	gency Report of: eremonial Role Ever	ts and Ticket/Pass Distributions	A	Public Document
1.	Agency Name		Date Stamp	California 802
	Alameda County			Form OUZ
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only
0	Board of Supervisors			
	<b>Designated Agency Contact</b>	(Name, Title)	1	
	Lee Ann Fergerson, Ticket Administrator			
	Area Code/Phone Number	ode/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 Information

Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value of Each Ticket/Pas	s \$ <u>60.00</u>
Event Description: Disney on Ice		Date(s) <u>3 / 1 / 19</u>	
Provide Ti Ticket(s)/Pass(es) provided by agency?	tle/Explanation Yes 🛛 No 🗂	If no: GSW	x
Was ticket distribution made at the behest		Name of Source If yes: <u>Haggerty</u> , Scott	
of agency official?	Yes 🗠 No 🗋	Official's Name (Las	t, 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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Deputy	y Sheriff's Assoc.	4, 4	To reward a county employee for his or her exemplary service to the public.
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income Income Income Income
	=		Ceremonial Role Other Income Income Income Income Ceremonial Role" or "Other" describe below:
С.	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
 2/13/19

 Print Name
 Title
 (month, day, year)

 Comment:
 raised thousands of dollars for four local high schools, were a major supporter of Special Olympics,

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

Agency Report of: Ceremonial Role Event	s and Ticket/Pa	ass Distrib	outions	A Public Document	
I. Agency Name				Date Stamp California 802	
Alameda County				For Official Use Only	
Division, Department, or Regi	on (if applicable)		,		
Board of Supervisors					
Designated Agency Contact (					
Lee Ann Fergerson, Ticket /				Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number	E-mail			Date of Original Filing:	
510-272-6691	leeann.fergerson@	acgov.org		(month, day, year)	
2. Function or Event Infor	mation			60.00	
Does the agency have a ticket policy? Yes 🛛		nation Date(s) <u>3</u> No □ If no: <u>GSW</u>		Each Ticket/Pass \$	
Event Description: <u>disney on ice</u> Provide Title/ Explana				///////	
				Name of Source	
Was ticket distribution made of agency official?	e at the behest Yes	⊠ No⊡ <sup>If</sup>	yes: <u>Hagg</u> ert	Official's Name (Last, First)	
3. Recipients • Use Section A to identify the age A. Name of Agency, Dep		Use Section B to id Number of Ticket(s)/ Passes	dentify an individ	lual. • Use Section C to identify an outside organization. ne public purpose made pursuant to the agency's policy	
D Name of Inc	lividual	Number of Ticket(s)/		Identify one of the following:	
B. Name of Inc. (Last, F		Passes	the second second	to the edge of a county sponsored	
Lillard, Jennifer		4	01/6	romote attendance at a county sponsorou ent in order to maximize potential county venue for concession and parking sales.	
			Cere If che	monial Role  Other  Income  Income	
C. Name of Outside (include address a	C. Name of Outside Organization (include address and description)		Describe t	the public purpose made pursuant to the agency's policy	
	.с. В				

#### 4. Verification

	Lee Ann Fergerson	Ticket Administrator	 2/7/19 onth, day, year)
Signature of Agen:			
Comment:			 1 8
			 000 10/004 (1)

	gency Report of: eremonial Role Ever	nts and Ticket/F	Α	Public Document		
1.	Agency Name					California 802
	Alameda County					1 on in South
	Division, Department, or Reg	gion (if applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact					
	Lee Ann Fergerson, Ticket		Amendment (Must P	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				
	510-272-6691	leeann.fergerson@	@acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	- ··· · · · · · · · · · · · · · · · · ·			
	Does the agency have a ticket policy? Yes 🛛 No 🔲 Face Value of			ace Value of	Each Ticket/Pass \$	50.00 60.00
	Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Each Ticket/Pass \$ 150.00 (60.00)         Event Description:       Disney on Ice       Date(s) 3 / 3 / 19       /         Provide Title/ Explanation       Date(s) 3 / 3 / 19       /         Ticket(s)/Pass(es) provided by agency?       Yes ⊠ No □       If no: GSW			<u> </u>		
	Was ticket distribution made of agency official?	e at the behest Yes [	🖄 No 🗆 🔤	f yes: <u>Haggert</u>		
3.	Recipients • Use Section A to identify the agency's department or unit. • I A. Name of Agency, Department or Unit		Use Section B to i Number of Ticket(s)/ Passes			ify an outside organization. suant to the agency's policy
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
	Lillard, Jennifer		4	ev	promote attendance at ent in order to maximi venue for concession	ze potential county
				I Contraction of the second se	onial Role D Other D ng "Ceremonial Role" or "Other" desi	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy

#### 4. Verification

.

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

Ceremonial Role Even	is and never	ass Disti	DULIONS	A	Public Document	
1. Agency Name				Date Stamp	California Form 802	
Alameda County					ALCOND X	
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 (Must P	rovide Explanation in Part 3.)	
Area Code/Phone Number	E-mail				rovide Explanation in Fan 3.7	
510-272-6691	leeann.fergerson@	)acgov.org		Date of Original Filing:	(month, day, year)	
2. Function or Event Inform				30	NA 80	
Does the agency have a tick	tet policy? Yes	🛛 No 🗍 🛛 F	ace Value of	Each Ticket/Pass \$		
Event Description: Warriors		[	ate(s) <u>3</u>	<u>, 5 , 19</u>	1 1	
	Provide Title/ Expla	nation				
Ticket(s)/Pass(es) provided	by agency? Yes	🖾 No 🗌 🛛 If	no: <u>GSW</u>	Name of Source		
Mos ticket distribution made	at the behadt of		yes: <u>Hagg</u> er			
Was ticket distribution made of agency official?	at the benest Yes	⊠ Noll "	yes. <u> </u>	Official's Name (Last, First)		
3. Recipients • Use Section A to identify the agenum A. Name of Agency, Depa		Use Section B to i Number of Ticket(s)/ Passes		lual. • Use Section C to identi		
Alameda County Sheriff's I	Department	20/4		o reward a County employee for his or her mplary service to the public or to encourage staff development		
B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:	
	s			nonial Role D Other desk		
······································				nonial Role DOther D		
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

	Lee Ann Fergerson	Ticket Administrator	10/22/18
Signature of Agency investor Designed	Print Name	Title	(month, day, year)
Comment: fundraiser- proceeds	o towards various charities.	·····	±1

**A Public Document** 

1.	Agency Name		9		Date Stamp	California 000	
	Alameda County					Form <b>OUZ</b>	
	Division, Department, or Reg	ion (if applicable)			5	For Official Use Only	
	Board of Supervisors				İ		
	Designated Agency Contact	(Name, Title)			-		
	Lee Ann Fergerson, Ticket	Administrator			Amendment (Must Pro	avido Evelopetico in Dest 2.)	
	Area Code/Phone Number	E-mail				ovide Explanation in Part 3.)	
	510-219-6562				Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	s 🛛 No 🗌	Face Value of	Each Ticket/Pass \$	4.80	
	Event Description: Warriors			Date(s)	, 08 , 19		
	Provide Title/ Explain		planation			//	
	Ticket(s)/Pass(es) provided	by agency? Yes	s 🖾 No 🗋	If no: <u>GSW</u>	Name of Source		
	Was ticket distribution made	at the behast of		If yes: Haggert	ty, Scott		
	of agency official?	at the benest Yes	s⊠ No∐	n yes	Official's Name (Last, First)		
						-	
3.	Recipients						
	<ul> <li>Use Section A to identify the agend</li> </ul>	cy's department or unit.	• Use Section B	to identify an individ	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s) Passes	/ Describe the	the public purpose made pursuant to the agency's policy		
	•••••					31 	
						÷	
	B. Name of Indix (Last, Firs		Number of Ticket(s) Passes	,	Identify one of the fol	lowing:	
			•		onial Role D Other D ing "Ceremonial Role" or "Other" descr	Income 🗍	
					onial Role D Other ing "Ceremonial Role" or "Other" descr	income	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
	Eden Housing 22645 Grand Street, Haywa	ard, CA 94541	4/1		ard a school or non-prof ts contributions to the c		
	510-582-0122			''		,	
						the second se	

## 4. Verification

	Lee Ann Fergerson	Ticket Administrator	11-27-18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment: Building and maintai	ning high-quality, well-managed, serv	vice-enhanced affordable housing o	communities that

Ceremonial Role	Events and Ticket	t/Pass Distr	ributions	Α	<b>Public Document</b>
1. Agency Name	Agency Name			Date Stamp	California 802
Alameda County				2 4	Form
Division, Department,	or Region (if applicable)			1	For Official Use Only
Board of Supervisors					
Designated Agency C	ontact (Name; Title)			1	
Lee Ann Fergerson,	Ticket Administrator	Amendment (Must P	ravida Evalanction in Part 2.)		
Area Code/Phone Nun	nber E-mail				rovice Explanation in Part 3.)
510-272 <b>-</b> 6691	leeann.fergersor	n@acgov.org		Date of Original Filing: .	(month, day, year)
2. Function or Event	Information				
Does the agency hav	e a ticket policy? 👘 Ye	s 🛛 No 🗖 🖡	ace Value of	Each Ticket/Pass \$ <u>30</u>	94.80
Event Description: <u>W</u>			Date(s) <u>3</u>		//
Ticket(s)/Pass(es) pro			f no: <u>GSW</u>	Name of Source	
Mos tiskst distribution	mada át tha habaat i v		f yes: <u>Hagg</u> ert	y, Scott	
of agency official?	made at the behest Ye	s⊠ No∐ '	r yes. <u> </u>	Official's Name (Last, First)	
A. Name of Agen	cy, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
·					
<b>D</b> .	e of Individual .ast, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
Matraia, Ed		4/1	eve	omote attendance at a nt in order to maximize enue for concession a	e potential county
				onial Role L Other L ng "Ceremonial Role" or "Other" desc	Income
	tside Organization ess and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
			1		

## 4. Verification

	Lee Ann Fergerson	Ticket Administrator	1/11/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:		· · · · · ·	

	gency Report of: eremonial Role Even	ts and Ticket/F	<sup>p</sup> ass Dis	tributions	A	Public Document
1.	Agency Name Alameda County				Date Stamp	California Form 802 For Official Use Only
	Division, Department, or Reg	ion (ii applicable)				
	Board of Supervisors Designated Agency Contact	(Namo Title)		<u> </u>		
	Lee Ann Fergerson, Ticket					
	Area Code/Phone Number	E-mail			Amendment (Must P	Provide Explanation in Part 3.)
	510-272-6691	leeann.fergerson@	gacgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation		<u> </u>		
	Does the agency have a tic	ket policy? Yes	🛛 No 🗌	Face Value of	Each Ticket/Pass \$	<u> </u>
	Event Description: Justin Ti	mberlake	· ·	Date(s) 3	<u>, 15 , 19</u>	
		Provide Title/ Expla				
	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗌	If no: <u>GSW</u>	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	🛛 No 🗌	If yes: <u>Hagger</u>		
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 ident	ify an outside organization.
	A. Name of Agency, Depa	Irtment or Unit	of Ticket(s Passes	)/ Describe th	e public purpose made pur	suant to the agency's policy
			, ,			
	B. Name of Indi (Last, Fir		Number of Ticket(s Passes	)/	Identify one of the f	ollowing:
	Jones, Justin & Karen		4	eve	omote attendance at a nt in order to maximize enue for concession at	e potential county
					nonial Role	
	C. Name of Outside O (include address and		Number of Ticket(s Passes	)/ Describe th	e public purpose made pur	suant to the agency's policy

#### 4. Verification

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

	Lee Ann Fergerson	Ticket Administrator	3/21/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

100

Ce	remonial Role Even	ts and Ticket/P	ass Dis	tributions	A	Public Document
1. /	Agency Name			Date Stamp	California 802	
	Alameda County				×	T OTTIL
Ī	Division, Department, or Regi	ion (if applicable)				For Official Use Only
	Board of Supervisors					
ī	Designated Agency Contact (	Name, Title)				
	Lee Ann Fergerson, Ticket A	Administrator			Amendment (Must)	Provide Explanation in Part 3.)
7	Area Code/Phone Number	E-mail				ronde Explanation ni r art c.y
	10-272-6691	leeann.fergerson@	acgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Inform	nation				04.00
	Does the agency have a tick	et policy? Yes [	🛛 No 🗌	Face Value of	Each Ticket/Pass \$ _	.04.80
	Event Description: Warriors			Date(s)		1 1
ſ	Provide Title/ Explanation					
-	Ticket(s)/Pass(es) provided	by agency? Yes	🛛 No 🗆	If no: <u>GSW</u>		
				If yes: Hagger	Name of Source ty, Scott	
1	Was ticket distribution made at the behest Yes I No I			If yes	Official's Name (Last, First)	
	of agency official?					
	• Use Section A to identify the agend A. Name of Agency, Depar		Number of Ticket(s) Passes			tify an outside organization. rsuant to the agency's policy
	B. Name of Indiv (Last, Firs		Number of Ticket(s) Passes	1	, Identify one of the	following:
	S.				nonial Role 🔲 Other 🕻 king "Ceremonial Role" or "Other" de	
			· · ·		nonial Role Other Ching "Ceremonial Role" or "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s) Passes	/ Describe th	e public purpose made pu	suant to the agency's policy
	UCSF Benioff Pulmonary H Benioff Children's Hospital		4	To rev	vard a school or non- its contributions to t	profit organization for he community
	1975 4th St, San Francisco (415) 476-9000	, CA 94158				

#### 4. Verification

	Lee Ann Fergerson	Ticket Administrator	11/19/18
	Print Name	Title	(month, day, year)
Comment: These tickets will be p	part of a fund raiser to provide camp	scholarships to families.	

# Agency Report of: Apublic 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, Distri	ct 1					
	Designated Agency Contact	(Name, Title)					
	Leah Doyle-Stevens, Ticket	Administrator				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				_	
	510-272-6691	Leah.Doyle-S	Stevens@	@acgov.	org	Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				45	~~
	Does the agency have a tick	ket policy?	Yes 🛛	No 🗌	Face Value of	Each Ticket/Pass \$ <u>45</u>	.00
	Event Description: Oakland	A's Game			Date(s)	<u>, 24 , 19</u>	
		Provide Title	e/ Explanati	on	. ,		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛛	No 🗖	If no:	Name of Source	
	Was ticket distribution made of agency official?	at the behest	Yes 🖄	No 🗌	If yes: Scott Ha	aggerty Official's Name (Last, First)	

#### 3. Recipients

4.

• 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:
Thompson, Wanda	4	To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales.
-		Ceremonial Role D Other D 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
/erification	.1 and 18942. I	have verified that the distribution set forth above, is in accordance

ų.	Leah Doyle-Stevens	Ticket Administrator	6/6/2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Form OU/2         For Official Use Only         For Official Use Only         endment (Must Provide Explanation in Part 3.)         Original Filing:	ceremonial Role Even	ts and licket/	Pass Distr	ibutions	/	A Public Document
For Official Use Only     endment (Must Provide Explanation in Part 3.)   Original Filing:	. Agency Name		-		Date Stamp	
endment (Must Provide Explanation in Part 3.)   Original Filing:	Alameda County					i courr
Original Filing:	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
Original Filing:	Board of Supervisors, Distri					
Original Filing:	Designated Agency Contact (	Name, Title)			1	
Original Filing:	Leah Doyle-Stevens, Ticket	Administrator				
(month, day, year)  cket/Pass \$ 45.00  19 ////  of Source Name (Last, First)  Section C to identify an outside organization.  Impose made pursuant to the agency's policy county employee for his or her lary service to the public.  Intify one of the following:  Other I Income	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
19 of Source Name (Last, First) Section C to identify an outside organization. Impose made pursuant to the agency's policy county employee for his or her lary service to the public. Intify one of the following: Other Income I	510-272-6691	Leah.Doyle-Steve	ns@acgov.org	I	Date of Original Filing	(month, day, year)
19 of Source Name (Last, First) Section C to identify an outside organization. Impose made pursuant to the agency's policy county employee for his or her lary service to the public. Intify one of the following: Other Income I	Function or Event Inform	nation				
19 of Source Name (Last, First) Section C to identify an outside organization. Impose made pursuant to the agency's policy county employee for his or her lary service to the public. Intify one of the following: Other Income I	Does the agency have a tick	et policy? Yes	⊠ No⊡ F	ace Value of I	Each Ticket/Pass \$ <u>4</u>	5.00
Name (Last, First)         Section C to identify an outside organization.         Impose made pursuant to the agency's policy         county employee for his or her         lary service to the public.         Intify one of the following:         Other       Income         al Role" or "Other" describe below:	Event Description: Oakland	A's Game	D		, 28 , 19	//
Name (Last, First)         Section C to identify an outside organization.         Impose made pursuant to the agency's policy         county employee for his or her         lary service to the public.         Intify one of the following:         Other       Income         al Role" or "Other" describe below:	Ticket(s)/Pass(es) provided	Provide Title/ Expla		no <sup>.</sup>		
Section C to identify an outside organization. Impose made pursuant to the agency's policy County employee for his or her lary service to the public. Intify one of the following: Define Income Incom		by agency fes			Name of Source	
Section C to identify an outside organization. Impose made pursuant to the agency's policy County employee for his or her lary service to the public. Intify one of the following: Define Income Incom	Was ticket distribution made	at the behest Yes	⊠ No⊡ <sup>If</sup>	yes: Scott Ha	aggerty	
arpose made pursuant to the agency's policy         county employee for his or her         lary service to the public.         ntify one of the following:         Other       Income         al Role" or "Other" describe below:         Al Role" or "Other" describe below:	of agency official?				Official's Name (Last, First)	
arpose made pursuant to the agency's policy         county employee for his or her         lary service to the public.         ntify one of the following:         Other       Income         al Role" or "Other" describe below:         Al Role" or "Other" describe below:	Recipients					
county employee for his or her         lary service to the public.         ntify one of the following:         Other       Income         al Role" or "Other" describe below:         Other       Income         al Role" or "Other" describe below:	<ul> <li>Use Section A to identify the agence</li> </ul>	y's department or unit. •		lentify an individ	ual. • Use Section C to iden	tify an outside organization.
Iary service to the public.         Intify one of the following:         Other       Income         al Role" or "Other" describe below:         Income       Income         al Role" or "Other" describe below:	A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	suant to the agency's policy
Other Income In	Robert Gross, Alameda Co	unty Fire Dept.	4	To re		
Other Income In	B. Name of Indiv		Number of Ticket(s)/		Identify one of the f	ollowing:
al Role" or "Other" describe below:	(Last, First	)	Passes			
al Role" or "Other" describe below:					onial Role 🔲 Other 🗖 ng "Ceremonial Role" or "Other" des	
rpose made pursuant to the agency's policy					nial Role Other of "Other" des	
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy
tributio		escription)	of Ticket(s)/ Passes	If checkir Ceremo If checkir Describe the	ng "Ceremonial Role" or nial Role ng "Ceremonial Role" or public purpose m	"Other" de: Other "Other" des ade purs
		Leah Do	yle-Stevens	Т	Ticket Administrator	6/6/2019
Iministrator 6/6/2019	Signature of Agency Head or Designee		nt Name		Title	(month, day, year)
	Comment:					
						~ ~

С	eremonial Role Ever	nts and Ticket/I	Pass Dist	ributions	A	Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, Distr	ict 1				
	<b>Designated Agency Contact</b>	(Name, Title)			1	
	Leah Doyle-Stevens, Ticke	t Administrator			Amendment (Must)	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Torrad Explanation in Factory
	510-272-6691	Leah.Doyle-Steve	ns@acgov.o	rg	Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	-			
	Does the agency have a tic	ket policy? Yes	🛛 No 🗆	Face Value of	Each Ticket/Pass \$ $\frac{3}{2}$	6.00
	Event Description: Oakland			Date(s) 03		
	Event Description:	Provide Title/ Expl	anation	Date(s)		/
	Ticket(s)/Pass(es) provided			If no:	Name of Source	
				Scott H	Name of Source	
	Was ticket distribution made	e at the behest Yes	🖄 No 🗌	If yes: <u>Scourn</u>	aggerty Official's Name (Last, First)	
	of agency official?				,	
	A. Name of Agency, Dep.		of Ticket(s)/ Passes		<u>.</u>	
	B. Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	Krause, Garth		2	ev	To promote attendance at a county sponso event in order to maximize potential coun revenue for concession and parking sale	
					ionial Role D Other ing "Ceremonial Role" or "Other" de	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy

## 4. Verification

have read and understand FPAC R	Regulations 18944.1 and 18942. I have v	erified that the distribution set forth a	bove, is in accordance
V.	11		
<b>F</b>	Leah Doyle-Stevens	Ticket Administrator	6/6/2019
Semature of Agency Head or weetgrice	Print Name	Title	(month, day, year)
Ŭ,			
Comment:			

Seremonial Role Even	its and Ticket/	Pass Distri	butions	ΑΑ	Public Document
I. Agency Name				Date Stamp	California Form 802
Alameda County					- Instanting
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Board of Supervisors, Distri	ict 1				
Designated Agency Contact	(Name, Title)				
Leah Doyle-Stevens, Ticket	t Administrator			Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail		,		
510-272 <b>-</b> 6691	Leah.Doyle-Steve	ns@acgov.org		Date of Original Filing:	(month, day, year)
2. Function or Event Infor	mation				5.00
Does the agency have a tic	ket policy? Yes	No F	ace Value of	Each Ticket/Pass \$ 4	
Event Description: Oakland	A's Game	D	ate(s)03	<u>, 29 , 19 </u>	/ _/
	Provide Title/ Expl	anation			
Ticket(s)/Pass(es) provided	by agency? Yes	No 🛛 If	no:	Name of Source	
		— if	ves. Scott H	aggerty	
Was ticket distribution made	e at the benest Yes	⊠ No∐ "	yes	aggerty Official's Name (Last, First)	
of agency official?					
• Use Section A to identify the agen A. Name of Agency, Depa		• Use Section B to in Number of Ticket(s)/ Passes			tity an outside organization. rsuant to the agency's policy
B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	following:
Garcia, Brent		4	ev	promote attendance a rent in order to maxin venue for concession	
· · · · · · · · · · · · · · · · · · ·				nonial Rôle . Other . king "Ceremonial Role" or "Other" d	
C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
				2	

	Leah Doyle-Stevens	Ticket Administrator	6/6/2019
Signature of Agency Head or Designed	Print Name	Title	(month, day, year)
Comment			

.

#### Agency Report of: d Ticket/Pass Distributions

	Date Stamp       California Form       802         For Official Use Only       For Official Use Only         Amendment (Must Provide Explanation in Part 3.)         Date of Original Filing:
Division, Department, or Region (if applicable)         Board of Supervisors, District 1         Designated Agency Contact (Name, Title)         Leah Doyle-Stevens, Ticket Administrator         Area Code/Phone Number         510-272-6691         Leah.Doyle-Stevens@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?         Yes ⊠ No □       Face Value of Event Description:	For Official Use Only For Official Use Only Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:
Board of Supervisors, District 1         Designated Agency Contact (Name, Title)         Leah Doyle-Stevens, Ticket Administrator         Area Code/Phone Number         510-272-6691         Leah.Doyle-Stevens@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?         Yes ⊠ No □       Face Value of Event Description:	Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:
Designated Agency Contact (Name, Title)         Leah Doyle-Stevens, Ticket Administrator         Area Code/Phone Number       E-mail         510-272-6691       Leah Doyle-Stevens@acgov.org         2. Function or Event Information       Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Event Description:         Oakland A's Game       Date(s) 03	Date of Original Filing:
Leah Doyle-Stevens, Ticket Administrator         Area Code/Phone Number         510-272-6691         Leah.Doyle-Stevens@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?         Yes ⊠ No □         Face Value of Event Description:	Date of Original Filing:
Area Code/Phone Number       E-mail         510-272-6691       Leah.Doyle-Stevens@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No □ Face Value of Event Description:         Oakland A's Game       Date(s) _03	Date of Original Filing:
510-272-6691       Leah.Doyle-Stevens@acgov.org         2. Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No □ Face Value of Event Description:         Oakland A's Game       Date(s) 03	(month, day, year)
2. Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Event Description:         Oakland A's Game       Date(s) 03	(month, day, year)
Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value of Event Description: Oakland A's Game Date(s) 03	
Event Description: Oakland A's Game Date(s) 03	
Event Description: Oakland A's Game Date(s) 03	Name of Source
Provide Title/ Explanation	Name of Source
	Name of Source
Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 If no:	Haggerty Official's Name (Last, First)
Was ticket distribution made at the behest Yes 🖄 No 🔲 If yes: Scott	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 indi	vidual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit Of Ticket(s)/ Passes	the public purpose made pursuant to the agency's policy
Number	
B. Name of Individual of Ticket(s)/ (Last, First) Passes	Identify one of the following:
	emonial Role D Other D Income ecking "Ceremonial Role" or "Other" describe below:
	emonial Role Other I Income ceking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description) Number Passes	the public purpose made pursuant to the agency's policy
Stacey Chase, Sandia National Laboratory, 7011 East Avenue, Livermore, CA 945512To	reward a school or non-profit organization for its contributions to the community
4. Verification	d that the distribution set forth above, is in accordance
Leah Doyle-Stevens	Ticket Administrator 6/6/2019
Signature of Agency Head or Disignee Print Name	Title (month, day, year)
Comment:	

#### Agency Report of:

eremonial Role Ever		400 21011		T	Public Document
Agency Name				Date Stamp	California 802
Alameda County Division, Department, or Reg	ion /if applicable)				For Official Use Only
Board of Supervisors, Distr					
Designated Agency Contact					
Leah Doyle-Stevens, Ticket					
Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
510-272-6691	Leah.Doyle-Stever	ns@acgov.org		Date of Original Filing: _	(month, day, year)
Function or Event Infor	mation				
Does the agency have a tic	ket policy? Yes [	No 🗆 🖓	ace Value of	Each Ticket/Pass \$	.00
Event Description: Oakland				<u>, 31 , 19</u>	
Event Description.	Provide Title/ Expla		ale(3)		//
Ticket(s)/Pass(es) provided	by agency? Yes	⊠ No⊡ If	no:	Name of Source	·
Was ticket distribution made	at the behast No		yes: <u>Scott Ha</u>	aggerty	=
of agency official?	e at the benest Yes		,	Official's Name (Last, First)	
Recipients					
• Use Section A to identify the agen	cy's department or unit.		lentify an individ	ual. • Use Section C to identi	ty an outside organization.
A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes		e public purpose made purs	
Ernest Hong, Alameda Co	ounty ITD	2	То	reward a county emp exemplary service	
B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
÷				onial Role Other Other ing "Ceremonial Role" or "Other" des	Income [
				onial Role Other ing "Ceremonial Role" or "Other" desc	Income
C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
Verification	PC Reculations 18944.	.1 and 18942. /	have verified t	hat the distribution set for	rth above, is in accordanc
		byle-Stevens		Ticket Administrator	6/6/2019
)	<ul> <li>Lean Do</li> </ul>	WINES YEVENS			01012013

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

**A Public Document** 

(If Applicable)			For Official Use Only
(If Applicable)			For Official Use Only
me, Title)		2	
mail		Amendment (Must p	ovide explanation in Part 3.)
abriela.Christy@acgc	ov.org	Date of Original Filing: .	(Month, Day, Year)
tion			
-	□ Face Value	of Each Ticket/Pass \$	60
			03 , 01 , 19
ovide Title/Explanation	Date(s)		
aencv? Yes □ No	If no: GSW	l	
		Name of Sou	
e behest 🛛 No 🔲 Yes	s 🖾 🛛 If yes: 💛 alle	Official's Name (I	ASLINCL Z
		tual a Upp Section C to identi	if an outside exercise
or Unit Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
			25
Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Ceremonial Role	Other	Income
	If checking "Ceremon	nial Role" or "Other" describe below: ·	
	Ceremonial Role	Other	Income
	1		-
		2	
on Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant t	o the agency's policy
к 725 587 Ц	– To reward a non community	profit organization for its	contributions to the
sa	community, and pu	ublic and private organiz	ations working togethe
	abriela.Christy@acgo tion blicy? Yes Ni bovide Title/Explanation gency? Yes No re behest No Yes runit Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 0 0 0 0 0 0 0 0 0 0 0 0 0	abriela.Christy@acgov.org	abriela.Christy@acgov.org       Date of Original Filing: -         ttion       Dircy?       Yes X       No X       Face Value of Each Ticket/Pass \$

•		Gabriela Christy	Supervisor's Assistant	01219
	ee	Print Name	Title	(Month, Day, Year)

4 Asianay Mana		s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				For Official Use Only
Division, Department, or Region (If Applicat	ole)			a di cindai Ose Oniy
Board of Supervisors			=	
Designated Agency Contact (Name, Title)				· · ·
Gabriela Christy				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692 Gabriela.Cl	nristy@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				(Wohn, Day, rear)
Does the agency have a ticket policy?	Yes 🗵 N	Face Value o	f Each Ticket/Pass \$ _	40
	·	Date(s) <u>3</u>		3,3,19
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Gold	en state Marri or Name of So	<u>S</u>
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	s⊠ If yes: <u>Valle,</u>	Richard- Supervisor I Official's Name (I	District 2
Recipients     Use Section A to identify the agency's department or	unit. • Use Se Number of	T		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
-		2	2 A	
c 0.			Ŷ	N
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	×	Ceremonial Role [ If checking "Ceremonial	Other Role" or "Other" describe below:	Income
21 21	۰.	Ceremonial Role	Other Accessible below:	income
			2	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant t	3
union cuty family center 725 whipple Road, Union cuty, CA 945877	B	to be comin	nprott organiz	
E to Build community by engaging	,	in transforming the	in communities	so matcacy, family Fingetips high gualitys
reparing youth fadults to particl pate		community momber	will have at mere	Singchar highquary

#### 4. Verification

	Gabriela Christy	Supervisor's Assistant	45/4/19	
r Designee	Print Name	Title	(Month, Day, Year)	
Comment:				

Ceremonial Role Eve					
I. Agency Name				Date Stamp	California 802
Alameda County				14	Fonti
Division, Department, or R	egion (If Applica	ble)			For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Title)				
Gabriela Christy					
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6692		hristy@acgo	N OFA	Date of Original Filing	
. Function or Event Info			v.org		(Month, Day, Year)
					60
Does the agency have a tic		Yes 🛛 No		ue of Each Ticket/Pass \$ _	·
Event Description Disney of			Date(s) _	03 , 02 , 19	03 , 03 , 19
	Provide Title/Ex	planation			
Ticket(s)/Pass(es) provided	by agency?	Yes 🗍 No	If no: GS	VV Name of So	
Was ticket distribution made	at the hehest		NA IN Va	alle, Richard- Supervisor	
of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Name	(Last, First)
Recipients					
Use Section A to identify the age	ncy's department o	r unit. • Use Se	ction B to identify an indi	ividual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departi	nent or Unit	Number of Ticket(s)/	Describe the	public purpose made pursuan	t to the agency's policy
A. Name of Agency, Depart		Pass(es)			
A. Name of Agency, Depart		Pass(es)			4) 2 4 <sup>[12</sup>
B. Name of Individ	ual	Pass(es) Number of Ticket(s)/ Pass(es)		identify one of the follow	ing:
B. Name of Individ	ual	Number of Ticket(s)/	Ceremonial Ro If checking "Cere		ing:
B. Name of Individ	ual	Number of Ticket(s)/	It checking "Cere Ceremonial Ro	le D Other monial Role" or "Other" describe below:	
B. Name of Individ	nization	Number of Ticket(s)/	If checking "Cere Ceremonial Ro If checking "Cerei	le Dther monial Role" or "Other" describe below:	
B. Name of Individ (Last, First)	nization scription) ITER 725	Number of Ticket(s)/ Pass(es)	If checking "Cere Ceremonial Ro If checking "Cere Describe the p	le  Other  monial Role" or "Other" describe below:  le  Other  nonial Role" or "Other" describe below:	Income
B. Name of Individ (Last, First) C. Name of Outside Orga (include address and de UNION CITY FAMILY CEN	nization scription) ITER 725 A 94587 ter is a	Number of Ticket(s)/ Pass(es)	If checking "Cere Ceremonial Ro If checking "Cere Describe the p – To reward a no community community, and	e Dther monial Role" or "Other" describe below:	Income
B. Name of Individ (Last, First) C. Name of Outside Orga (include address and de UNION CITY FAMILY CEN Whipple Rd, Union City, C. The Union City Family Cer partnership of families, sch Verification	nization scription) ITER 725 A 94587 ter is a ools,	Number of Ticket(s)/ Pass(es)	If checking "Cere Ceremonial Ro If checking "Cere Describe the p – To reward a no community community, and p to promote "crad	le D Other monial Role" or "Other" describe below: le D Other monial Role" or "Other" describe below: monial Role" or "Other" describe below: public purpose made pursuant public purpose made pursuant public and private organi e to retirement" success	Income
B. Name of Individ (Last, First) C. Name of Outside Orga (include address and de UNION CITY FAMILY CEN Whipple Rd, Union City, C. The Union City Family Cer partnership of families, sch Verification	nization scription) ITER 725 A 94587 ter is a ools,	Number of Ticket(s)/ Pass(es)	If checking "Cere Ceremonial Ro If checking "Cere Describe the p – To reward a no community community, and p to promote "crad	Ile Other monial Role" or "Other" describe below: Ile Other monial Role" or "Other" describe below: Describe public purpose made pursuant Description for it Descrip	Income
B. Name of Individ (Last, First) C. Name of Outside Orga (include address and de UNION CITY FAMILY CEN Whipple Rd, Union City, C. The Union City Family Cer partnership of families, sch Verification	nization scription) ITER 725 A 94587 ter is a ools,	Number of Ticket(s)/ Pass(es)	If checking "Cere Ceremonial Ro If checking "Cere Describe the p – To reward a no community community, and p to promote "crad	le D Other monial Role" or "Other" describe below: le D Other monial Role" or "Other" describe below: monial Role" or "Other" describe below: public purpose made pursuant public purpose made pursuant public and private organi e to retirement" success	Income

1	. Agency Name				Date Stamp	California 80 Form
	Alameda County					1011501010100
	Division, Department, or Reg	jion (If Applicat	ole)		n in the second s	For Official Use Only
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name; Title)	1 2.0			
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
	(510) 272-6692		nristy@acgov.org	g .	Date of Original Filing:	(Month, Day, Year)
	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No 🗖	Face Value o	f Each Ticket/Pass \$	350 30
	Event Description 65 Wa	Provide Title/Exp	Denver	_ Date(s)3	9, 19	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	lf no: <u>601</u>	DEN STATE WORR Name of Source	UCG Se
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes 🛛	lf yes: <u>Valle,</u>	Richard- Supervisor Di Official's Name (Las	strict 2
	• Use Section A to identify the agency	/'s department or	unit. • Use Section	B to identify an individua	al. • Use Section C to identify	an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		c purpose made pursuant to	
				9		
					5	1
1	B. Name of Individua (Last, First)	i i	Number of			
			Ticket(s)/ Pass(es)		Identify one of the following	p:
	Douglas, Kor		Ticket(s)/	Ceremonial Role	Identify one of the following	Income
	Douglas, Kor		Ticket(s)/	Ceremonial Role	Other	Income [
	Douglas, Kor		Ticket(s)/	Ceremonial Role		Income [
	Daglas, Kor Name of Outside Organiz (include address and desc		Ticket(s)/	Ceremonial Role	] Other [] mmunity volunteer	Income [ for Income [
	Name of Outside Organiz		Ticket(s)/         Pass(es)         A         I	Ceremonial Role	Other D mmunity volunteer ervice to the public	Income   for Income [
	Name of Outside Organiz		Ticket(s)/         Pass(es)         A         I	Ceremonial Role	Other D mmunity volunteer ervice to the public	Income [ for Income [

Gabriela Christy Supervisor's Assistant 5/6/19 gnee Print Name Title (Month, Day, Year)

Comment: \_

4.

	Ceremonial Role Events and				A Public Document
1	. Agency Name			Date Stamp	California 802
	Alameda County			•	
	Division, Department, or Region (If Applic		For Official Use Only		
	Board of Supervisors	- al.		51	
	Designated Agency Contact (Name, Title)		8		
	Gabriela Christy				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692 Gabriela.	Christy@acgo	ov.org	Date of Original Filing: _	(Month, Day, Year)
2	Function or Event Information				(
	Does the agency have a ticket policy?	Yes 🛛 No	o ☐ Face Value o	of Each Ticket/Pass \$	100
	Event Description ALT 105.3 Press			, 9, 19	
	Event Description	Explanation			//
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: GOLL	Neme of Sour	2.5
	Was ticket distribution made at the behas	t No⊡ Ye	s 🖾 if yes: Valle,	Richard- Supervisor D Official's Name (La	ISTRCT 2
	of agency official?				
3.	• Use Section A to identify the agency's department	or unit alles er	ection B to identify an individu	al a lise Section C to identif	v an outside organization
-	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	
	6 - p				
		( · · ·			
	B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
	B. Name of Individual (Last, First)	Ticket(s)/		Identify one of the followin Other	g: Income
	B. Name of Individual (Last, First)	Ticket(s)/		Other	
	B. Name of Individual (Last, First)	Ticket(s)/	If checking "Ceremonia Ceremonial Role	Other	
	B. Name of Individual (Last, First) C. Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremonia Ceremonial Role	Other Other Other Other Other Other	Income
₽.	(Last, First)	Ticket(s)/ Pass(es)       Number of Ticket(s)/ Pass(es)       1       2	If checking "Ceremonia Ceremonial Role [ If checking "Ceremonia Describe the publi To YCWARD a NOY N & L LOMMM	Deher Delow: Del Role" or "Other" describe below: Delor Delow: Delor or "Other" describe below: c purpose made pursuant to profit or and pursuant to MAT	Income

2	Gabriela Christy	Supervisor's Assistant	4415/00/9
signee	Print Name	Title	(Month, Day, Year)

Comment: \_

1. Agency Name

Α.

Β.

Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 350 30 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>GS WARFLERS VC DYDEMXIM</u> Date(s) 3 10 19 IF no: & GOIDAN STATA WARRERS Ticket(s)/Pass(es) provided by agency? Yes No 🛛 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other Ceremonial Role income Zakie, Patrick 4 To reward a community volunteer for \_ his or her service to the public Income

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) Verification I have read and understand EDDO Degulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

#### Gabriela Christy Supervisor's Assistant anee Print Name Tifle.

A Public Document

California

Date Stamp

Ceremonial Role Even					A Public Docume
1. Agency Name				Date Stamp	California 80
Alameda County			4.1	E	Fontin
Division, Department, or Regi	on (If Applicab	nle)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (/	-	0			
Gabriela Christy					
	E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6692	Gabriela.Ch	nristy@acgo	v.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	180
Event Description	mberlaler			, 15 , 19	12
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗍 No	If no: Golf	pendate warric	DCS
	• •			Name of Sour	rce
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D Official's Name (La	Istrict 2
. Recipients		E 2			
Use Section A to identify the agency's		Number of			
A. Name of Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
<u></u>		1		·····	
, <u> </u>					
2					
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	j:
,			Ceremonial Role	Other	Income
			If checking "Ceremonia	al Role" or "Other" describe below:	
<u> </u>			Ceremonial Role	Other	Income
				I Role" or "Other" describe below:	
			-		
					6
C. Name of Outside Organiza (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
(include address and descrip	otion)	Ticket(s)/			
(include address and descrip	nicts	Ticket(s)/	to reivind a sch	c purpose made pursuant to のり for は」 (ONFNL 王	
(include address and descrip Newark Miggerband DIS 5715 MUSICIC MC NEW MIC Fedward Operturen	ption) tricts anc.ca ttp	Ticket(s)/ Pass(es)	to rewad a son	ool forits contril	
(include address and descrip Newark Miggerbool DIS 5715 MUSICIC MC NEW Prict Feducator Operturen	ption) tricts anc.ca ttp	Ticket(s)/ Pass(es)	to rewad a son		
(include address and descrip Newark Migg Dehool Dis 5715 MUS ICK NC New Prot + edwarealestulen we meirfull potrent alt	otion) Ariots arc.ca to bc vespor	Ticket(s)/ Pass(es) 4 NSbKe, re	to reivind a sch he communite espectfU = produ	ool forits contril Je otreatzens	stens ho
(include address and description) Newark Migger Dis 5715 MUSICIC AVE New Prict theorem and address and description (Prict theorem and address	bition) HiOt& ANC, CA- HO WC VCSPDI INS 18944.1 and 1	Ticket(s)/ Pass(es) USDKC, M 18942. I have ven	TO rewrd a sch <u>be (Urmmunt</u> 20pectfU = produ	001 for its (ontril J othe atzens thabove, is in accordance with th	stens ho
(include address and descrip Newark Migg Dehool Dis 5715 MUS ICK NC New Prot + edwarealestulen we meirfull potrent alt	bition) HiOt& ANC, CA- HO WC VCSPDI INS 18944.1 and 1	Ticket(s)/ Pass(es) 4 NSbKe, re	TO rewrd a sch <u>be (Urwmwwt</u> 25pectfU = produ ified that the distribution set for pristyS	ool forits contril Je otheatzens	stens ho

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eremonial Role Eve	nts and T				A Public Docume
Agency Name		-		Date Stamp	California 802
Alameda County					John Son
Division, Department, or Re	gion (If Applica	ble)			For Official Use Only
Board of Supervisors	64 - F				
<b>Designated Agency Contac</b>	t (Name, Title)		· · · · · · · · · · · · · · · · · · ·	-	
Gabriela Christy					
Area Code/Phone Number	E-mail		G	Amendment (Must p.	rovide explanation in Part 3.)
(510) 272-6692	Gabriela.C	hristy@acgov.or	g	Date of Original Filing: .	(Month, Day, Year)
Function or Event Info	rmation		а		1
Does the agency have a tick		Yes 🛛 No 🗌	Face Value of	of Each Ticket/Pass \$	350 30
Event Description	Warrons	IS PAOCKS	Date(s) 3	, 21 , 19	
	Provide Title/Ex	planation	. ,		
Ticket(s)/Pass(es) provided t	by agency?	Yes 🗌 No 🛛	If no: 601	DENSTRE VOU Name of Sou	14013
Was ticket distribution made	at the behast	· Na 🗖 . V 15년	v Valle		
of agency official?		No 🗌 Yes 🛛	If yes:	, Richard- Supervisor D Official's Name (Li	ast, First)
Recipients					
Use Section A to identify the agend	y's department o	r unit. • Use Section	B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
		1 4001001			
				č ×	· · · · · · · · · · · · · · · · · · ·
Nome of Individu		Number of			
B. Name of Individua (Lest, First)	al			Identify one of the followin	g:
B. Name of Individua (Lest, First)	al	Number of Ticket(s)/	Ceremonial Role		g: Income [
(Lest, First)	<u> </u>	Number of Ticket(s)/ Pass(es)	Caremonial Role		-
B. Name of Individua (Last, First) ΜυΤΤ, Michee	<u> </u>	Number of Ticket(s)/	1	Cther	
(Last, First)	<u> </u>	Number of Ticket(s)/ Pass(es)	Го reward a	Community volunte	eer for
(Last, First)	<u> </u>	Number of Ticket(s)/ Pass(es)	Го reward a	Cther	Income [
(Last, First)	<u> </u>	Number of Ticket(s)/ Pass(es)	Го reward a	Community volunte	eer for
(Lest, First) MOTT, Micha	AL	Number of Ticket(s)/ Pass(es) 4   1	Го reward a — his or he	Other Community volunter community volunter community volunter service to the public	Income C
(Last First)	AL	Number of Ticket(s)/ Pass(es) 4   1	Го reward a — his or he	Community volunte	Income [ cer for lic Income [
(Last, First) MOTT, Micha Name of Outside Organi	AL	Number of Ticket(s)/ Pass(es) 4   1	Го reward a — his or he	Other Community volunter community volunter community volunter service to the public	Income [ cer for lic Income [
(Last, First) MOTT, Micha Name of Outside Organi	AL	Number of Ticket(s)/ Pass(es) 4   1	Го reward a — his or he	Other Community volunter community volunter community volunter service to the public	Income C
(Last, First) MOTT, Micha Name of Outside Organi	AL	Number of Ticket(s)/ Pass(es) 4   1	Го reward a — his or he	Other Community volunter community volunter community volunter service to the public	Income C
(Last, First) MOTT, Micha Name of Outside Organi	AL	Number of Ticket(s)/ Pass(es) 4   1	Го reward a — his or he	Other Community volunter community volunter community volunter service to the public	Income [ cer for lic Income [
(Last First) MOTT, Micha Name of Outside Organi (Include address and desc	AL ization cription)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Fo reward a his or he Describe the publi	Cther Community volunte community volunte r service to the pub	Income [
(Last, First) MOTT, Micha Name of Outside Organi (Include address and desc	AL ization cription)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Fo reward a his or he Describe the publi	Cther Community volunte community volunte r service to the pub	Income
(Last First) MOTT, Micha Name of Outside Organi (Include address and desc	AL ization cription)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Fo reward a his or he Describe the publi	Cther Community volunte community volunte r service to the pub	Income

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		5	Date Stamp	California 802
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				Sector Address
gion (If Applicab	le)			For Official Use Only
(Name, Title)				
E-mail	· · · · · · · · · · · · · · · · · · ·			provide explanation in Part 3.)
Gabriela.Ch	nristy@acgov	org	Date of Original Filing:	(Month, Day, Year)
mation				
et policy?	Yes 🛛 No	Generation Face Value	of Each Ticket/Pass \$ _	
	lanation	Date(s)	03 , 24 , 19	///
		d If no: Oakla	and Athletics	
		3	Name of Sc	
at the behest	No 🗌 Yes 🛛	If yes: Valle	e, Kichard- Supervisor	DISTRICT 2
		Ľ		
y's department or	unit. • Use Sect	on B to identify an indivi	dual. • Use Section C to iden	tify an outside organization.
ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy
				<u> </u>
	Number of			
i	Ticket(s)/ Pass(es)			na: e
			2.00mm	
ζ	2	his or b	a community volun	teer for
-	6		ier service to the pul	Dlic
		Ceremonial Role		
				2
	Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy
+ -1	Pass(es)			X
· .				
				<u></u>
No	19012 1 hour work	ad that the distribution and t	orth above is in accordance with	the requirements
	10342. I NAVE VENN	ou that the distribution set f	orth above, is in accordance with	ute requirements.
				1
	Gabriela Chr Print Name	sty	Supervisor's Assistant	6/0/2019
	Gabriela.Ch rmation et policy? A's Vs. Giants Provide Title/Exp by agency? at the behest	E-mail       Gabriela.Christy@acgov.         rmation       et policy? Yes No [         A's Vs. Giants       Provide Title/Explanation         Dy agency? Yes No [       No [         at the behest       No [       Yes [         y's department or unit.       • Use Section         out or Unit       Number of Ticket(s)/ Pass(es)         out or Unit       Number of Ticket(s)/ Pass(es)	E-mail       Gabriela.Christy@acgov.org         rmation       et policy? Yes 🛛 No 🗌 Face Value         A's Vs. Giants       Date(s)         Provide Title/Explanation       Date(s)         by agency? Yes 🗌 No 🖾 If no: Oakl       at the behest No 🗌 Yes 🖾 If yes: Vall         y's department or unit.       • Use Section B to identify an indivi         y's department or unit.       • Use Section B to identify an indivi         ent or Unit       Number of Ticket(s)/ Pass(es)         Number of S	E-mail       Gabriela. Christy@acgov.org         mation       Date of Original Filing:         rmation       Date of Original Filing:         et policy?       Yes X       No I         A's Vs. Giants       Date(s)       03 / 24 / 19         Provide Title/Explanation       Date(s)       03 / 24 / 19         by agency?       Yes No X       If no:       Oakland Athletics         Ny agency?       Yes No X       If yes:       Valle, Richard- Supervisor I         official's Name (i       Official's Name (i       Official's Name (i         y's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an individual.         wi's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an individual.         wi's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an individual.         wi's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an individual.         wi's department or unit.       • Use Section B to identify an individual.       • Use Section C to identify an individual.         of C retward a community voluming in this or her service to the put his or her service to the put his or her service to the put his or her service to the put if checking "Ceremonial Role" or "Other" describe below: </td

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) Gabriela Christy Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: \_ (510) 272-6692 Gabriela.Christy@acgov.org (Month, Day, Year) 2. Function or Event Information 34 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🖾 No 🗋 Event Description Oakland As vs. LA Angels Date(s) 3 20 19 29 Provide Title/Ev oakland lf no: Ticket(s)/Pass(es) provided by agency? Yes No 🛛 If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) 10 Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) ~--- П ..... Income Jackson, Hill 4 To reward a community volunteer for his or her service to the public Income Martinez, Jogsph IJ 11 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification

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

-		Gabriela Christy	Supervisor's Assistant	5/4/19
_	esignee	Print Name	Title	(Month, Day, Year)

Comment: \_

4.

Comment: \_\_\_\_

Ceremonial Role Events and	TICKET/Pass			A Public Docume
1. Agency Name			Date Stamp	California 802
Alameda County		<u> </u>		ronni
Division, Department, or Region (If Appl	icable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				8 JI
Gabriela Christy				
Area Code/Phone Number E-mail			Amendment (Must )	provide explanation in Part 3.)
(510) 272-6692 Gabriela	.Christy@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information		····		
Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$_	27/\$24 -
Event Description Oakland As VS Provide Title	. LA Angel Explanation	<u>C</u> Date(s)	<u>, 30, 19</u> K	3,31,19
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	_	cland ATHIGTIC Name of So	
Was ticket distribution made at the behe of agency official?	st No 🗌 Yes	If yes: Valle	e, Richard- Supervisor I Official's Name (L	District 2
• Use Section A to identify the agency's departmen	t or 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)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
1				
τ.			,	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
Hansen, Anthony	Q	Го reward a	community volunte	Income
williams, Jamice		his or her	r service to the publ	
	4	а " <b>С</b>	U	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy
ж. С			C.	
				. 5:
/erification				
have read and understand FPPC Regulations 18944.1 ar	nd 18942. I have verifi	ed that the distribution set for	rth above, is in accordance with t	he requirements.
	Gabriela Chr			

A Public Document

1	. Agency Name				Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	le)		· · ·	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		······································	<i>1</i> 7	
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	risty@acqc	ov.org	Date of Original Filing: _	Marth Dev Veral
2.	Function or Event Infor		,0	5		(Month, Day, Year)
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	f Each Ticket/Pass \$	350/30
	Event Description 95 War	RIGHS VS (				
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	IT If no: GOU	DEN STATE WAR	42018
		· · · · · · ·		· · · · · · · · · · · · · · · · · · ·	Name of Sou	rce
	Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes	if yes: <u>valle</u> ,	Richard- Supervisor D	ast First
- -			61	· · · · · · · · · · · · · · · · · · ·		
3.	• Use Section A to identify the agency	's department or I	unit. • Use Se	ction B to identify an individua	al. • Use Section C to identif	y an outside organization
	A. Name of Agency, Departmen		Number of		c purpose made pursuant to	
			Ticket(s)/ Pass(es)			o the agency s policy
		·····			6. III. N	
				3		
	D Niese of the Stational	<u> </u>	Number of			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	g:
				Ceremonial Role	Other	
			6054	If checking "Ceremonial	Role" or "Other" describe below:	_
			Den y			
•				Ceremonial Role	Other	
					Role" or "Other" describe below:	
	72					
(	C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
	int pose thapital Pullinda		20/34	To remarda nor	profit-forits ( Or	ithatons to
40	200 calaroga Arc Har	mord, cA	arpen	Le community		1-
	he necessary resurces in					
m	retrospile Sument	Phrop	eads			
	/erification					
	have read and understand FPPC Regulation	ons 18944.1 and 11	8942. I have ver	ified that the distribution set forth	above, is in accordance with th	ne requirements.
		(	Gabriela Ch	nristy Su	pervisor's Assistant	5#Ge/19
	or Designee	<u> </u>	Print Name	~	Title	(Month, Day, Year)
С	commen Al	rotion It	em to	BEUSÉPTU	RSTPOSESP	ectacular
				FPF	PC Toll-Free Helpline: 866/	FPPC Form 802 (4/12) ASK-FPPC (866/275-7772)

C	eremonial Role Events and Ticl	ket/Pass	Distributions	S	A Public Document
1.	Agency Name	6		Date Stamp	California 802
	Alameda County				Form For Official Use Only
	Division, Department, or Region (If Applicable)	)			Tor onload one only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Sarah Oddie			Amendment (Must p	revide evolution in Port 2.)
	Area Code/Phone Number E-mail				
	(510) 272-6693 sarah.oddie@	Dacgov.org	е — — — — — — — — — — — — — — — — — — —	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				\$60
	Does the agency have a ticket policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$ _	
	Event Description Disney on Ice		Date(s)	3 , 01 , 19	
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	urce
			If yes: Char		
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes:	Official's Name (i	Last, First)
		Pass(es)		<u> </u>	
	B. Name of Individual (Last, First)	Number of			
		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other	
				Other	
			If checking "Ceremo Ceremonial Role	Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		If checking "Ceremo Ceremonial Role If checking "Ceremo	Other  nial Role" or "Other" describe below:  Other	Income
		Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To promote attend	Other     Other     or "Other" describe below:     Other     Other     Other     other     other     other     other     blic purpose made pursuant	Income

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	•	Sarah Oddie	Supervisor's Assistant	04.01.2019
7	ssignee	Print Name	Title	(Month, Day, Year)

Agency Name				Date Stamp	California 802
Alameda County					Politik
Division, Department, or Re	gion (If Applicat	ole)	·····		For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Sarah Oddie					
Area Code/Phone Number	E-mail		â.		provide explanation in Part 3.)
(510) 272-6693	sarah.oddi	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Info	rmation				
Does the agency have a tick	et policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	\$60
Event Description Disney of	n Ice		Date(s)(	03 , 02 , 19	. 1 1
	Provide Title/Ex	planation			/
Ticket(s)/Pass(es) provided I	by agency?	Yes 🔲 No	If no: Gold	en State Warriors	·····
				Name of So	urce
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Cha	Official's Name (I	Last First)
	8 K			P a line	
Recipients	n in denoutive ant a	vunit - Llat Pa	ation <b>D</b> to identify an indivi	idual - a Use Section C to ident	tify on outside argenization
Use Section A to identify the agen		Number of Ticket(s)/		ublic purpose made pursuant	
A. Name of Agency, Departm	ent of onit	Horedan			
A. Name of Agency, Departm		Pass(es)			
A. Name of Agency, Departm					
A. Name of Agency, Departm					
A. Name of Agency, Departm					
B. Name of Agency, Departm				Identify one of the followi	ng:
B. Name of Individu		Pass(es)	Ceremonial Role		ng: income [
B. Name of Individu		Pass(es)	If checking *Gerem Ceremonial Role	Other onial Role" or "Other" describe below:	
B. Name of Individu (Last, First)	al	Pass(es)	If checking "Cerem Ceremonial Role If checking "Ceremo	Other onial Role" or "Other" describe below: Other onial Role" or "Other" describe below:	Income
B. Name of Individu (Last, First)	al	Pass(es)	If checking "Cerem Ceremonial Role If checking "Ceremo	Other Other Other Other Other Other Other	Income [
B. Name of Individu (Last, First)	al nization scription)	Pass(es)	If checking *Ceremo Ceremonial Role If checking *Ceremo Describe the pu	Other onial Role" or "Other" describe below: Other onial Role" or "Other" describe below:	Income [ Income [ to the agency's pólicy
B. Name of Individu (Last, First) C. Name of Outside Organ (include address and des Trybe, 2000 Park Blvd, Oak	nization scription)	Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Other onial Role" or "Other" describe below: Other Other Other onial Role" or "Other" describe below: Other	Income [ Income [ to the agency's pólicy
B. Name of Individu (Last, First) C. Name of Outside Organ (include address and des Trybe, 2000 Park Blvd, Oak 94606 Family service center in Oa	al nization scription) kland, CA kland	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo to the community	Other onial Role" or "Other" describe below:	Income Income
B. Name of Individu (Last, First) C. Name of Outside Organ (include address and des Trybe, 2000 Park Blvd, Oak 94606 Family service center in Oa	al nization scription) kland, CA kland	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu To reward a schoo to the community rified that the distribution set	Other onial Role" or "Other" describe below: Other Other Other onial Role" or "Other" describe below: Other	Income

Ceremonial Role Events and Ti	CKEUPass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Alameda County				Folim
Division, Department, or Region (If Applicat	ole)			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				provide explanation in Part 5.)
(510) 272-6693 sarah.oddi	e@acgov.org		Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				\$204 80 tickot/\$20 park
Does the agency have a ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ .	
Event Description Basketball Game		Date(s)3	3 <u>,</u> 08 <u>,</u> 19	\$304.80 ticket/\$30 park
Provide Title/Ex	planation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	n State Warriors	ource
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	M/ilune et	
of agency official?	NO 1 Yes	If yes:	, vviima Official's Name	(Last, First)
3. Recipients		BB		
• Use Section A to identify the agency's department o		ction B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	t to the agency's policy
			····-	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	vīng:
			Other	Income
Woods, Brendon	2	ľ	ial Role" or "Other" describe below:	neld at a County facility in
			otential County reve	
<u> </u>		Ceremonial Role	Other	Income
Gin, Hal	2	If checking "Ceremon	ial Role" or "Other" describe below:	
	2		unity volunteer for his	or her service to the
	Normh	public		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Pass(es)			
				M
Varifidation				· · · · · · · · · · ·
. Verification	d 18942.   have ve	rified that the distribution set fo	orth above, is in accordance w	th the requirements.
	Sarah Oo		Supervisor's Assistan	
/- gnee	Print Nam	·	Title	(Month, Day, Year)

					A Public Docume
Agency Name				Date Stamp	California 802
Alameda County					Form For Official Use Only
Division, Department, or Reg	ion (If Applicab	le)			Tor Official Ose Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)			1	
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)
Function or Event Infor	mation	•			
Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$ _	\$100
Event Description Muse			Data(c) = 0	3,09,19	////
	Provide Title/Exp	lanation			////
Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	
				Name of Sc	burce
Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Char	Official's Name (	(Last. First)
Recipients					
Use Section A to identify the agency	y's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
		-		2	· · · · · · · · · · · · · · · · · · ·
				<u></u>	
B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
(Last First)	ıl	Ticket(s)/		Other	ing: Income
B. Name of Individua (Last Frot) Zimmerman, Maud	1	Ticket(s)/	If checking "Ceremon	D Other describe below:	Income [
(Last First)	1	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda	Other in the second sec	Income [
(Last First)	1	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda	Other in the second sec	Income [
(Last First)	1	Ticket(s)/ Pass(es) 2	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below: anceevent held at a potential County reven Other Other ial Role" or "Other" describe below:	Income [ County ueconcession sales Income [
Zimmerman, Maud	1	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda	Other ial Role" or "Other" describe below: anceevent held at a potential County reven Other Other ial Role" or "Other" describe below: anceevent held at a	Income [ County ueconcession sales Income [ County
Zimmerman, Maud	1	Ticket(s)/ Pass(es) 2 2	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda	Other ial Role" or "Other" describe below: anceevent held at a potential County reven Other Other ial Role" or "Other" describe below: anceevent held at a	Income [ County ueconcession sales Income [
Zimmerman, Maud Ayala, Jaime	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p	Other ial Role" or "Other" describe below: anceevent held at a potential County reven Other Other ial Role" or "Other" describe below: anceevent held at a	Income [ County Jueconcession sales Income [ County ueconcession sales
Zimmerman, Maud Ayala, Jaime	zation	Ticket(s)/ Pass(es) 2 2 Number of	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p	Other  Anceevent held at a botential County reven  Other  Other  Other  anceevent held at a botential County reven  county revent held at a botential County reven  county revent held at a botential County reven	Income [ County Jueconcession sales Income [ County ueconcession sales
Zimmerman, Maud Ayala, Jaime	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p	Other  Anceevent held at a botential County reven  Other  Other  Other  anceevent held at a botential County reven  county revent held at a botential County reven  county revent held at a botential County reven	Income County Jueconcession sales Income County ueconcession sales
Zimmerman, Maud Ayala, Jaime	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p	Other  Anceevent held at a botential County reven  Other  Other  Other  anceevent held at a botential County reven  county revent held at a botential County reven  county revent held at a botential County reven	Income County Jueconcession sales Income County ueconcession sales
Zimmerman, Maud Ayala, Jaime	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p	Other  Anceevent held at a botential County reven  Other  Other  Other  anceevent held at a botential County reven  county revent held at a botential County reven  county revent held at a botential County reven	Income County Jueconcession sales Income County ueconcession sales
Zimmerman, Maud Ayala, Jaime	zation	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p	Other  Anceevent held at a botential County reven  Other  Other  Other  anceevent held at a botential County reven  county revent held at a botential County reven  county revent held at a botential County reven	Income County Jueconcession sales Income County ueconcession sales
Zimmerman, Maud Ayala, Jaime C. Name of Outside Organi (include address and desc	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p Describe the pub	Cther Conternational Conternation Conternation Contential County reven Contential County reven Conternation Conternation Conternation County reven Contential County reven Co	Income County lueconcession sales Income County ueconcession sales to the agency's policy
Zimmerman, Maud Ayala, Jaime C. Name of Outside Organi (include address and desc	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es) 18942. / have ve	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p Describe the pub	Other  Ial Role" or "Other" describe below:  anceevent held at a botential County reven  Other  Other  anceevent held at a botential County reven  lic purpose made pursuant  orth above, is in accordance wit	Income [ County iueconcession sales Income [ County ueconcession sales to the agency's policy
Zimmerman, Maud Ayala, Jaime C. Name of Outside Organi (include address and desc	ization cription)	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda facilitymaximize p Ceremonial Role If checking "Ceremon To promote attenda facilitymaximize p Describe the pub	Cther Conternational Conternation Conternation Contential County reven Contential County reven Conternation Conternation Conternation County reven Contential County reven Co	Income [ County lueconcession sales Income [ County ueconcession sales to the agency's policy

eremonial Role Ever		~			
Agency Name				Date Stamp	California 8
Alameda County					ronn
Division, Department, or Reg	gion (if Applicab	ole)			For Official Use O
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Sarah Oddie					1
Area Code/Phone Number	E-mail			Amendment (i	Must provide explanation in Part 3
(510) 272-6693	sarah.oddie	e@acgov.org	J	Date of Original Fi	(Month, Day, Year)
Function or Event Infor	mation	9			#204.00 /i-l+/#20 m
Does the agency have a ticke	et policy?	Yes 🗵 No	Face Va	lue of Each Ticket/Pass	s \$s304.80 ticket/\$30 p
Event Description Basketbal	l Game		Date(s)	03 , 10 , 19	s \$///////
	Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: G	olden State Warriors	of Source
	at the last (				or source
Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes:	han, Wilma Official's N	lame (Last, First)
Recipients					
Use Section A to identify the agence	y's department of	runit. ∙Use Se	ction B to identify an in	dividual. • Use Section C to	o identify an outside organizatio
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
		Pass(es)			
		F 433(03)			
B. Name of Individu	al	Number of Ticket(s)/		Identify one of the fo	ollowing:
B_ Name of Individu	al	Number of	Ceremonial		ollowing:
B_ Name of Individu	al	Number of Ticket(s)/ Pass(es)	lf checking "Ce	Role Other D	- Incor
B. Name of Individu	al	Number of Ticket(s)/	If checking "Ce To promote att	Role D Other D memonial Role" or "Other" describe b endance at a(n) eve	Incor elow: ent held at a County facil
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)	If checking "Ce To promote att order to maxim	Role D Other D memonial Role" or "Other" describe b endance at a(n) eve ize potential County re	Incor erlow: ent held at a County facil evenue
B. Name of Individu	al	Number of Ticket(s)/ Pass(es) 2	If checking "Ce To promote att order to maxim Ceremonial f	Role D Other D memonial Role" or "Other" describe b endance at a(n) eve ize potential County re	Incor ent held at a County facil evenue
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)	If checking "Ce To promote att order to maxim Ceremonial f	Role D Other D memonial Role" or "Other" describe b endance at a(n) eve ize potential County re	Incor ent held at a County facil evenue
<b>B.</b> Name of Individu: (Lest. First) Friedman, Mark		Number of Ticket(s)/ Pass(es) 2 2	If checking "Ce To promote att order to maxim Ceremonial f	Role D Other D memonial Role" or "Other" describe b endance at a(n) eve ize potential County re	Incor ent held at a County facil evenue
B. Name of Individu (Last, First) Friedman, Mark	ization	Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	If checking "Ce To promote att order to maxim Ceremonial f <i>if checking "Ce</i>	Role Dther Conternation of the content of the conte	Incor ent held at a County facil evenue
B. Name of Individu (Lest, First) Friedman, Mark C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es) 2 2 Number of	If checking "Ce To promote att order to maxim Ceremonial F If checking "Ce Describe the	Role D Other D memonial Role" or "Other" describe b endance at a(n) eve ize potential County re Role Other remonial Role" or "Other" describe b e public purpose made purs	Incor ent held at a County facil evenue Incor ielow:
B. Name of Individu (Lest, First) Friedman, Mark C. Name of Outside Organ (include address and des Eden Housing, 22645 Gran	ization cription)	Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	If checking "Ce To promote att order to maxim Ceremonial f If checking "Ce Describe the To reward a sc	Role D Other D endance at a(n) eve ize potential County re Role Other P remonial Role" or "Other" describe b	Incor ent held at a County facil evenue Incor
B. Name of Individu (Lest, First) Friedman, Mark C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ce To promote att order to maxim Ceremonial F If checking "Ce Describe the	Role D Other D endance at a(n) eve ize potential County re Role Other P remonial Role" or "Other" describe b	Incor ent held at a County facil evenue Incor ielow:
B. Name of Individu (Last, First) Friedman, Mark C. Name of Outside Organ (include address and des Eden Housing, 22645 Grand Hayward, CA 94541 Affordable Housing develop	ization cription) d St,	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ce To promote att order to maxim Ceremonial f If checking "Ce Describe the To reward a sc	Role D Other D endance at a(n) eve ize potential County re Role Other P remonial Role" or "Other" describe b	Incor ent held at a County facil evenue Incor ielow:
<ul> <li>B. Name of Individue (Last, First)</li> <li>Friedman, Mark</li> <li>C. Name of Outside Organ (include address and des)</li> <li>Eden Housing, 22645 Grand Hayward, CA 94541</li> <li>Affordable Housing develop Alameda County</li> </ul>	ization cription) d St,	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es)	If checking "Ce To promote att order to maxim Ceremonial f If checking "Ce Describe the To reward a sc	Role D Other D endance at a(n) eve ize potential County re Role Other P remonial Role" or "Other" describe b	Incor ent held at a County facil evenue Incor ielow:
<ul> <li>B. Name of Individue (Lest. First)</li> <li>Friedman, Mark</li> <li>C. Name of Outside Organ (include address and des)</li> <li>Eden Housing, 22645 Grand Hayward, CA 94541</li> <li>Affordable Housing develop Alameda County</li> <li>Verification</li> </ul>	ization cription) d St, er in	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es) 2+p	If checking "Ce To promote att order to maxim Ceremonial f <i>If checking "Ce</i> Describe the To reward a so to the commun	Role D ther D endance at a(n) eve ize potential County re Role Other r remonial Role" or "Other" describe b e public purpose made purs hool or nonprofit organ ty	Incor ent held at a County facil evenue Incor elow: suant to the agency's policy nization for its contributio
<ul> <li>B. Name of Individue (Lest. First)</li> <li>Friedman, Mark</li> <li>C. Name of Outside Organ (include address and des)</li> <li>Eden Housing, 22645 Grand Hayward, CA 94541</li> <li>Affordable Housing develop Alameda County</li> <li>Verification</li> </ul>	ization cription) d St, er in	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/ Pass(es) 2+p	If checking "Ce To promote att order to maxim Ceremonial F <i>if checking "Ce</i> Describe the To reward a sc to the commun	Role D Other D endance at a(n) eve ize potential County re Role Other P remonial Role" or "Other" describe b	Incor pelow: ent held at a County facil evenue Incor incor suant to the agency's policy nization for its contribution ce with the requirements.

С	eremonial Role Events	and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					and the second s
	Division, Department, or Region	1 (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Na	nme, Title)	1			
	Sarah Oddie					
	Area Code/Phone Number E	-mail		Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6693 s	arah.oddie	@acgov.org	l	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informa	ation				
	Does the agency have a ticket p	olicy?	Yes 🖾 No	Face Value of	of Each Ticket/Pass \$	\$750
	Event Description	rlake		Date(s) 03	3,15,19	///
	P	rovide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by a	gency?	Yes 🗌 No	If no: Golde	n State Warriors	
			_	— Chan		arce
	Was ticket distribution made at the of agency official?	ne penest	No 🗌 Yes	If yes: Chan	Official's Name (L	.ast, First)
_		j 5			· · · · · · · · · · · · · · · · · · ·	
ა.	• Use Section A to identify the agency's	department or ι	unit. ●Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department		Number of	1	lic purpose made pursuant	
	74. Hano or igonoj, soperanom		Ticket(s)/ Pass(es)			
			Number of			
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	ng:
			F 235(53)	Ceremonial Role	Other	
	Cartwright, Bonnie				ial Role" or "Other" describe below:	20
			2		anceevent held at a (	
					otential County reven	
	Sanchez, Marcelina			Ceremonial Role	A Other	Income
	Sanonez, Marcella		2	, i i i i i i i i i i i i i i i i i i i	anceevent held at a C	County
					otential County reven	
	C. Name of Outside Organizat (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	

## 4. Verification

		Sarah Oddie	Supervisor's Assistant	04.01.2019
Ĩ.	signee	Print Name	Title	(Month, Day, Year)

Comment: \_

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County			Form OOL		
	Division, Department, or Regi	on (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sarah Oddie		Amendment (Must pr			
	Area Code/Phone Number	ea Code/Phone Number E-mail				unde explanation in a traij
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation	\$1	304 80 ticket/\$30 park		
	Does the agency have a ticket	· · ·	Yes 🛛 No		of Each Ticket/Pass \$	
	Event Description Basketball	Game Provide Title/Exp	Innelien	Date(s)03	3 <u>21</u> 19	//
		Trovide Thiotexp			n State Warriors	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No		Name of Sou	irce
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?				Official's Name (L	ast, Fírst)
3.	Recipients				A	
	Use Section A to identify the agency	's department or		ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
			1			
						······
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following	ıg:	
	(Last, First)		Pass(es)		Other	Income
	Leslie, Barbara			Ceremonial Role If checking *Ceremon	ial Role" or "Other" describe below:	
			2+p	To promote attendance at a(n) event held at a County fa		
				order to maximize p	potential County reven	Je
				Ceremonial Role		Income
			2+p	If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)		Number of Deceribe the put		blic purpose made pursuant to the agency's policy	
			Ticket(s)/ Pass(es)	Describe the pub		o the agency a policy
	$\bigcirc$					
4.	Verification					
	I have, Règula	itions 18944.1 and	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
	$\angle$		Sarah Oo	Idie	Supervisor's Assistant	04.01.2019
	Signature of Agency Freed of Designee		Print Name	e	Title	(Month, Day, Year)
	Comment:					

2       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         Ve-:=: Adtion       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       04.01.2019	Alameda County Division, Department, or Region (// Applicable) Board of Supervisors Designated Agency Contact (Name, Trifle) Sarah Oddle Area Code/Phone Number E-mail (510) 272-6693 E-function or Event Information Does the agency have a ticket policy? Yes © No © Face Value of Each TickeUPass \$ S304.80 tickeUS30 pe Vertifical? Face(s) Provide Type and Type Provide Type P	Ceremo	nial Role Even	ts and Tic	ket/Pass	Distributions		A Public Docume
Alarmeda County       Por Official Use Only         Division, Department, or Region (# Applicable)       Por Official Use Only         Board of Supervisors       Designated Agency Contact (Name, Title)         Sarah Oddie       Amendment (Must provide explanation in Part 3)         Area Code/Phone Number       E-mail         (510) 272-6963       sarah, oddie@acgov.org         2. Function or Event Information       Does the agency have a ticket policy?         Does the agency have a ticket policy?       Yes Ø         Permit Description       Basketball Game         Provide TifferExplanation       Date (s) 0.3 , 21 , 19 ,	Attamedia County       For Official Use Online         Division, Department, or Region (// Applicable)       Per Official Use Online         Besignated Agency Contact (Name, Title)       Amendment, (Alust provide explenation in Parl 3)         Sarah Oddie       Amendment, (Alust provide explenation in Parl 3)         Sarah Oddie       Amendment, (Alust provide explenation in Parl 3)         Chart Code (Source)       Date of Original Filling:         (Stop 272-Ge93       Basketball Game         Doords The Agency Contact (Name, Title)       Date of Original Filling:         Cent Description       Basketball Game         Provide The/Explanation       Date (S)         Ticket(s)/Pass(es) provided by agency?       Yes D         Vas ticket distribution made at the behest of agency official?       No D         Recipients       Name of Agency, Department or unit       + Use Section 8 to identify an individual.       + Use Section 1 to identify an outside organization         A. Name of Agency, Department or Unit       Number of Treaster(e)       Describe the public purpose made pursuant to the agency's policy         Pasterion       Centeronial Role       Other D       Incom         Chan, Zoe       2       Centeronial Role       Other D       Incom         2       Centeronial Role       Other D       Incom       Incom	I. Agenc	y Name	in a state of the			Date Stamp	
Division, Department, or Region (/f Applicable)         Board of Supervisors         Designated Agency Contact (Nume: Title)         Sarah Oddle         Area Code/Phone Number         (510) 272-8683         Beard of Supervisors         Does the agency have a tocket policy?         Yess (Sector Event Information         Does the agency have a tocket policy?         Yess (Sector Event Information         Date of Original Filling:         Was tocket distribution made at the behest         No	Division, Department, or Region (/f Applicable)         Board of Supervisors         Designate 4 Agency Contact (Mame, Title)         Sarah Oddie         Area Code/Phone Number         (510) 272-6683         Beard of Supervisors         Does the agency Contact (Mame, Title)         Sarah Oddie         Area Code/Phone Number         [510] 272-6683         Beard of Supervisors         Does the agency have a tocket policy?         Yes [2] No []         Parcetor of Event Information         Does the agency have a tocket policy?         Yes [2] No []         Face Value of Each Ticket/Pass §         Store         Proved Title/Agaevison         Ticket(s)/Pass(es) provided by agency?         Yes [2] No []         If no: Golden State Warriors         Ticket(s)/Pass(es) provided by agency? Yes []         Name of agency official?         A mame of agency the agency's department or unit.       - Use Section 8 to identify an individual.         A mame of Agency, Department or Unit       Number of Treketie/ Treately?         Describe the public purpose made pursuant to the agency's policy         Past(ex)       Ceremonial Role []       Other []         Chan, Zoe       2       Ceremonial Role []	Alamed	da County					Polili
Designated Agency Contact (Name, 70ke)         Sarah Oddie         Area Code/Phone Number (510) 272-6693         Sarah Oddie @agency have a ticket policy?         Vestor of Event Information Does the agency have a ticket policy?         Description         Basketball Game Provide Tribe/Evaluation         Provide Tribe/Evaluation         Date of Original Filling:         Provide Tribe/Evaluation         Ticket(s)/Pass(es) provided by agency?         Yes       No         Yes       Yes         Yes       No <t< td=""><td>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? Yes Ø No ☐         Proven Title&amp;cylenation         Description         Basketball Game Proven Title&amp;cylenation         Proven Title&amp;cylenation         Ticket(5)/Pass(es) provided by agency? Yes ☐ No Ø         If no:       Golden State Warriors         Name of Agency, Department or unit       • Use Section 8 to identify an outside organization of agency official?         A name of Agency, Department or unit       • Use Section 8 to identify an outside organization pack(org)         B.       Name of Individual pack(org)         Pass(etc)       Corremonial Role</td><td>Division</td><td>n, Department, or Reg</td><td>ion (If Applicabl</td><td>e)</td><td></td><td></td><td>For Official Use Only</td></t<>	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? Yes Ø No ☐         Proven Title&cylenation         Description         Basketball Game Proven Title&cylenation         Proven Title&cylenation         Ticket(5)/Pass(es) provided by agency? Yes ☐ No Ø         If no:       Golden State Warriors         Name of Agency, Department or unit       • Use Section 8 to identify an outside organization of agency official?         A name of Agency, Department or unit       • Use Section 8 to identify an outside organization pack(org)         B.       Name of Individual pack(org)         Pass(etc)       Corremonial Role	Division	n, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
Sarah Oddie       Immediate (full)       Imme	Sarah Oddie       Area Cods/Phone Number (510) 272-5693       E-mail sarah.oddie@acgov.org       Date of Original Filling: (Month, Day, Year)         Encition or Event Information Does the agency have a ticket policy? Event Description       Basketball Game Provet TitleExplanation       Face Value of Each Ticket/Pass § \$304.80 ticket/\$30 pa Date (5) Pass(es) provide explanation         Ticket(s)/Pass(es) provide titleExplanation       Date (5) 0.3 21 19 /// Provet TitleExplanation       If no:       Golden State Warriors Name of Source         Was ticket distribution made at the behest of agency official?       No Yes X       If no:       Golden State Warriors Name of Source         • Use Section X to identify the agency's department or unit. - Use Section X to identify the agency's department or unit. - Use Section X to identify the agency's department or unit. - Use Section X to identify an outside organization - Ticket(s)       Describe the public purpose made pursuant to the agency's policy - Ticket(s)         B.       Name of Individual - A mam of Individual - A mam of Agency, Department or Unit       Number of - Ticket(s)       Describe the public purpose made pursuant to the agency's policy - A man of Agency Comparization - Treket(s)       Identify one of the following: - To promote attendance at a(n) event held at a County facili - order to maximize potential County revenue - Queronial Roar or Other devende balw       Incom - Treket(s)         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)	Board o	of Supervisors					
Area Code/Phone Number (\$10) 272-6693       E-mail sarah.oddie@acgov.org       Date of Original Filling:	Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org       Date of Original Filing:	Designa	ited Agency Contact	(Name, Title)				
Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org       Date of Original Filing:	Area Code/Phone Number (510) 272-6693       E-mail sarah.oddie@acgov.org       Date of Original Filling: (Month. Cay, Year)         Event Description Event Description Reveal ticket policy? Ves Event Description Ticket(s)/Pass(es) provided by agency? Ves E       No       Face Value of Each Ticket/Pass § 5304.80 ticket/\$30 per Pass(es) provided by agency? Ves E       No         Incket(s)/Pass(es) provided by agency? Ves E       No       Face Value of Each Ticket/Pass § 5004.80 ticket/\$30 per Pass(es) provided by agency? Ves E       No       If no:       Golden State Warriors Name of Source         Recipients - Use Section A to identify the agency's department or unit Law, Now Chan, Zoe       - Use Section B to identify an individual Law, Now Pass(es)       Use Section B to identify an outside organization Ticket(s)' Pass(es)         B.       Name of Individual Law, Now       Number of Ticket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy Pass(es)         Chan, Zoe       2       Ceremonial Role Corrections Rev or Cher Cher describe betw.       Incom if descript Correct as and incom       Incom if descript Correct as and incom       Incom         2       Ceremonial Role Corrections Rev or Cher describe betw.       Incom if descript Correct as and becket incom       Incom         2       Number of Ticket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy if descript Correct descript and isset, inserverted that the distribution set forth above, is in accordance with the requint ments. Sarph Oddie       Sarph	Sarah (	Oddie		Amendment (Must )	provide explanation in Part 3.)		
(310) 2722033       [Maintocolegacidy: Korg       [Maintocolegacidy: Korg       [Maintocolegacidy: Korg         2:       Function or Event Information       Does the agency have a ticket policy?       Yes ⊠ No □       Face Value of Each Ticket/Pass § \$304.80 ticket/\$30 pail         Event Description       Basketball Game       Date(s)	(310) 772-0000       [Month, Lar, Year)         2:       Function or Event Information         Does the agency have a ticket policy?       Yes ⊠ No □         Face Value of Event Information       Basketball Game         Provide The/Explanation       Date(s) 03 _ 21 _ 19         Ticket(s)/Pass(es) provided by agency?       Yes ⊡ No ⊠         If no:       Golden State Warriors         Was ticket distribution made at the behest No □ Yes ⊠       If no:	Area Co	de/Phone Number					
Does the agency have a ticket policy?       Yes X       No       Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 pair         Event Description       Basketball Game       Date(s)       03       21       19	Does the agency have a ticket policy?       Yes X       No       Face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$30 part for the face Value of Each Ticket/Pass \$ \$304.80 ticket/\$ \$ \$30 part for the face Value of Each Ticket/Pass \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		R	I	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Event Description       Basketball Game       Date(s)       03       21       19         Provide Title#Explanation       If no: Golden State Warriors         Name of Source       No       Yes       If no: Golden 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 A to identify an outside organization.       • Use Section A to identify an outside organization.         • Use Section A to identify the agency's department or unit.       • Use Section B to identify an individual.       • Use Section B to identify an individual.       • Use Section B to identify one of the following:         • Use Section B to identify one of the following:       Press(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual       Number of Tecks(e)       Describe the public purpose made pursuant to the agency's policy or to maximize potential County revenue       Income         Chan, Zoe       2       Ceremonial Role       Other       Income         2       Ceremonial Role       Other       Income       Income         2       Ceremonial Role       Other       Income       Income         2       Ceremonial Role </td <td>Event Description       Basketball Game       Date(s)       03       21       19         Provide Title/Explanation       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         • 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         • Use Section A to identify the agency's department or Unit       Ticket(s)/Pass(es)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Pass(es)       Identify one of the following:       Information of the following:         Pass(es)       Ceremonal Role       Other       Incom         Chan, Zoe       2       Ceremonal Role       Other       Incom         2       Ceremonal Role       Other       Incom       Incom         <t< td=""><td></td><td></td><td></td><td>frach Ticket/Dees C</td><td>\$304.80 ticket/\$30 park</td></t<></td>	Event Description       Basketball Game       Date(s)       03       21       19         Provide Title/Explanation       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         • 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         • Use Section A to identify the agency's department or Unit       Ticket(s)/Pass(es)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Pass(es)       Identify one of the following:       Information of the following:         Pass(es)       Ceremonal Role       Other       Incom         Chan, Zoe       2       Ceremonal Role       Other       Incom         2       Ceremonal Role       Other       Incom       Incom <t< td=""><td></td><td></td><td></td><td>frach Ticket/Dees C</td><td>\$304.80 ticket/\$30 park</td></t<>				frach Ticket/Dees C	\$304.80 ticket/\$30 park		
Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golden State Warriors Name of Source Name of Individual Number of Chan, Zoe 2 Ceremonial Role Ceremonial Role Ceremonial Role Ceremonial Role Ceremonial Role Conter Ceremonial Role Ce	B.       Name of Individual set first       Number of Ticket(s)       If no:       Golden State Warriors Name of Source         A.       Name of Agency, Department or unit       • Use Section B to identify an outside organization         A.       Name of Agency, Department or Unit       • Use Section B to identify an outside organization         B.       Name of Individual set first       Mumber of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Pass(es)       Identify one of the following:       Pass(es)         Chan, Zoe       2       Ceremonial Role					Face value of the second	of Each Ticket/Pass \$ _	· · · · · · · · · · · · · · · · · · ·
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         RecipientS       Official's Name of Agency. Department or unit       • Use Section 8 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 (ast, First)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Chan, Zoe       2       Caremonial Role       Other       income if abecing "Geremonial Role" of Other describ belaw: To promote attendance and molecular of the following:         2       2       Caremonial Role       Other       Income if abecing "Geremonial Role" of Other describ belaw: To promote attendance and income if abecing "Geremonial Role" of Other describ belaw:       Income if abecing "Geremonial Role" of Other describ belaw:         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         Verification       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         2       Sarah Oddie       Super	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         Recipients	Event D	rent Description Basketball Game Date(s) 03				3 <u>, 21 , 19</u>	///
Was ticket distribution made at the behest no Yes ∑       If yes ∑       Chan, Wima Of Source Official?         Recipients       • Use Section A to identify the agency's department or unit.       • Use Section B to Identify an Individual.       • Use Section C to Identify an outside organization.         A.       Name of Agency, Department or Unit       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (set first)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Chan, Zoe       2       Ceremonial Role	Was ticket distribution made at the behest of agency official?       No □ Yes ⊠       If yes: Chan, Wilma       Official's Name (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)       Describe the public purpose made pursuant to the agency's policy Pass(es)         B. Name of Individual (sat, First)       Number of Ticket(s)       Identify one of the following:         Chan, Zoe       2       Ceremonial Role □ Other □ Incom Witherway Commonal Role □ Other □ Incom         Chan, Zoe       2       Ceremonial Role □ Other □ Incom         2       Ceremonial Role □ Other □ Incom       Incom         Wather of Outside Organization (include address and description)       Number of Ticket(s)       Incom         2       Ceremonial Role □ Other □ Incom       Incom         Ve=tetAction       Incom       Intensing "Ceremonal Role" or "Other" describe below.         C. Name of Outside Organization (include address and description)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Ve=tetAction Inco       Sarah Oddie       Supervisor's Assistant       04.01.201				n State Warriors			
Official?         Official?         Comparison of agency's department or unit.       • Use Section & 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)?       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (see Fried)       Number of Ticket(s)?       Identify one of the following:       Income         Chan, Zoe       2       Ceremonial Role       Other       Income         3       Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         4       Sarah Oddie       Supervisor's Assistant	of agency official?       Official's Name (Lest, First)         Recipients <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section A to identify an outside organization</li> <li>A. Name of Agency, Department or Unit</li> <li>Number of Ticket(s)/ Pass(es)</li> <li>Describe the public purpose made pursuant to the agency's policy</li> <li>Pass(es)</li> <li>Identify one of the following:</li> <li>Pass(es)</li> <li>Ceremonial Role</li></ul>	Licket(s)	ket(s)/Pass(es) provided by agency? Yes No X If no.				Name of Sc	purce
Official?         Official?         Comparison of agency's department or unit.       • Use Section & 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)?       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (see Fried)       Number of Ticket(s)?       Identify one of the following:       Income         Chan, Zoe       2       Ceremonial Role       Other       Income         3       Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         4       Sarah Oddie       Supervisor's Assistant	of agency official?       Official's Name (Lest, First)         Recipients <ul> <li>Use Section A to identify the agency's department or unit.</li> <li>Use Section A to identify an outside organization</li> <li>A. Name of Agency, Department or Unit</li> <li>Number of Ticket(s)/ Pass(es)</li> <li>Describe the public purpose made pursuant to the agency's policy</li> <li>Pass(es)</li> <li>Identify one of the following:</li> <li>Pass(es)</li> <li>Ceremonial Role</li></ul>	Was tick	et distribution made a	at the behest	No∏ Yes	If yes: Char	i, 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 Tracket(s)         Describe the public purpose made pursuant to the agency's policy           B.         Name of Individual (seed, Field)         Number of Tracket(s)         Describe the public purpose made pursuant to the agency's policy           B.         Name of Individual (seed, Field)         Number of Tracket(s)         Identify one of the following:         Income           Chan, Zoe         2         Ceremonial Role         Other         Income           1         Income         Income <td>• 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     (cast, First)     Describe the public purpose made pursuant to the agency's policy     (cast, First)     Describe the public purpose made pursuant to the agency's policy     Chan, Zoe     2     Chan, Zoe     2     Chan, Zoe     2     Coremonial Role Other Income     10</td> <td>of ager</td> <td>ncy official?</td> <td></td> <td></td> <td></td> <td>Official's Name (</td> <td>'Last, First)</td>	• 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     (cast, First)     Describe the public purpose made pursuant to the agency's policy     (cast, First)     Describe the public purpose made pursuant to the agency's policy     Chan, Zoe     2     Chan, Zoe     2     Chan, Zoe     2     Coremonial Role Other Income     10	of ager	ncy official?				Official's Name (	'Last, First)
A.       Name of Agency, Department or Unit       Number of Troket(s)' Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Lest, First)       Number of Troket(s)' Pass(es)       Identify one of the following: Pass(es)         Chan, Zoe       2       Ceremonial Role Other Income it renewing Command Rate" or "Other describe below:       Income it renewing "Ceremonial Role of the following: Pass(es)         Chan, Zoe       2       Ceremonial Role Other Income it renewing "Ceremonial Role or "Other describe below:       Income it renewing "Ceremonial Role or "Other describe below:         C.       Name of Outside Organization (Income of Troket(s))       Number of Troket(s)       Describe the public purpose made pursuant to the agency's policy         Veriet Artion       Number of Troket(s)       Describe the public purpose made pursuant to the agency's policy         Veriet Artion       Sarah Oddie       Supervisor's Assistant       04.01.2015	A.       Name of Agency, Department or Unit       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last, Fird)       Number of Ticket(s)       Identify one of the following:       Income         Chan, Zoe       2       Ceremonial Role       Other       Incom       Income         Chan, Zoe       2       Ceremonial Role       Other       Incom       Incom         Q       2       Ceremonial Role       Other       Incom       Incom         Q       2       Ceremonial Role       Other       Incom       Incom         Q       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy       Pass(es)         C.       Name of Outside Organization (include address and description)       Number of Ticket(s)       Describe the public purpose made pursuant to the agency's policy         Ve-int Advison       Sarah Oddie       Supervisor's Assistant       04.01.201			······································				
A.       Name of Agency, Department or Unit       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (Last Areg)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Chan, Zoe       2       Ceremonial Role       Other       Income it obacking "Ceremonial Role" or "Other" describe below:         Chan, Zoe       2       Ceremonial Role       Other       Income it 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         Vec-ist Arian       Regulations 1894.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.         Sarah Oddie       Supervisor's Assistant       04.01.2015	A.       Name of Agency, Department or Unit       Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         B.       Name of Individual (tast, het)       Number of Ticket(s)/ Pass(es)       Identify one of the following:         Chan, Zoe       2       Ceremonial Role       Other       Incom It checking "Ceremonial Role" or "Other" describe below:         Chan, Zoe       2       Ceremonial Role       Other       Incom         Z       Describe the public purpose made pursuant to the agency's policy       Incom         Z       Ceremonial Role       Other       Incom         Z       Ceremonial Role       Other       Incom         Z       Ceremonial Role       Other       Incom         Z       Describe the public purpose made pursuant to the agency's policy       Incom         Ve-ist Advison       Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Sarah Oddie       Supervisor's Assistant       04.01.201	• Use Sec	tion A to identify the agenc	y's department or		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
B.       Name of Individual (Lest, First)       Ticket(s)/ Pass(es)       Identify one of the following:         Chan, Zoe       2       Ceremonial RoleOtherIncome If thecking *Ceremonial RoleOther /Other /Income If thecking *Ceremonial RoleOther /Income       Income         Chan, Zoe       2       Ceremonial RoleOther /Income       Income         Chan, Zoe       2       To promote attendance at a(n) event held at a County facility order to maximize potential County revenue       Income         2       Ceremonial RoleOtherIncome       OtherIncome       Income         2       Ceremonial RoleOther /Income       Income         2       Vertextsing */Income       Income       Income         3       Regulations 1894.1 and 18942. I nev verified that the distribution set forth above, is in accordance with the requirements.       Sarah Oddie	B.       Name of Individual (Last, First)       Ticket(s)/ Pass(es)       Identify one of the following:         Chan, Zoe       2       Ceremonial Roleor Other describe below:       Incom If checking "Ceremonial Roleor Other describe below:         Chan, Zoe       2       To promote attendance at a(n) event held at a County facility order to maximize potential County revenue         Ceremonial Role       Other       Incom         2       Ceremonial Role       Other         2       Incom       Incom         2       Ceremonial Role       Other	<b>А.</b> N	Name of Agency, Department or Unit		Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
B.       Name of Individual (Last, First)       Ticket(s)/ Pass(es)       Identify one of the following:         Chan, Zoe       2       Ceremonial RoleOther	B.       Name of Individual (Last, First)       Ticket(s) Pass(es)       Identify one of the following:         Chan, Zoe       2       Ceremonial Roleor Other describe below:       Incom It checking "Ceremonial Role" or "Other describe below:         Chan, Zoe       2       To promote attendance at a(n) event held at a County facility order to maximize potential County revenue         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         Ve=:st: Adtion       Incom       Incom       Incom         Incom       Ve=st: Adtion       Sarah Oddie       Supervisor's Assistant       04.01.201							
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2       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         Verification       Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.         Sarah Oddie       Supervisor's Assistant       04.01.2019	2       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         Verification       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       04.01.201	·			2			
C.       Name of Outside Organization (include address and description)       Number of Ticket(s)/ Pass(es)       Describe the public purpose made pursuant to the agency's policy         Verification       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       04.01.2019	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         Verification       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       04.01.201				1	Ceremonial Role	Other	Income
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I ha 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         04.01.2019	I ha 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         04.01.201							
I ha 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         04.01.2019	I ha Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.           I ha         Sarah Oddie         Supervisor's Assistant         04.01.201		<u> </u>					
Sarah Oddie Supervisor's Assistant 04.01.2019	Sarah Oddie Supervisor's Assistant 04.01.201			ations 18944 1 and	18942   have ve	rified that the distribution set f	orth above, is in accordance wi	th the requirements.
		rna	a negu					
		Signa	ture of Agency Head or Designee	<u></u>				(Month, Day, Year)

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

	emonial Role Even	is and m	A Public Documen				
1. A	gency Name	u u		· · · · · · · · · · · · · · · · · · ·	Date Stamp	California 802	
A	lameda County			Form 002			
D	ivision, Department, or Reg	ion (If Applicab	1	For Official Use Only			
В	oard of Supervisors						
	esignated Agency Contact (	(Name, Title)					
S	arah Oddie						
	rea Code/Phone Number	E-mail		Amendment (Mus	t provide explanation in Part 3.)		
	510) 272-6693		ie@acgov.org		Date of Original Filing:(Month, Day, Year)		
2. F	unction or Event Inform	mation					
	bes the agency have a ticke		of Each Ticket/Pass \$	\$304.80 ticket/\$30 park			
					3 , 24 , 19	1 1	
E١	vent Description	Provide Title/Exp	/	//			
Ti	cket(s)/Pass(es) provided by	v agency?	Yes 🗌 No	IS If no: Golde	n State Warriors		
					Name of S	Source	
	as ticket distribution made a	it the behest	No 🗌 Yes	If yes: Char	o, Wilma Officiai's Name	(Loot Eimt)	
C	of agency official?		¥				
	ecipients						
• 1	Use Section A to identify the agency	/'s department or	Number of	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
Α	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
_			1 039(69)				
		<u></u>					
		. <u></u>					
 	Name of Individua		Number of				
 B	Name of Individua (Last, Frist)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
_	(Last, First)	1	Ticket(s)/		Other	Income	
_	Name of Individua (Last, Firët) ravalho, Brian	1	Ticket(s)/ Pass(es)	If checking "Ceremor	Other	Income	
_	(Last, First)	1	Ticket(s)/	If checking "Ceremon To promote attend	Other D nial Role" or "Other" describe below ance at a(n) event	Income L held at a County facility in	
_	(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize	Other D nial Role" or "Other" describe below ance at a(n) event potential County reve	Income held at a County facility in enue	
	(Last, First)	1	Ticket(s)/ Pass(es) 3+p	If checking "Ceremon To promote attend order to maximize Ceremonial Role	Other D nial Role" or "Other" describe below ance at a(n) event potential County reve	Income held at a County facility in nue	
	(Last, First)	ı ı	Ticket(s)/ Pass(es)	If checking "Ceremor To promote attend order to maximize Ceremonial Role If checking "Ceremor To promote attend	Other Other Contential Role" or "Other" describe below ance at a(n) event potential County rever Other Other Cother C	Income held at a County facility in enue	
	(Last, First)	1	Ticket(s)/ Pass(es) 3+p	If checking "Ceremor To promote attend order to maximize Ceremonial Role If checking "Ceremor To promote attend	Other Other Conternation Other Othe	Income held at a County facility in enue	
 G	(Last, First) ravalho, Brian eisner, Benjamin Name of Outside Organi	zation	Ticket(s)/ Pass(es) 3+p 3+p Number of	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attenda order to maximize	Other     other     idal Role" or "Other" describe below ance at a(n) event potential County reve     Other     other     idal Role" or "Other" describe below ance at a(n) event potential County reve	Income held at a County facility in enue	
	(Last, First) ravalho, Brian eisner, Benjamin	zation	Ticket(s)/ Pass(es) 3+p 3+p	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attenda order to maximize	Other Other Contential Role" or "Other" describe below ance at a(n) event potential County rever Other Other Cother C	Income held at a County facility in enue	
 G	(Last, First) ravalho, Brian eisner, Benjamin Name of Outside Organi	zation	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attenda order to maximize	Other     other     idal Role" or "Other" describe below ance at a(n) event potential County reve     Other     other     idal Role" or "Other" describe below ance at a(n) event potential County reve	Income held at a County facility in enue	
 G	(Last, First) ravalho, Brian eisner, Benjamin Name of Outside Organi	zation	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attenda order to maximize	Other     other     idal Role" or "Other" describe below ance at a(n) event potential County reve     Other     other     idal Role" or "Other" describe below ance at a(n) event potential County reve	Income held at a County facility in enue	
 G	(Last, First) ravalho, Brian eisner, Benjamin Name of Outside Organi	zation	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attenda order to maximize	Other     other     idal Role" or "Other" describe below ance at a(n) event potential County reve     Other     other     idal Role" or "Other" describe below ance at a(n) event potential County reve	Income held at a County facility in enue Income held at a County facility in held at a County facility in	
 G	(Last, First) ravalho, Brian eisner, Benjamin Name of Outside Organi	zation	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attenda order to maximize	Other     other     idal Role" or "Other" describe below ance at a(n) event potential County reve     Other     other     idal Role" or "Other" describe below ance at a(n) event potential County reve	Income held at a County facility in enue Income held at a County facility in held at a County facility in	
- c - G - C 	(Last, First) ravalho, Brian eisner, Benjamin Name of Outside Organi (include address and desc	zation	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attenda order to maximize	Other     other     idal Role" or "Other" describe below ance at a(n) event potential County reve     Other     other     idal Role" or "Other" describe below ance at a(n) event potential County reve	Income held at a County facility in enue Income held at a County facility in held at a County facility in	
- c - G - C 	(Last, First) ravalho, Brian eisner, Benjamin Name of Outside Organi	ization cription)	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attenda order to maximize	Other     Other     other     describe below     ance at a(n) event     potential County reve     Other     other     other     ance at a(n) event     potential County reve     ance at a(n) event     potential County reve	Income held at a County facility in enue Income held at a County facility in the agency's policy	
- c - G - C 	(Last, First) ravalho, Brian eisner, Benjamin Name of Outside Organi (include address and desc	ization cription)	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/ Pass(es)	If checking "Ceremor To promote attend order to maximize Ceremonial Role If checking "Ceremor To promote attend order to maximize Describe the put	Other     Other     other     describe below     ance at a(n) event     potential County reve     Other     other     other     ance at a(n) event     potential County reve     ance at a(n) event     potential County reve	Income held at a County facility in enue Income held at a County facility in enue theld at a County facility in enue	

Comment: \_\_\_\_

Cer	emonial Role Even	ts and Tic	:ket/Pass	S Distributions		A Public Documen	
. A	gency Name	·····			Date Stamp	California 802	
А	lameda County					Fomin	
Di	vision, Department, or Reg	ion (If Applicable	e)			For Official Use Only	
в	oard of Supervisors						
	esignated Agency Contact (	Name, Title)	1				
S	arah Oddie						
	ea Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·		Amendment (Must)	provide explanation in Part 3.)	
	10) 272-6693	sarah.oddie	@acgov.org	1	Date of Original Filing:	(Month, Day, Year)	
. F	unction or Event Inform	nation					
Do	bes the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ 🗳	\$304.80 ticket/\$30 park	
E,	ent Description Basketball	Game		Date(s) 03	, 24 , 19	1 1	
		Provide Title/Expl	anation			//	
Tio	ket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Golder	n State Warriors		
			14	_	Name of Sc	purce	
	as ticket distribution made a f agency official?	t the behest	No 🗌 Yes	If yes: Chan	, VVIIMa Official's Name (	l ast First)	
	ecipients	3		-Al- DAs Islandifi, an Individu	al a line Section C to iden	tify an autaida arganization	
			Number of	<ul> <li>Use Section B to identify an individual.          <ul> <li>Use Section C to identify an outside organizatio</li> </ul> </li> <li>Number of</li> </ul>			
Α	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
B	Name of Individua	1	Number of Ticket(s)/		Identify one of the follow	ing:	
			Pass(es)	Communical Data	Other	Income	
Са	artwright, Delia				al Role" or "Other" describe below:	Income	
	•		2+p		nce at a(n) event h otential County rever	eld at a County facility ir nue	
				Ceremonial Role	Other	Income	
Mi	lkie, Anne		2+p	It checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in			
74			i o promote attenda		potential County revenue		
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			
	·····					- <sup>1</sup>	
				8			
Ve	rification						
l ha'	/ Carlan - Cegula	tions 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance wit	h the requirements.	
			Sarah Oo	die	Supervisor's Assistant	04.01.2019	
_	ignee		Print Nam	e	Title	(Month, Day, Year)	
**A Public Document** 

4	Agency Name		8 8 8		Data Otama	
	•				Date Stamp	California 802
	Alameda County Division, Department, or Region (If Applicable)				-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6693		@acgov.org	I.	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	\$304.80 ticket/\$30 park
						/
	Event Description Basketball Game Date(s)					/
	Golde				n State Warriors	
	Ticket(s)/Pass(es) provided by	/ agency /	Yes 🗌 No	X 1110.	Name of Sc	ource
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Chan	, Wilma	
	of agency official?				Official's Name	(Last, First)
3	Recipients					
•	Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
	B. Name of Individua (Last, Firsi)	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing: State and State and
		- <u></u>		Ceremonial Role	Other	income
	Lam, Marianne;		2		al Role" or "Other" describe below:	
	Zimmerman, Maud; Compton, Jessica		2		nce at a(n) event h potential County rever	eld at a County facility in nue
	Elliott, Laura;				Other describe below:	Income
	Amgott-Kwan-Jared		2			eld at a County facility in
					otential County rever	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
						,
4	Vorification					
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	04.01.2019
gnee Print Name	Titie	(Month, Day, Year)

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

Ceremonial Role Event	s and ho	ket/Pass	Distributions		A Public Documen
. Agency Name	· · · · · · · · · · · · · · · · · · ·			Date Stamp	California 802
Alameda County		Form OUZ For Official Use Only			
Division, Department, or Regio	on (If Applicabl	e)			Poi Onicial Ose Only
Board of Supervisors					
Designated Agency Contact (A	lame, Title)			-	
Sarah Oddie				<b>—</b>	
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform	nation	•			<u> </u>
Does the agency have a ticket	policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	\$36
Event Description Baseball ga	ame		Date(s) 03	3 , 29 , 19	/
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oakla	nd A's Name of So	urce
187 ti-lest distribution mode at	the heheet		If yes: Chan		arte
Was ticket distribution made at of agency official?	the benest	No 🗌 Yes	If yes: Official	Official's Name (	Last, First):
	· · .	Pass(es)			·····
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	
Wilson Colon				Other in the contract of the c	Income
Wilson, Galen		2	To promote attenda		eld at a County facility ir ue
>		2	Ceremonial Role If checking *Ceremon	Other Dial Role" or "Other" describe below:	Income [
		Number of			
C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy

	~	Sarah Oddie	Supervisor's Assistant	04.01.2019
$\overline{\nearrow}$	⇒signee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

			Distributions		
Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Re	Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors	Board of Supervisors				
Designated Agency Contact	t (Name, Title)		<u></u>	1	
Sarah Oddie					
Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(510) 272-6693	sarah.oddi	e@acgov.org	L	Date of Original Filing:	(Month, Day, Year)
Function or Event Info	rmation	4 <b>1</b> 1			¢45ticket/\$20 north
Does the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$45ticket/\$20 park
Event Description Baseball	game		Date(s)0	3 , 29 , 19	/
	Provide Title/E>	planation			
Ticket(s)/Pass(es) provided	by agency?	Yes 🔲 No	If no: Oakla	nd A's Name of So	Urce
Mon tinkat distribution mod-	at the behact		If yes: Char		
Was ticket distribution made of agency official?	at the penest	No 🗌 Yes	If yes: Onla	Official's Name (I	Last, First)
Pacinionte					<u>,</u>
• Use Section A to identify the agen	cy's department o	or unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)	1	olic purpose made pursuant	
		1.039(49)			
		1			
B. Name of Individu (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
B. Name of Individu	ual		Ceremonial Role	Identify one of the followi	
B. Name of Individu (Last, First) Wilson, Galen	Jal	Ticket(s)/ Pass(es)	If checking "Ceremo	Other D	Income
(Last, First)	ual	Ticket(s)/	If checking *Ceremo To promote attend	Other     Other     or "Other" describe below:     ance at a(n) event he	Income
(Last, First)	Jal	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 he potential County reven	Income eld at a County facility ue
(Last, First)	Jal	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other     Other     or "Other" describe below:     ance at a(n) event he	Income eld at a County facility i
(Last, First)	Jal	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other	Income eld at a County facility i ue
(Last, First)	Jal	Ticket(s)/ Pass(es) 3+p	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other	Income eld at a County facility ue
(Last, First) Wilson, Galen	nization	Ticket(s)/ Pass(es) 3+p	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other	Income eld at a County facility iue Income
(Last, First) Wilson, Galen	nization	Ticket(s)/ Pass(es) 3+p 3+p Number of	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Cther Conter Co	Income eld at a County facility iue Income
(Last, First) Wilson, Galen	nization	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Cther Conter Co	Income eld at a County facility iue Income
(Last, First) Wilson, Galen	nization	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Cther Conter Co	Income eld at a County facility iue Income
(Last, First) Wilson, Galen	nization	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Cther Conter Co	Income eld at a County facility nue Income
(Last, First) Wilson, Galen	nization	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Cther Conter Co	Income eld at a County facility nue Income
(Last, First) Wilson, Galen C. Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pul	Other      Other' describe below:     ance at a(n) event he     potential County reven     Other      Other      other' describe below:     olic purpose made pursuant	Income eld at a County facility ue Income
(Last, First) Wilson, Galen C. Name of Outside Orga (include address and de	nization scription)	Ticket(s)/ Pass(es) 3+p 3+p Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pul	Conter C	Income [ eld at a County facility i iue Income [ to the agency's policy
(Last, First) Wilson, Galen C. Name of Outside Orga (include address and de	nization scription) ulations 18944.1 ar	Ticket(s)/ Pass(es) 3+p 3+p 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' describe below:     ance at a(n) event he     potential County reven     Other      Other      other' describe below:     olic purpose made pursuant	Income eld at a County facility i iue Income to the agency's policy

Ceremonial Role Events and Tic	cket/Pass	Distributions		A Public Documen	
1. Agency Name	- <u>1</u>		Date Stamp	California 802	
Alameda County		Form 002			
Division, Department, or Region (If Applicable	le)	- ·		For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)			-		
Sarah Oddie					
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(510) 272-6693 sarah.oddie	@acgov.org	J	Date of Original Filing:	(Month Day Year)	
2. Function or Event Information	n			(monol, Day, real)	
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	\$24	
Event Description Baseball game			3 , 31 , 19	//	
Event Description	lanation	Date(s)		//	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	M If no: Oaklar	nd A's Name of Sol		
				urce	
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Chan	, Wilma Official's Name (L		
of agency official?		10	Official's Name (L	_ast, First)	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)				
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ng:	
<u> </u>	Pass(es)	Ceremonial Role	Other	Income	
Cartwright, Dellie			ial Role" or "Other" describe below:		
	2		o promote attendance at a(n) event held at a County facil rder to maximize potential County revenue		
	2	Ceremonial Role If checking "Ceremoni	Other Conternation Other Content of the selow:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (	to the agency's policy	
·····					
. Verification					

equirements. I here and I

_	<u>`</u>	Sarah Oddie	Supervisor's Assistant	04.01.2019
7	,nee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_

4.

_	remonial Role Ever				Date Stamp	Public Document
	lameda County				Date Clamp	Form 802
	ivision, Department, or Re	gion (if applicable)			4	For Official Use Only
E	loard of Supervisors, Four	th District				
	esignated Agency Contact				1	
Ν	lathan Miley, Supervisor, I	Fourth District			Amondmant (that 0	Provide Explanation in Part 3.)
Ā	rea Code/Phone Number	E-mail				rovide Explanation in Part 3.j
(	510) 272-6694	district4@acgov	.org		Date of Original Filing:	(month, day, year;
2. F	unction or Event Info	rmation				0
Ľ	loes the agency have a tic	ket policy? Y	es 🛛 No 🗌	Face Value of	Each Ticket/Pass \$	00
F	vent Description: Disney	on Ice		Date(s) <u>3</u>	, 1 , 19	1 1
		Provide Title/ E	xplanation			
Т	icket(s)/Pass(es) provided	I by agency? Y		If no: OACCA	Name of Source	
v	Vas ticket distribution mad	e at the behest v		If yes: Miley, N	lathan	
	of agency official?	e at the beneat y			Official's Name (Last, First)	
-	Desiniente					
3.	Recipients • Use Section A to identify the age	ncv's department or uni	t • Use Section B to	identify an individ	hual. • Use Section C to ident	ify an outside organization
	est section it is identify die uge	icy bacparanent of an	Number			and an obtained of gamma internet
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	le public purpose made pur	suant to the agency's policy
	B. Name of Ind		Number of Ticket(s)/		Identify one of the fo	ollowing;
	(Last, Fi	rstj	Passes			
i	Rodriguez, Coco		4		nonial Role D Other <i>king,</i> "Ceremonial Role" or "Other" des attendance maximizo	
				TO INCIEASE	attenuance maximizi	e pront
-				Ceren	ionial Role 🔲 Other 🗌	
					king "Caremonial Role" or "Other" des	
	C. Name of Outside C		Number of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy
	(include address and	d 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, Fourth District	4/1/19
	Print Name	Title	(month, day, year)
Comment:		<u>.</u>	

Ceremonial Role Events and Ticket/Pass Distributions					A	Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	jion (if applicable)				For Official Use Only
	Board of Supervisors, Four	h District				
	<b>Designated Agency Contact</b>	(Name,Title)			1	
	Nathan Miley, Supervisor, F	ourth District			Amendment (Must i	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Torred Explanation in Fair of
	(510) 272-6694	district4@acgov.or	g		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				60
	Does the agency have a tic	ket policy? Yes	🛛 No 🗌 🗏	Face Value of	Each Ticket/Pass \$ _	60
	Event Description: Disney of	n Ice Provide Title/ Expla	nation	Date(s)	<u>, 2 , 19</u>	//
	Ticket(s)/Pass(es) provided					
			Name of Source lathan			
	Was ticket distribution made of agency official?	at the benest Yes	🖄 No 🗋 🖞	ir yes	Official's Name (Last, First)	<u></u>
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.		identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/		identify one of the f	following:
	(Last, Fit	st)	Passes		ALL AND REAL AND INCOME.	and free and the better
	Tumer, Matt		4	To increase	nonial Role 🔲 Other [ king, "Ceremoniel Role" or "Other" de attendance maximiz oyee for his service to	
		<u> </u>			nonial Role 🔲 Other 🕻 King "Ceremonial Role" or "Other" de	
		C. Name of Outside Organization (Include address and description) Numb of Ticke Passe		Describe th	e public purpose made pur	suant to the agency's policy
					<u> </u>	<u>3</u>

## 4. Verification

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

Nathan Miley	Supervisor, Fourth District	4/1/19
Print Name	Title	(month, day, year)

Comment: \_

Ceremonial Role I	Events and Ticke	t/Pass Dist	ributions	A	Public Document
1. Agency Name				Date Stamp	California 000
Alameda County			Form OUZ		
Division, Department,	or Region (if applicable)		For Official Use Only		
Board of Supervisors,	Fourth District				
<b>Designated Agency Co</b>	ntact (Name, Title)		· · · · · · · · · · · · · · · · · · ·		
Nathan Miley, Supervi	sor, Fourth District			Amondanant (Maria	
Area Code/Phone Num	ber E-mail				Provide Explanation in Part 3.)
(510) 272-6694	district4@acgov	.org		Date of Original Filing:	(month, day, year)
2. Function or Event	Information				
Does the agency have	a ticket policy? Ye	es 🗵 No 🗖	Face Value of	Each Ticket/Pass \$ $\frac{30}{2}$	)4.80
Event Description: Go			Date(s) <u>3</u>		
Event Description.	Provide Title/ Ex	xplanation			
Ticket(s)/Pass(es) pro		es 🗌 No 🖾	f no: OACCA/	Golden State Warriors	vi
			. Miley N	Name of Source	
	made at the behest Ye	es 🗹 No 🗖	f yes: <u>Miley, N</u>	Official's Name (Last, First)	
of agency official?					
A. Name of Agenc	y, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	of Individual ast, First)	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
			1	onial Role D Other D ing "Ceremonial Role" or "Other" des	
				onial Role D Other D Ing "Ceremonial Role" or "Other" des	
	side Organization ss and description)	Number of Ticket(s)/ Passes			suant to the agency's policy
Sunflower Hill Pleasanton, CA		4	To increase a	attendance maximize	e profit
Pleasanton, CA		4			

### 4. Verification

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

-		Nathan Miley	Supervisor, Fourth District	4/1/19
	188	Print Name	Title	(month, day, year)
Comment: _	/			

С	eremonial Role Ever	its and Ticket/I	Pass Dist	ributions	Α	<b>Public Document</b>
1.	Agency Name			·	Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only
	Board of Supervisors, Four	th District				
	<b>Designated Agency Contact</b>	(Name,Title)	1			
	Nathan Miley, Supervisor, F	ourth District			Amondment (14)	
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
	(510) 272-6694	district4@acgov.or	rg		Date of Original Filing: .	(month, day, year)
2,	Function or Event Infor	mation		2		
	Does the agency have a tic	ket policy? Yes	No 🗌	Face Value of	Each Ticket/Pass \$ 30	4.80
	Event Description: Golden	Provide Title/ Expla		Date(s) <u>3</u>	10 18	/
	Ticket(s)/Pass(es) provided			If no: OACCA/	Golden State Warriors	
					Name of Source	
	Was ticket distribution made	at the behest Yes	No 🗖	lf yes: <u>Miley, N</u>	Official's Name (Last, First)	· · · · · · · · · · · · · · · · · · ·
	of agency official?				Onicidi's Name (Last, First)	
	A, Name of Agency, Depa	intment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pure	uant to the agency's policy
	B. Name of Inde (Last Fir		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Johnson, Bruce		2		ionial Role D Other desi ing "Ceremonial Role" or "Other" desi attendance maximize	Income profitcommunity
					onial Role C Other C I Other Other Other Other Other Other desc	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes		a public purpose made purs	
	Chabot College Foundation Hayward, CA	1	2	To increase a	attendance maximize	profit

### 4. Verification

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

	)	Nathan Miley	Supervisor, Fourth District	4/1/19
	gnee	Print Name	Title	(month, day, year)
Comment:	/			

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

С	eremonial Role Even	its and Ticket/I	Pass Dist	ributions	4	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Fourt	h District				
	<b>Designated Agency Contact</b>	(Name, Titie)				
	Nathan Miley, Supervisor, F	ourth District			Amondmont () (ust	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)
	(510) 272-6694	district4@acgov.or	rg		Date of Original Filing	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	🛛 No 🗖	Face Value of	Each Ticket/Pass \$ _	04.80
	Event Description: Golden State Warriors Date(s)					//
	Ticket(s)/Pass(es) provided			f no: OACCA/	Golden State Warrior	S
				f yes: Miley, N	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	No 🗖	f yes: whicy, it	Official's Name (Last, First)	
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	tify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the	following:
	(Last, Firs	1)	Passes			
	Atebert, Ron		4		nonial Role DOther C ding, "Ceremonial Role" or "Other" de attendance maximiz	
					ionial Role Other C	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	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 with the requirements. 77

Ţ	;nee	Nathan Miley Print Name	Supervisor, Fourth District	4/1/19 (month, day, year)
Comment:	<u></u>			

		s Distributions		A Public Docume
. Agency Name		n an	Date Stamp	California 802
Alameda County				1 Ontil
Division, Department, or Region (If App	licable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title,	,		-	9
Briana Brown, Supervisors Assistant				<u> </u>
Area Code/Phone Number E-mail	·		Amendment (Must pr	
	prown2@acgov.	org	Date of Original Filing:	(Month Day Yoar)
Function or Event Information				(monin, Day, Tear)
Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	60.00
	100 23 110		3 , 02 , 19	
Event Description Disney On Ice	e/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 🗆 No	If no: Golde	n State Warriors	
			Name of Sou	rce
Was ticket distribution made at the beha	est No 🗖 Yes	s 🛛 If yes:	Official's Name (La	- A First)
of agency official?				ası, Firsı)
Recipients				
Use Sentian A to identify the approximation of the sentence of the senten	Number of	ction B to identify an individ	Jal. • Use Section C to identif	fy an outside organization.
A. Nome of Agonacy Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
		-		·····
		-		· · · · ·
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	-	Identify one of the followin	g:
B. Name of Individual (Last, First)	Ticket(s)/	Ceremonial Role		g: Income [
B. Name of Individual (Last, First)	Ticket(s)/		Other	2
B. Name of Individual) (Last First)	Ticket(s)/	If checking "Ceremoni Ceremonial Role	Other	2
B. Name of Individual: (Last Fire!) C. Name of Outside Organization (include address and description)	Ticket(s)/	If checking "Ceremoni Ceremonial Role [ If checking "Ceremoni	Other Other Other Other Other Other Other	Income [
(Last, First)	Ticket(s)/         Pass(es)         Number of         Ticket(s)/         Pass(es)	If checking "Ceremoni Ceremonial Role [ If checking "Ceremoni Describe the publ	Other  Al Role" or "Other" describe below:  Other  Other  al Role" or "Other" describe below:	Income Income
(Last, First) C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role [ If checking "Ceremoni Describe the publ	Other  al Role" or "Other" describe below: Other  al Role" or "Other" describe below: ic purpose made pursuant to nce at a County sponse	income

Briana Brown Supervisor's Assistant <u>5/2-///9</u> Print Name Title (Month, Day, Year)

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C.

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) Area Code/Phone Number Amendment (Must provide explanation in Part 3.) É-mail Date of Original Filing: 541-6655 Briana.brown2@acgov.org (Month, Day, Year) **Function or Event Information** 304.80 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_\_ Yes 🛛 No 🗌 Event Description Warriors Basketball 03 80 19 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: \_\_\_ 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 Name of Agency, Department or Unit Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Pass(es) Number of Name of Individua Ticket(s)/ Identify one of the following: (Last First) Pass(es) Ceremonial Role Other Incomé **Charles Stephenson** If checking "Ceremonial Role" or "Other" describe below: 4 To reward a community volunteer for his service to the public Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description)

	<u>.                                    </u>			
4. Verificatio	on			
l he	PPC Regulations 1	8944.1 and 18942. I have verified that the distri	ibution set forth above, is in accordance with the re	quirements,
		Rolana Brown	Supervisor's Assistant	4/5/19
7	or Designee	Print Name	Title	Month, Day, Year)
Comment:	Parking Pass: \$30.00			

### A Public Document

A A ware out Name			D.1. Ohmen		
1. Agency Name			Date Stamp	California 802	
Alameda County					
Division, Department, or Region (If Ap	oplicable)			8	
Board of Supervisors	Board of Supervisors				
Designated Agency Contact (Name, Tit	tle)				
Briana Brown, Supervisors Assistar	nt		Amandmont (Muster		
Area Code/Phone Number E-mail			Amendment (Must pro		
(510) 541-6655 briana	.brown2@acgov.c	rg	Date of Original Filing: _	(Month, Day, Year)	
. Function or Event Information					
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	Each Ticket/Pass \$	100.00	
Event Description Muse		Date(s) 03	, 09 , 19	1 1	
Provide 7	Title/Explanation				
Ticket(s)/Pass(es) provided by agency	Y? Yes 🗖 No	If no: Golden	State Warriors		
	5. 5				
Was ticket distribution made at the bel of agency official?	hest No 🗌 Yes	If yes:	Official's Name (La	ast. First)	
	ang sa kana sa	THE PARTY OF THE OWNER	·····		
Recipients     Jae Section 7 to identify the openants	The South of Line South	tion B to identify an individua	Use Section C to identif	v an outside ornanization	
	Number of				
A. Name of Agency, Dispertition of Unit	Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	o the agency's policy	
				36	
			•		
				ų.	
				0 - 2 	
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the following	g: .	
	Pass(es)	Ceremonial Role	Other	income	
Monica Lois-Gleeson			Role" or "Other" describe below:	Income	
	4		nce at a County spons		
:=:			er to maximize potenti	al County revenue	
			Other	Income	
	4	If checking "Ceremonial	Role" or "Other" describe below:		
	Number of		- · · · · · · · · · · · · · · · · · · ·		
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public	: purpose made pursuant to	the agency's policy	
	1 200(00)				
			74		
~				· · · · · · · · · · · · · · · · · · ·	
Verification	1 and 18043   hove you	fied that the distribution set forth	h above is in accordance with t	he requirements	
······································				2/27/14	
	Briana Bro	wn St	upervisor's Assistant	(Month, Day, Year)	

Comment: .

**A Public Document** 

1. Agency Name	·		Date Stamp	California 000
Alameda County				Form 802
Division, Department, or Region (If Applicab	le)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Bin Ba				
Area Code/Phone Number E-mail	······································		Amendment (Must	provide explanation in Part 3.)
(510)541-6655 Briana.brov	vn2@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	······································			204.90
Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$ _	
Event Description Warriors Basketball Provide Title/Exp	blanation			/
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golde	en State Warriors	
			Name of Sc	urce
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes:	Official's Name (	Last, First)
3. Recipients				
• Use Section A to identify the agency's department or		tion B to identify an individ	• Use Section C to iden	tify an outside organization.
A. (Name of Agency, Department or Unit)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremon	Other     Other     or "Other" describe below:	Income 🗌
		Ceremonial Role If checking "Ceremor	Other	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
John Muir Elementary School Educuse Youth in ALCO	4	To reward a school to the community	l or nonprofit organizat	ion for it's contributions
I. Verification	(19042   boyo	rified that the distribution act if	forth above, is in accordance wit	h the requirements
I h. PPC Regulations 18944.1 and	0			10/-lin
or Designee	Print Name		Supervisor's Assistant	(Month/Day, Year)
Comment: Parking Pass: \$30.00		·		

A Public Document

1. Agency Name	6		Date Stamp	California 000
Alameda County		S		Form OUZ
Division, Department, or Region (If Applicab	le)		4	. For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Briana Brown			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail	10 m			
	vn2@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) 03	3 , 21 , 19	///
Provide Title/Exp	anation			
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 of agency official?	No 🔲 Yes	If yes:	Official's Name (I	
		E	Official's Name (I	Last, First)
3. Recipients				
<ul> <li>Use Section A to identify the agency's department or</li> </ul>	1	ction B to identify an individu	Use Section C to ident	tify an outside organization.
A. (Name of Agency, Department or Unit)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy
	Pass(es)			
	Number of			
B. (Name of Individual) (Last, First)	Ticket(s)/		Identify one of the following	ng:
	Pass(es)			
		Ceremonial Role	Other describe below:	Income
		· · · · ·		
		Ceremonial Role	Other	Income
			Role" or "Other" describe below:	
			31	
		5		
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the publi	c purpose made pursuant t	o the agency's policy
	Pass(es)			
Peralta Elementary School	4	To reward a school of	or nonprofit organizati	on for it's contributions
Educeive vouth in ALCO		to the community		
4. Verification	L!			
	18942. I have ver	rified that the distribution set fort	h above, is in accordance with	the requirements.
	ana B		upervisor's Assistant	ULLAG
The signee	Print Name		Title	(Month Day Vaar)
				(monar, Day, Tear)
Comment:Ass: \$30.00				