amendment (Must	provide explanation in Part 3.)
Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pacs \$ \$304.30 ticket/\$30 park Event Description Basketball Game Date(s) 02 _ 10 _ 19			e@acgov.org		Date of Original Filing	:(Month, Day, Year)
Event Description Basketball Game Date(s) 02 10 19 Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Was ticket distribution made at the behest of agency official? No Yes If no: Golden State Warriors	2. Function or Event	Information		6		000 (00 (
Event Description Basketball Game Date(s) 02 10 19 Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Was ticket distribution made at the behest of agency official? No Yes If no: Colden State Warriors Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual free Number of Ticket(s)/ Pass(es) Identify one of the following: Income Brown, Sienc 4+p Ceremonial Role Other income Income 4+p detecting Commonal Role Other Income Income Income Income C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Income Income Income Income Income Income Income Income <td>Does the agency have</td> <td colspan="4">Does the agency have a ticket policy? Yes ⊠ No □ Face Value of</td> <td>\$304.80 ticket/\$30 park</td>	Does the agency have	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of				\$304.80 ticket/\$30 park
Provide little-xplanation If no: Golden State Warriors Ticket(\$)/Pass(es) provided by agency? Yes No Yes If no: Golden State Warriors Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma Official? Official? Official's Name (Last, Finit) 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(p)' Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (tast, find) Number of Ticket(p)' Pass(es) Identify one of the following: Brown, Siene. 4+p Ceremonial Role Other Income If cooling Ceremonal Role Other Income Income If checking Ceremonal Role or Other describe below: Income Income Income C. Name of Outside Organization (include address and				0	2 , 10 , 19	, ,
Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Was ticket distribution made at the behest of agency official? No Yes If yes: Chan, Wilma 3. Recipients •Use Section A to identify the agency's department or unit. • Use Section B to identify an outside organization. •Use Section A to identify the agency's department or unit. • Use Section B to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/ Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (section) Number of tricket(s)/ Pass(es) Identify one of the following: Brown, Siene 4+p Ceremonial Role one of the following: Income of the character of the following: 4+p Ceremonial Role one of the following: Income of the following: Income of the character of the following: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy	Event Description	Provide Title/Ex	planation .	Date(s)		
Wast licket distribution made at the behest of agency official? No U Yes I if yes: Chan, Wilma Officiar's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual dual feed Number of Ticket(e)' Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual dual feed Number of Ticket(e)' Pass(es) Identify one of the following: Identify one of the following: Ceremonial Role Other I income Brown, Sieno 4+p Ceremonial Role Other I income Income 4+p Ceremonial Role Other I income Income Income 4+p Ceremonial Role Other I income Income Income 4+p Ceremonial Role Other I income Income Income C. Name of Outside Organization (include address and description) Number of Ticket(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy	$T_{i} = \frac{1}{2} \left(\frac{1}{2} \right) \left(\frac{1}{2} \right) = \frac{1}{2} \left(\frac{1}{2} \right) \left($			Golde	en State Warriors	
of agency official? Othera's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(sy) Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, Fied) Number of Ticket(sy) Pass(es) Identify one of the following: Brown, Siene 4+p Ceremonial Role Other I income I if checking 'Ceremonial Role' or 'Other' describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue Income I if checking 'Ceremonial Role' or 'Other' describe below: 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	Ticket(s)/Pass(es) prov	ided by agency?	Yes 🛄 No		Name of S	Source
of agency official? Othera's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(sy) Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, Fied) Number of Ticket(sy) Pass(es) Identify one of the following: Brown, Siene 4+p Ceremonial Role Other I income I if checking 'Ceremonial Role' or 'Other' describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue Income I if checking 'Ceremonial Role' or 'Other' describe below: 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	Was ticket distribution r	nade at the behest	No 🗖 Yes	If ves: Cha	n, Wilma	1
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A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Least Ared) Number of Ticket(s) Pass(es) Identify one of the following: Pass(es) Brown, Siene 4+p Ceremonial Role Other Individual Other Income In	3. Recipients					wife an autoida avaanization
A. Name of Agency, Department or Unit Ticket(s) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (Last, Red) Number of Ticket(s)/ Pass(es) Identify one of the following: Brown, Siene 4+p Ceremonial Role Other / describe below: Income Income If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Other Income If checking "Ceremonial Role" or "Other" describe below:	Use Section A to identify th	e agency's department o				
B. Name of Individual (Lext, Feed) Number of Ticket(s)/ Pass(es) Identify one of the following: Brown, Sien& 4+p Ceremonial Role Other Income Ir checking "Ceremonial Role" or "Other" describe below: Income Brown, Sien 4+p Ceremonial Role Other Income Income 4+p 4+p Ceremonial Role Other Income Ceremonial Role Other Income 4+p Ceremonial Role Other Income	A. Name of Agency, D	epartment or Unit	Ticket(s)/	Describe the p	ublic purpose made pursua	nt to the agency's policy
B. Name of Individual (Last, First) Ticket(s)/ Pass(es) Identify one of the following: Brown, Sien 4+p Ceremonial Role Other Income If checking "Ceremonial Role Other Ceremonial Role Other order to maximize potential County revenue Income Ceremonial Role Other Income 4+p Ceremonial Role Other Ceremonial Role Other Income 4+p Ceremonial Role Other C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy	······		Pass(es)			· · · · · · · · · · · · · · · · · · ·
B. Name of Individual (Last, First) Ticket(s)/ Pass(es) Identify one of the following: Brown, Sien 4+p Ceremonial Role Other Income If checking "Ceremonial Role Other Ceremonial Role Other order to maximize potential County revenue Income Ceremonial Role Other Income 4+p Ceremonial Role Other Ceremonial Role Other Income 4+p Ceremonial Role Other C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy						
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Brown, Sien 4+p It checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue Ceremonial Role Other Income 4+p If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income 4+p If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy		<u> </u>	- F 255(65)	Ceremonial Role	Other	
4+p To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue Ceremonial Role Other Income 4+p If checking "Ceremonial Role" or "Other" describe below: Income C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy	Brown, Sien a					v:
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy			4+p	To promote atten	dance at a(n) event	held at a County facility in
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy				order to maximize	e potential County reve	enue
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy			-	Ceremonial Role	e 🔲 Other 🗌	Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy			4+n	If checking "Cerem	ionial Role" or "Other" describe below	V;
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy			l T.b			
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy						
	C. Name of Outsid	e Organization		Describe the p	ublic purpose made pursua	int to the agency's policy
		and description)	Pass(es)			
4 Verification						
4 Verification						
4 Verification						
4 Verification						
	4. Verification					

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

	Sarah Oddie	Supervisor's Assistant	02.26.2019
nee	Print Name	Title	(Month, Day, Year)

Comment: ____

A Public Document

С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Torm
	Division, Department, or Region (If Applicable,)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Sarah Oddie				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693 sarah.oddie@	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	·····	· · · · · · · · · · · · · · · · · · ·		
	Does the agency have a ticket policy? Yes ⊠ No □ Face Va		Face Value	of Each Ticket/Pass \$	60
	Event Description La Arrolladora		0;	2 <u>16</u> 19	1
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	en State Warriors	
				Name of Sou	irce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Char	Official's Name (L	ast, First)
				· · · · · · · · · · · · · · · · · · ·	· · · ·
3.	• Use Section A to identify the agency's department or u	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
		Pass(es)			
	<u> </u>			<u> </u>	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
	7		8		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	La Clinica de la Raza 1450 Fruitvale Ave Oakland, CA 94601	2	To reward a schoo to the community	ol or nonprofit organizat	ion for its contributions
	Health care service provider to a diverse population in Alameda County				
4.	Verification	· · · · · · · · · · · · · · · · · · ·			

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

	Sarah Oddie	Supervisor's Assistant	02.26.2019
signee	Print Name	Title	(Month, Day, Year)

Ce	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					rom
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail		2		provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				\$60
	Does the agency have a ticke		of Each Ticket/Pass \$ _			
	Event Description Monster Jam Date(s) 02				2 <u>16</u> 19	//
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided b	y agency?	nd Athletics Name of So	ource		
	Mag tickot distribution made :	at the hehest		If yes: Char	Wilma	
	Was ticket distribution made at the behest No I Yes I If yes: Chan of agency official?				Official's Name	(Last, First)
3	Recipients					
v .	Use Section A to identify the agence	y's department or	ual. • Use Section C to iden	ntify an outside organization.		
	A. Name of Agency, Departm	Number of Ticket(s)/	Describe the pul	oublic purpose made pursuant to the agency's policy		
			Pass(es)	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	· · · · ·		<u> </u>	
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	wing:
	D. (Last, First)		Pass(es)			
	Deves Resis		m.	Ceremonial Role	D Other nial Role" or "Other" describe below	
	Reyes, Rocio		(3)			held at a County facility in
					potential County reve	
			1	Ceremonial Role	Other	
				If checking "Ceremo	nial Role" or "Other" describe below	
			04.			
			Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
						· · · · · · · · · · · · · · · · · · ·
			1			
4	Verification			<u> </u>		
4.	The FPPC Reg	ulations 18944.1 ai	nd 18942. I have v	erified that the distribution set	forth above, is in accordance v	with the requirements.
	`		Sarah O	ddie	Supervisor's Assista	nt 03.04.2019
	ad or Designe		Print Nar	ne	Tille	(Month, Day, Year)

	eremonial Note Even	is and no	Reurass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			and the second se		
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			-	
	Sarah Oddie					
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	Does the agency have a ticket policy? Yes X No T Face Value of				\$60
	Event Description	am		Date(s) 02	2 , 17 , 19	//
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes D No If no: Oaklan				nd Athletics Name of So	
					urce	
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Chan	Official's Name (Last, First)
0			· · · · · · · · · · · · · · · · · · ·			
ა.	• Use Section A to identify the agenc	y's department or	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		olic purpose made pursuant	
	B. Name of Individual (Lesi, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Gardley, Kassendra		3		ial Role" or "Other" describe below:	
					ance at a(n) event h potential County rever	· · · · · · · · · · · · · · · · · · ·
					Other Cher Cher' describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
				17		
						······································
4.	Verification					ith the requirements
	and FPPC Regu	ilations 18944.1 an			forth above, is in accordance wi	
	Signature or Agency Head or Designed		Sarah O		Supervisor's Assistan	t 03.04.2019 (Month, Day, Year)
I	/					
	Comment:					EDDC Form 802 (4/4

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C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Point		
	Division, Department, or Reg	gion (If Applicabl	-	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Sarah Oddie					I Contra a contra de la Contra de la
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation		• • • • • • • • • • • • • • • • • • •		204 80 ticket/\$20 park
	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ 🗳	504.00 licker\$30 park
	Event Description Basketba	II Game	Janation	Date(s)	2 , 21 , 19	\$304.80 ticket/\$30 park
				en State Warriors		
				Name of So	ource	
	Was ticket distribution made at the behest No I Yes I If yes: Chan			n, Wilma Official's Name	(lact Eirch)	
	of agency official?				Unicars Ivanie	
3.	• Use Section A to identify the agen	cy's department or	runit. • Use Sec	tion B to identify an individ	iual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
					=	
			Number of			
	B. Name of Individ	uai	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Angelo, Joe			Ceremonial Role	Other Dother Other Other Other	Income
	, ingele, eee		2	To promote attend		neld at a County facility in
				Ceremonial Role		Income
			2	If checking "Geremo	onial Role" or "Other" describe below:	
					······································	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
		9 79979				5
	Verification			1		
4.	I have a segulations 18944.1 and			erified that the distribution set	forth above, is in accordance w	vith the requirements.
4.	Ih A. Reg	gulations 18944.1 ar				
4.	(h A. Rey		nd 18942. I have ve Sarah O Print Nan	ddie	Supervisor's Assistar	

C	eremonial Role Events	and Tick	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region	(If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nar	ne, Title)			-	
	Sarah Oddie					
		mail			_	provide explanation in Part 3.)
	(510) 272-6693 sa	arah.oddie@	Dacgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	tion				······································
	Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value			of Each Ticket/Pass \$ _	\$304.80 ticket/\$30 park	
	Event Description Basketball Game				2 , 21 , 19	\$304.80 ticket/\$30 park
	Ticket(s)/Pass(es) provided by ag	gency?	If no: Golde	n State Warriors	·····	
			Name of Se	ource		
	Was ticket distribution made at the behest No I Yes I If yes: of agency official?				Official's Name	(Last, First)
2	Deciniento					· · · · · · · · · · · · · · · · · · ·
ა.	• Use Section A to identify the agency's d	lepartment or u	nit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	Other	Income
	Bacani, Marc		2+p	To promote attend	nial Role" or "Other" describe below: ance at a(n) event l potential County reve	neld at a County facility in
			2+p	Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Organizat (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
4	Verification					

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

	Sarah Oddie	Supervisor's Assistant	02.26.2019
esignee	Print Name	Title	(Month, Day, Year)

1. Agency Name

Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 sarah.oddie@acgov.org (Month, Day, Year) 2. Function or Event Information 60 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Disney on Ice 28 19 02 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Chan, Wilma 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 agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) San Leandro Boys & Girls Club, 401 To reward a school or nonprofit organization for its contributions 4 Marina Blvd, San Leandro, CA 94577 to the community Youth program organization in San Leandro

4. Verification

C.

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

	Sarah Oddie	Supervisor's Assistant	02.26.2019
Designee	Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

California

Date Stamp

A Public Document

1. Agency Name				Date Stamp	California 802	
Alameda County			Form 002			
Division, Department, or I	Region (If Applicable)		For Official Use Only			
Board of Supervisors						
Designated Agency Conta	act (Name, Title)	5		-		
Rigger	5000					
Area Code/Phone Numbe	r E-mail			Amendment (Must p		
(510)541-66	55 Briana.browr	n2@acgov.or	rg	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event In						
Does the agency have a t	icket policy?	Yes 🔀 No 🛛	Face Value of	of Each Ticket/Pass \$ _	304.80	
Event Description Warric	ors Basketball		Date(s) 02	2 <u>06 19</u>	· //	
Event Description	Provide Title/Expla					
Ticket(s)/Pass(es) provide	ed by agency?	Yes 🗌 🛛 No 🛽	If no: Golde	n State Warriors Name of So		
				Name of So	urce	
Was ticket distribution ma of agency official?	de at the behest	No 🗌 Yes 🛛	X If yes:	Official's Name (Last, First)	
3. Recipients	igency's department or	unit.) (* Use Sec	tion B to identify an individ	• Use Section C to iden	tify an outside organization.	
A. Name of Agency, Dep		Number of		ublic purpose made pursuant to the agency's policy		
		Pass(es)				
	B. (Name of Individual) (Lest. First)					
B. Name of Ind				Identify one of the follow	/ing:	
		Pass(es)	Ceremonial Role	Other	Income	
Mina Sanchez		4	1 .	onial Role" or "Other" describe below:		
		4	To promote attendance at a county sponsored event held at a County facility in order to maximize potential County revenue			
				onial Role" or "Other"	Income	
	9. 					
C. Name of Outside		Number of Ticket(s)/	Describe the pu	ublic purpose made pursuar	nt to the agency's policy	
(include address a	a description)	Pass(es)				
					57	
				9		
4. Verification						
istand EDD			erified that the distribution se	et forth above, is in accordance v	11/2/20	
•		Nana 1	Krew)	Supervisor's Assista	$\frac{ht}{4/5/19}$	
	ว <i>ธ</i> จเฎ1166	Print Nar	me /	Title	(Month, Day, Year)	
Comment:	ss: \$30.00					
					FPPC Form 802 (4/1	

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/A\$K-FPPC (866/275-7772)

A Public Document

1	Agency Name				Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Regi	on (If Applicabl		For Official Use Only		
	Board of Supervisors					
1.0	Designated Agency Contact (/	Name Title)	·			
	•				· .	
	Briana Brown Area Code/Phone Number	C E-mail			Amendment (Must p	rovide explanation in Part 3.)
1	516)541-6655		vn2@acgov.oi	ra	Date of Original Filing:	
	Function or Event Inform			-9		(wonth, Day, Year)
۷.	Does the agency have a ticket		Yes 🛛 No 🛛		of Each Ticket/Pass \$ _	304.80
	Event Description Warriors B	Provide Title/Exp	olanation	Date(s)		//
	Ticket(s)/Pass(es) provided by			Jefno. Golde	n State Warriors	
	Tickel(s)/Pass(es) provided by	y agency:	Yes 🗌 No 🛛		Name of So	urce
	Was ticket distribution made a	t the behest	No 🗌 Yes [If yes:	Official's Name (
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department o		tion B to identify an individ	• Use Section C to iden	tify an outside organization.
	A. Jame of Agency, Departme	int or Unit	Number of Ticket(s)/	Describe the pul	olic purpose made pursuan	t to the agency's policy
			Pass(es)			
				· · · · · · · · · · · · · · · · · · ·		
						33.1
	B. Name of Individual	a)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
				Ceremonial Role	Other	Income
	Sarah McCarthy		4	-	nial Role" or, "Other" describe below:	
				To reward a comm community	unity volunteer for he	r service to the
	<u></u>		-			
				Ceremonial Role	nial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
					3	<u> </u>
4	. Verification			<u> </u>		
		ulations 18944.1 a	and 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.
	Y	- R	nºana B	roup	Supervisor's Assistar	-11 - 4/5/19
	✓ signe	e	Print Nan	ne)	Title	(Month, Day, Year)
	Parking Pass: \$	30.00				
	Comment:					

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) Briana Brown, Supervisors Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 541-6655 briana.brown2@acgov.org (Month, Day, Year) 2. Function or Event Information 150.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Panic! At The Dicso Date(s) 02 / 19 / 19 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: ____ Official's Name (Last, First) of agency official? 3. Recipients windy's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Departurent or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Ticket(s)/ Identify one of the following: (Last. First) Pass(es) Other Ceremonial Role Income Barbara Leal If checking "Ceremonial Role" or "Other" describe below: 4 To reward a community volunteer for his or her service to the public Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

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

Briana Brown Print Name

Supervisor's Assistant Title

Comment: .

A Public Document

Ceremonial Ro	e Even	ts and Ticl	ket/Pass	Distributions		A Public Document
1. Agency Name					Date Stamp	California 802
Alameda County						
Division, Departme	Division, Department, or Region (if Applicable)					For Official Use Only
Board of Supervis	ors					
Designated Agenc		(Name, Title)				
Briana Brown						
	Area Code/Phone Number E-mail					rovide explanation in Part 3.)
(510) 541-6655		briana.browr	n2@acgov.o	rg	Date of Original Filing:	(Month. Day, Year)
2. Function or Ev	ent Infor	mation				
Does the agency h	ave a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	100.00
Event Description .	Santa Cru	z Warriors vs.			2 , 24 , 19	//
Event Description.		Provide Title/Expl	anation	Date(s)		//
Ticket(s)/Pass(es)	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golder					
	P	,			Name of Sc	purce
Was ticket distribut		at the behest	No 🗌 Yes	If yes:	Official's Name ((act First)
of agency official	r					
3. Recipients		. In diama dances in	unit alles for	tion R to Identify an Individ	ua: • Use Section C to iden	tifu on auterido argenization
			Number of	1		
A, Name of Ager	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)			
B. (Nan	e of Individu	al	Number of Ticket(s)/		Identify one of the follow	vina:
	(Last, First)		Pass(es)			
Misty Cross					D Other nial Role" or "Other" describe below:	Income
Miloty 01000			4	-		nsored event at a County
					maximize potential Co	
<u> </u>				Ceremonial Role	Other	Income
			4	If checking "Ceremo	nial Role" or "Other" describe below:	
			Number of			
	Dutside Orga dress and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	t to the agency's policy
			F 435(65)			····
4 37						
4. Verification	°C Red	ulations 18944.1 an	d 18942. I have v	rerified that the distribution set	forth above, is in accordance v	vith the requirements.
-	57.05		Briana B		Supervisor's Assista	26 /00
125	Design	ee	Print Nat		Title	(Month. Dav. Year)
12	200.91					. ,,,
Comment:				2		

	Events and Tic	ket/Pass	Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Departmen	it, or Region (If Applicable	e)	· · · · · · · · · · · · · · · · · · ·		For Official Use Only
Board of Supervisc	ors				
Designated Agency					
Briana Brown, Sup	envisore Assistant				
Area Code/Phone N				Amendment (Must pl	ovide explanation in Part 3.)
(510) 541-6655	briana.brown	n2@acgov.o	rg	Date of Original Filing: .	(Month, Day, Year)
. Function or Ever	nt Information			· · · · · ·	
Does the agency have	ve a ticket policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	60.00
Event Description	isney On Ice		Date(s) = 02	, 27 , 19	1 1
	Provide Title/Expl	anation			
Ticket(s)/Pass(es) pr	ovided by agency?	Yes 🗌 No	ISI If no: Golder	n State Warriors	
			E)	Name of Sou	Irce
Was ticket distributio of agency official?	n made at the behest	No 🗌 Yes	If yes:	Official's Name (L	
				Unicial s Name (L	ast, Hirst)
. Recipients					
	the openor's department or ,	Number of	tion B to identify an individu	Use Section C to ident	ify an outside organization.
A. Neme of Agency	. Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
· · · · · · · · · · · · · · · · · · ·	<u> </u>	Pass(es)			
· · · · ·					
B. Name	of Individual	Number of		<u> </u>	
D. (L	ast, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other	Income
		i		al Role" or "Other" describe below:	_
			Ceremonial Role		Income
			If checking "Ceremoni	al Role" or "Other" describe below:	
			,		
Alama of Oute	side Organization	Number of		· · · · · · · · · · · · · · · · · · ·	
	side Organization	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant f	to the agency's policy
Maus Dashard, Das		1 400(00)			
Maya Deckard- Rea	ady To Learn Fun Fair	4	to the community	or nonprofit organizati	on for its contributions
Verification					
have realized understand b	EDDC Regulations 18944.1 and				the requirements.
¥	>	Briana Bro		Supervisor's Assistant	5/2//19
	Designee	Print Name	·	Title	(Month, Day, Year)

. . .

_				Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			A STATE		
	Division, Department, or Reg	ion (If Applicab		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	·		4	
	Briana Brown, Supervisors	Assistant				
	Area Code/Phone Number	E-mail	Amendment (Must pl	rovide explanation in Part 3.)		
	(510) 541-6655		/n2@acgov.c	ora	Date of Original Filing: .	
2.	Function or Event Infor	<u> </u>				(Month, Day, Year)
	Does the agency have a ticke		Yes 🔀 No	Eace Value o	of Each Ticket/Pass \$	60.00
						•
	Event Description Disney On	Provide Title/Exp	anation	Date(s)	2 , 28 , 19	/
				Golder	n State Warriors	
	nekel(s/n ass(es) provided by	agency?	Yes 🗌 No		Name of Sou	urce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes:		
	of agency official?				Official's Name (L	.ast, First)
3.	Recipients					
	Use Section A to identify the apends	is dependencer or		ction B to identify an individe	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
						16
	B. Name of Individua (Last, Fist)	1	Number of Ticket(s)/		Identify one of the followi	ng;
			Pass(es)	Ceremonial Role	Other D	Income
				Ceremonial Role	Other	
				lf checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organi (include address and desi		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Asian Health Services		8	To reward a school to the community	or nonprofit organizati	ion for its contributions
	5					
4.	Verification		8			
		ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.
			Briana Br	own	Supervisor's Assistant	3/27/14
			Print Nam		Títle	(Month, Day, Year)
	1227					
	Comment:					