. Agency Name			Date Stamp	California Q02
Alameda County				Form OUZ
Division, Department, or Region	on (If Applicable)		For Official Use Only	
	, , , , , , , , , , , , , , , , , , ,			
Board of Supervisors  Designated Agency Contact (A	Iama Titla)			
	iame, nuej			
Sarah Oddie	F :1		Amendment (Must pro	ovide explanation in Part 3.)
	E-mail sarah.oddie@acgov.org	,	Date of Original Filing: _	
		3		(Month, Day, Year)
E. Function or Event Information Does the agency have a ticket	*	Face Value o	of Each Ticket/Pass \$	\$1550 ticket
<del>*</del> •	· · · · · · · · · · · · · · · · · · ·	<i>-</i> —		
Event Description Basketball	Game Provide Title/Explanation	Date(s)	2 08 17	
		Golde	n State Warriors	
Ticket(s)/Pass(es) provided by	agency? Yes No	o 🖾 If no: Solution	Name of Sou	rce
Was ticket distribution made at	t the behest No 🗌 Yes	s⊠ If yes: Chan	ı, Wilma	
of agency official?		•	Official's Name (L	ast, First)
. Recipients				
Use Section A to identify the agency			ual. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Departmen		Describe the put	olic purpose made pursuant	to the agency's policy
	Pass(es)			
B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Colon, Luis			Other Inial Role" or "Other" describe below:	Income 🗍
,	2	To promote attendance at a(n) event held at a County facility order to maximize potential County revenue		
· · · · · · · · · · · · · · · · · · ·		Ceremonial Role	Other	income 🗌
	2	If checking "Ceremo	nial Role" or "Other" describe below:	
	-			
	Number of			
C. Name of Outside Organ (include address and des	ization Tiplication	Describe the pu	blic purpose made pursuant	to the agency's policy
	1. 999(69)			
4. Verification	lations 18944.1 and 18942. I have	verified that the distribution set	forth above, is in accordance wit	th the requirements.
1.0				
	Sarah (		Supervisor's Assistant	(Month, Day, Year)
Signature of Agency Fread of Designed	, man	<del>-</del>		former mall ramit
Comment:				

. Agency Name			Date Stamp	California 802	
Alameda County		Form 002			
Division, Department, or Region (If Applicab	1	For Official Use Only			
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Amy Shrago				<u> </u>	
Area Code/Phone Number E-mail		•	Amendment (Must pi	rovide explanation in Part 3.)	
(510) 272-6695 amy.shrag	o@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
. Function or Event Information					
Does the agency have a ticket policy?	Yes 🗌 No		of Each Ticket/Pass \$ _	50.00	
Event Description Monster Jam		Date(s) 02	2 , 18 , 17	1 1	
Provide Title/Ex	planation				
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	☑ If no: Golder	n State Warriors	uraa	
Was ticket distribution made at the behest		Carso	•	u ce	
of agency official?	No 🗌 Yes	If yes: Carso	Official's Name (L	_ast, First)	
. Recipients					
Use Section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency's department of the section A to identify the agency and the section A to identify the agency at the section A to identify the agency and the section A to identify the agency at the agency at the agency at the section A to identify the agency at the ag	or unit. • Use See	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
BOS Dist 5		To reward a County	y employee for his or h	ner exemplary service to	
	3	the public or to enc	ourage staff developm	ent	
	,				
	Number of				
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:		
	1 435(63)	Ceremonial Role	Other 🛛	Income	
Brown, James	3		nial Role" or "Other" describe below:		
			o promote attendance at a County sponsored event or even eld at a County facility in order to maximize potential County		
		Ceremonial Role		<del>`</del>	
			ial Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	iblic purpose made pursuant to the agency's policy		
(motate dudiese and description)	Pass(es)				
V- v:C t' - ·				· · · · · · · · · · · · · · · · · · ·	
. Verification  That egulations 18944.1 a	nd 18942. I have ve	erified that the distribution set f	forth above, is in accordance wit	h the requirements	
	Amy Shr		Supervisor's Assistant	·	
	Print Nan	<del></del>	Title	(Month, Day, Year)	
, ,				(	
Comment:					

1.	Agency Name				Date Stamp	California Q02
	Alameda County					Form OUZ
	Division, Department, or Regi		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail		<del></del>	Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				050.00
	Does the agency have a ticket	policy?	Yes 🗌 No		of Each Ticket/Pass \$	
	Event Description Warriors vs	s. Hornets Provide Title/Exp	planation	Date(s)02	. , 01 , 17	
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No	☑ If no: Golder	n State Warriors  Name of Sou	rce
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Carso	on, Keith	
	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	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, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				·		
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Carson, Keith		4		ial Role" or "Other" describe below:	Income
			7	To review the ability of a facility or its operator to participate in the County's job creation goals or job training programs.		
				Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income
	- New (O. 1111 O.		Number of			
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	to the agency's policy
	Verification					
	I h C Regula	ations 18944.1 and	d 18942. I have ver	rified that the distribution set fo	orth above, is in accordance with	the requirements.
			Amy Shra	ago s	Supervisor's Assistant	02/28/17
	Signature of Agency reput or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					

# Ceremonial Role Events and Ticket/Pass Distributions

. Agency Name				Date Stamp	California 802	
Alameda County					Form OUZ	
Division, Department, or	r Region (If Applicable		For Official Use Only			
Board of Supervisors						
Designated Agency Con	tact (Name, Title)		<del></del>			
Amy Shrago				☐ Amondment (Modern	nide and a feet a feet and a feet a feet and	
Area Code/Phone Numb	er E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2. Function or Event I	nformation				4550.00	
Does the agency have a	ticket policy?	Yes 🗌 No	_	of Each Ticket/Pass \$		
Event Description Warri	ors vs. Bulls		Date(s)02	. 08 , 17		
·	Provide Title/Expla	anation				
Ticket(s)/Pass(es) provid	ded by agency?	Yes ☐ No	If no: Golder	n State Warriors	rca	
Was ticket distribution m	ade at the behest	Na 🗆 Vaa	☑ If yes: Carso		105	
of agency official?	ado at the benest	No ☐ Yes	If yes:	Official's Name (La	ast, First)	
. Recipients						
Use Section A to identify the	agency's department or u	ınit • Use Sed	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, De	partment or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
BOS Dist 5		4	To reward a County employee for his or her exemplary service to the public or to encourage staff development.			
B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role		ng:	
			Ceremonial Role	ial Role" or "Other" describe below:  Other  ial Role" or "Other" describe below:	Income	
C. Name of Outside (include address at		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
. Verification						
I have r	Regulations 18944.1 and			orth above, is in accordance with	the requirements.	
		Amy Shra	<del></del>	Supervisor's Assistant	02/28/17	
Sugnature of Agency Head or D	resignee	Print Nam	e	Title	(Month, Day, Year)	
Comment:	·					

### **Ceremonial Role Events and Ticket/Pass Distributions**

1.	Agency Name			Date Stamp	California Ono	
	Alameda County		Form OUZ			
	Division, Department, or Region (If Applicable	e)			For Official Use Only	
	Board of Supervisors	Board of Supervisors				
	Designated Agency Contact (Name, Title)					
	Amy Shrago					
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information				950.00	
	Does the agency have a ticket policy?	Yes ☐ No	Face Value of Each Ticket/Pass \$9			
	Event Description Warriors vs. Kings Date(s)			15 , 17		
	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golder		State Warriors	rce		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Carso					
	Was ticket distribution made at the behest No $\square$ Yes $\boxtimes$ If yes: $\square$ of agency official?			Official's Name (La	ast, First)	
3.	Recipients					
	Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identif	fy 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			
	BOS Dist 5	To reward a County	employee for his or he	er exemplary service to		
	4		the public or to encourage staff development.			
	Number of					
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:		
		1 455(00)	Ceremonial Role	Other	Income	
			_	al Role" or "Other" describe below:	moonte 🔲	
		-	C			
			Ceremoniai Role [	Other al Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's		o the agency's policy	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Pass(es)				
4	Verification			····		
ŧ.		l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements	
	,					
	Sign ee	Amy Shra		Supervisor's Assistant	02/28/17 (Month, Day, Year)	
	, , ,				(Moran, Day, Year)	
	Comment:					

. Agency Name			Date Stamp	California Q02
Alameda County				Form OUZ
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)  Board of Supervisors  Designated Agency Contact (Name, Title)			
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Amy Shrago			_	
Area Code/Phone Number   E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
. Function or Event Information			<u> </u>	(, 2.2),
Does the agency have a ticket policy?	Yes ☐ No		of Each Ticket/Pass \$	1550.00
Event Description Warriors vs. Clippers	Warriors vs. Clippers			
Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided by agency?	Yes □ No	If no: Golder	n State Warriors	
			Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No ☐ Yes	☑ If yes: Carso	Official's Name (L	ast, First)
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or</li> </ul>	runit. • Use Sec	tion B to identify an individu	ual. ● Use Section C to identi	ify an outside organization.
A. Name of Agency, Department or Unit	Describe the public purpose made pursuant to the agency's policy			
- Mario or rigorios, Doparament or Onit	bescribe the public purpose made pursuant to the agency's policy			
BOS Dist 5	4	To reward a County employee for his or her exemplary service to		
		the public or to enc	ourage staff developme	ent. 
	Number of	<del> </del>		
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:	
	rass(es)	Ceremonial Role	Other	Income
			ial Role" or "Other" describe below:	income _
		Ceremonial Role	Other I	Income
		" shooting coronicin	or told or other accombs below.	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy
(include address and description)	Pass(es)		no parpose made parsuant	
. Verification	-			
I have I C Regulations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	n the requirements.
	Amy Shra	ago	Supervisor's Assistant	02/28/17
Pesignee	Print Name		Title	(Month, Day, Year)
Comment				

# Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name	_		Date Stamp	California Q02
	Alameda County				Form OUZ
	Division, Department, or Region (If Applicable		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago				1
	Area Code/Phone Number   E-mail			☐ Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information	<u> </u>			(moning boy, roul)
	Does the agency have a ticket policy?	f Each Ticket/Pass \$	800.0		
	Event Description Warriors vs. Nets	Yes ☐ No		, 25 , 17	/ /
	Provide Title/Exp.	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golden			State Warriors	
	Was ticket distribution made at the behest No□ Yes ☑ If yes. Carso			Name of Sour	rce
	of agency official?	No ☐ Yes	If yes: Carso	Official's Name (La	ast, First)
	Recipients				·
۷.	Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to identif	y an outside organization.
	Number of			lic purpose made pursuant t	
		Pass(es)	,		
		-			
	B. Name of Individual Number of				
	(Last, First)	Ticket(s)/ Pass(es)			g:
	Caroon Kaith		Ceremonial Role		Income
	Carson, Keith	4	•	ial Role" or "Other" describe below:	otor orolassissis
			team to attract busing	lity of a facility, its oper ness and contribute to	ator, or a local sports the local economy
		<u> </u>	Ceremonial Role		Income
				al Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	blic purpose made pursuant to the agency's policy	
		. 200(00)			
			-		
		<del> </del>			
4.	Verification				
71		i 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
		Amy Shra		Supervisor's Assistant	02/28/17
	)esignee	Print Name	<del></del>	Title	(Month, Day, Year)
	Comment:				

# Ceremonial Role Events and Ticket/Pass Distributions

	Agency Name	<u> </u>		<del> </del>	Date Stamp	California Q02	
	Alameda County				10	Form OUZ	
	Division, Department, or Regi	on (If Applicable	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (	Name Title)					
		rvanie, ridej					
	Amy Shrago				Amendment (Must p	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	_	-	1	·	
	(510) 272-6695		@acgov.org		Date of Original Filing:	(Month, Day, Year)	
	Function or Event Inform					1000	
	Does the agency have a ticket	-	Yes ☐ No		f Each Ticket/Pass \$ _	1200.00	
	Event Description Warriors v	s. 76ers		Date(s) 03	, 14 , 17		
		Provide Title/Exp	lanation	Date(3)			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes □ No	If no: Golder	n State Warriors		
				_	Name of Soi	urce	
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	If yes: Carso	on, Keith	(5'.4)	
					Official's Name (L	_ast, First)	
	Recipients						
	Use Section A to identify the agency	r's department or		ction B to identify an individu	ıal. ◆ Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	to the agency's policy		
BOS Dist 5			4			ner exemplary service to	
	<u> </u>		the public or to encourage staff developmen			ent	
	<b>B.</b> Name of Individua	ı	Number of Ticket(s)/	Identify one of the following:			
	(Last, Filst)		Pass(es)				
				Ceremonial Role		Income	
				if checking "Ceremoni	al Role" or "Other" describe below:		
		•					
•				Ceremonial Role	Other	Income 🔲	
				_	al Role" or "Other" describe below:	income 🗀	
_							
(	Name of Outside Organi		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agencyle reliev	
-	(include address and desc	cription)	Pass(es)				
					*		
. 1	Verification		<del>'</del>				
		ntions 18944.1 and	l 18942. I have ver	rified that the distribution set fo	rth above, is in accordance with	n the requirements.	
			Amy Shra		Supervisor's Assistant		
-	Designee		Print Name	<del></del>	Title	02/28/17 (Month, Day, Year)	
	/ / V					(monui, Day, Tear)	
(	Comment:						

Ceremonial Role Even	its and Ti	cket/Pas	s Distributi	ons		A Public Document
1. Agency Name					Date Stamp	California 802
Alameda County						Form OUZ
Division, Department, or Reg	ion (If Applicab	ole)				For Official Use Only
Board of Supervisors						
Designated Agency Contact	(Name, Title)		· · · · · · · · · · · · · · · · · · ·			
	ee Ann Fergerson, Supervisor's Assistant					
Area Code/Phone Number	E-mail				Amendment (Must p	rovide explanation in Part 3.}
(510) 272-6691		erson@acg	ov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event infor	mation					1,350
Does the agency have a ticke		Yes 🔲 No	o ☐ Face	Value of	Fach Ticket/Pass \$	, (3)0
Event Description Warr	1015		Date(	(s)	, 23, 17	
4	Provida Title/Exp	lanation				
Ticket(s)/Pass(es) provided by	/ agency?	Yeş∕ <b>⊡</b> No	If no:	07	Name of Sou	
Was ticket distribution made a	t the hehest	N = 17 N	<b>—</b>	Alan	neda County Supervi	sor Scott Haggerty, D 1
of agency official?	t the peticol	No 🗌 Yes	S'L⊉ If yes:		Officiel's Name (L	ast, First)
. Recipients						3
<ul> <li>Use Section A to identify the agency</li> </ul>	's department or	unit. + Use Se	ection B to identify ar	n Individue	al. • Use Section C to Identi	fy an outside organization.
A. Name of Agency, Departine	nt on Unit	Number of	Describe	the publi	c purpose made pursuant:	o the agency's policy
	是接近過期的	Pass(es)		198		
			ļ		<del></del>	
R News Subdivine		Number of		islen : Sil		ing separat plants satisfied a separat
B. Name of Individual		Number of Tickets)/ Pass(es)			identify one of theifollowin	9.
PAT GORMAN	J	2	To promote	attendar	nce at a county sponsore	d event in order no 🔲
NICK DELPIN			to maximize parking sales		I county revenue for con	cession and
NICK DELPIN		6	parking sale.	٥.		
<del> </del>			Ceremonia	al Role	Other	Income 🔲
			1		Role" or "Other" describe below:	inxinte [
Delinaria de la compania de la comp	it. Say iliyenin, xxx bas		Solomore to the main the table	t of a secondariate		
C. Name of Outside Organia (Include address and desc	ation ripilon)	Number of Ticket(e)/ Pass(es)	Describe	the public	purpose made puravant k	the agency's policy
			Proceedings and the second	gan producer		制器的集合是是各类的基本的。
		[				
• • • •						
					F	
Verification	0					
** ***** RGIPS ARE R. S. P. R.	18944.1 and	18942. I have ye	rified that the distributi	ion set forth	above, is in accordance with t	he requirements.
		ee Ann Fer			pervisor's Assistant	2-8-17
y 11 y		Print Name			Title	(Month, Day, Year)
Comment:						FPPC Form 802 (4/12)

### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Sarah Oddie Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail (510) 272-6693 sarah.oddie@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \$1550 ticket/\$30 park Yes⊠ No□ Event Description Basketball Game Date(s) \_ Ticket(s)/Pass(es) provided by agency? If no: Golden State Warriors Yes ☐ No 🛛 Was ticket distribution made at the behest If ves: Chan, Wilma No ☐ Yes 🖾 of agency official? Official's Name (Last, First) 3. Recipients ⊎ Use Section A to identify the agency's department or unit. ■ Use Section B to identify an individual. ■ Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Ticket(s)/ (Last First) Identify one of the following: Pass(es) Ceremonial Role | | Other Income [ Woods, Brendon If checking "Ceremonial Role" or "Other" describe below: 2+p To promote attendance at a(n)... event held at a County facility in order to maximize potential County revenue... Ceremonial Role Other $\square$ Income If checking "Ceremonial Role" or "Other" describe below. 2+p Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) Ticket(s)/ Pass(es)

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

Sarah Oddie	Supervisor's Assista

02.28.2017

онупаците от Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Verification

## Ceremonial Role Events and Ticket/Pass Distributions

. Agency Name			Date Stamp	California On 2	
Alameda County				Form OUZ	
Division, Department, or Region (If App.	licable)		1	For Official Use Only	
Board of Supervisors	·				
Designated Agency Contact (Name, Title	)				
Sarah Oddie			Amendment (Must provi	de explanation in Part 3.)	
Area Code/Phone Number E-mail			Date of Original Filing:		
<u> </u>	ddie@acgov.org		Date of Original Fining.	(Month, Day, Year)	
2. Function or Event Information				\$79.50	
Does the agency have a ticket policy?	Yes 🛛 No 🛭		of Each Ticket/Pass \$		
Event Description Armin Only Embrac	ce World Tour	Date(s)	2 , 03 , 17		
Ticket(s)/Pass(es) provided by agency	? Yes ☐ No 🛭	If no: Golde	len State Warriors  Name of Source		
Was ticket distribution made at the beh	iest No ☐ Yes 🏻	☑ If yes: Char	n, Wilma		
of agency official?	110 🛅 100 🖺		Official's Name (Las	t, First)	
. Recipients	<del></del>				
Use Section A to identify the agency's department	ent or unit. • Use Sect	ion B to identify an individ	ual. • Use Section C to identify	an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to	the agency's policy	
	Number of				
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	j:	
		Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	Income _	
		Ceremonial Role	Other Donial Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)			Describe the public purpose made pursuant to the agency's policy		
The GET FREE Project, 524 East 1 St Oakland, CA 94606	7th 2	To reward a school to the community	ol or nonprofit organizatio	on for its contributions	
Civic engagement project uses pow candidacy to build power for commo					
4. Verification	44.1 and 18942. I have ve	rified that the distribution se	t forth above, is in accordance with	the requirements.	
	Sarah Od		Supervisor's Assistant	02.27.2017	
-	Print Nam		Title	(Month, Day, Year)	
Comment:					

### **Ceremonial Role Events and Ticket/Pass Distributions**

1. Agency Name			Date Stamp	California Ong	
			Date Stamp	Form 802	
Alameda County  Division, Department, or Region (If Applica					
Division, Department, or Region (if Applica		4			
Board of Supervisors			4		
Designated Agency Contact (Name, Title)					
Sarah Oddie					
Area Code/Phone Number   E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
(510) 272-6693 sarah.odd	lie@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				(MOHIH, Day, Teal)	
Does the agency have a ticket policy?	Van 🔽 Na 🗸	□ Face Value o	of Each Ticket/Pass \$	\$79.50	
	Yes⊠ No[				
Event Description Armin Only Embrace  Provide Title/E		Date(s)	2 , 03 , 17		
Provide Title/E	explanation :	Coldo	n State Warriors		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛭	If no: Golder	n State Warriors  Name of Sou	ırce	
Was ticket distribution made at the behes	t N. 🗆 V	If yes: Chan			
of agency official?	t No ☐ Yes [	If yes:	Official's Name (L	ast, First)	
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department</li> </ul>	or unit a Use Sect	tion B to identify an individu	ual Ilse Section C to ident	ify an outside organization	
A	Number of				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
	1 200(00)				
	-				
and the same of th		:			
	-				
	Number of				
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	1 455(65)	Ceremonial Role	Other 🗀	Income	
			nial Role" or "Other" describe below:	ilicollie	
		Ceremonial Role	Other	Income	
		If checking "Ceremor	nial Role" or "Other" describe below:		
Name of Outside Organization	Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy	
(include address and description)	Pass(es)	<u> </u>			
The BIZ Stoop, 2781 Telegraph,		To reward a schoo	l or nonprofit organizat	ion for its contributions	
Oakland, CA	2	to the community			
Drawing again antonning built for 9 ha					
Premier social enterprise built for & by millennials to incr. Black life expectance					
	7		<del></del>		
4. Verification	and 18943. I have ye	rified that the distribution set	forth above, is in accordance wif	th the requirements	
iii is 18944.1			forth above, is in accordance wit	•	
	Sarah Od		Supervisor's Assistant		
✓ V Signature of Agency Head or Designee	Print Nam	<b>e</b> `	Title	(Month, Day, Year)	
Commont					
Comment:					

### **Ceremonial Role Events and Ticket/Pass Distributions**

I. Agency Name			Date Stamp	California OA2			
Alameda County			Bate Otamp	Form 802			
Division, Department, or Region (If Applicable	le)			For Official Use Only			
	,,,,						
Board of Supervisors			1				
Designated Agency Contact (Name, Title)							
Sarah Oddie			Amendment (Must p	rovide explanation in Part 3.)			
Area Code/Phone Number E-mail				·			
(510) 272-6693 sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information				¢122.75			
Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$133.75			
Event Description Monster Energy Super-		Date(s)02	2				
Provide Title/Exp	olanation						
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🏻	If no: Oakla	nd Athletics  Name of So	NIFCO .			
Was ticket distribution made at the behest	No∏ YesI	If yes: Chan		Na CC			
of agency official?	If yes:	Official's Name (	Last, First)				
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or</li> </ul>	runit. • Use Sec	tion B to identify an individ	ual. • Úse Section C to iden	tify an outside organization.			
A. Name of Agency, Department or Unit	Number of	Describe the put	blic purpose made pursuant	t to the agency's policy			
Maine of Agency, Department of Onic	Ticket(s)/ Pass(es)	<i>9</i> ),					
B. Name of Individual	Number of Ticket(s)/		Identify one of the following:				
(Last, First)	Pass(es)						
		Ceremonial Role	Other Initial Role" or "Other" describe below:	Income 📙			
		in checking ceremon	marriale or other accombe boom.				
		Ceremonial Role	Other	Income 🔲			
		If checking "Ceremor	nial Role" or "Other" describe below:				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy			
(monute address and description)	Pass(es)						
Dig Deep Farms, 16378 E 14th St. #102	2 3		ol or nonprofit organiza	tion for its contributions			
San Leandro, CA 94578		to the community					
Network of integrated food biz provides		·					
access to healthy food + jobs							
4. Ve-'4'4'							
I hat is 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.			
_	Sarah O	ddie	Supervisor's Assistan	ot 02.27.2017			
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)			
•							
Comment:							

### **Ceremonial Role Events and Ticket/Pass Distributions**

1.	Agency Name			Date Stamp	California 202			
	Alameda County			0 17	Form OUZ			
	Division, Department, or Region (If Applicable)				For Official Use Only			
	Board of Supervisors							
	Designated Agency Contact (Name, Title)							
	Sarah Oddie							
	Area Code/Phone Number   E-mail			Amendment (Must pro	ovide explanation in Part 3.)			
	(510) 272-6693 sarah.oddie@	Dacgov.org		Date of Original Filing:(Month, Day, Year)				
<u> </u>	Function or Event Information	<i></i>			(молт, рау, чеаг)			
		Yes⊠ No[	□ Face Value o	of Each Ticket/Pass \$	\$125.00			
	1 - A HI		_	·				
	Event Description La Arrolladora  Provide Title/Expla	nation	Date(s)	. , 11 , 17				
			If no. Golder	n State Warriors				
	ricket(s)/Fass(es) provided by agency:	Yes ☐ No [	_	Name of Sou	rce			
	Was ticket distribution made at the behest	No ☐ Yes	If yes: Chan	, Wilma				
	of agency official?			Official's Name (L	ast, First)			
3.				·				
	Use Section A to Identify the agency's department or u	nit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	ify an outside organization.			
	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy				
		Pass(es)						
	*	1 0						
	B. Name of Individual	Number of		Identify one of the following:				
	(Last First)	Ticket(s)/ Pass(es)		Ceremonial Role  Other  Income				
	Flor Originations			Ceremonial Role Other O				
	Flor Crisotomo	2	_	If checking "Ceremonial Role" or "Other" describe below:				
			To promote attendanceCounty sponsored eventin order to maximize potential County revenueconcession sales					
	-		Ceremonial Role	Other	Income			
				nial Role" or "Other" describe below:				
		2						
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy			
	(motions address and description)	Pass(es)			<u> </u>			
	SSCF, 1470 Fruitvale Ave, Oakland, CA	2		l or nonprofit organizat	ion for its contributions			
	94601	· ·	to the community					
	Help East Bay families improve lives, embrace heritage, develop civic leaders							
4.	Verification							
	l Regulations 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance wit	h the requirements.			
		Sarah O	ddie	Supervisor's Assistant	02.27.2017			
	y Signature of Agency Fread or Designee	Print Nam	ne	Title	(Month, Day, Year)			
./								
	Comment:							

### **Ceremonial Role Events and Ticket/Pass Distributions**

1.	Agency Name				Date Stamp	California 802		
	Alameda County					Form COZ		
	Division, Department, or Region	n (If Applicable)	)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Na	ame, Title)		•				
	Sarah Oddie				☐ Amendment (Must pro			
		-mail	•		Data of Ocioinal Filings			
		sarah.oddie@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Inform	ation				<b>P00</b>		
	Does the agency have a ticket p	oolicy?	Yes 🗵 No [	☐ Face Value o	f Each Ticket/Pass \$	\$80		
	Event Description Santa Cruz	Warriors v. C	OK City Blue	Date(s)02	, 12 , 17			
		_		Golder	State Warriors			
	Ticket(s)/Pass(es) provided by a	agency?	Yes No	If no:	Name of Sou	rce		
	Was ticket distribution made at	the behest	No ☐ Yes [	If yes: Chan	, Wilma			
	of agency official?		NO 🗆 162 [	△ II yes:	Official's Name (L	ast, First)		
3.	Recipients							
<b>J</b> .	Use Section A to identify the agency's	department or u	ınit. • Use Sec	tion B to identify an individu	ıal. ◆ Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)					
	B. Name of individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:			
					Other describe below:	Income 🔲		
					Other island Role" or "Other" describe below:	Income 🔲		
	C. Name of Outside Organiz (include address and description		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	Jr. Warrior Basketball League Ogawa Plaza Ste 3330, Oakl		4	To reward a school to the community	l or nonprofit organizati	ion for its contributions		
	Enhance existing youth leagur providing exciting component							
4.	Verification The late	tions 18944.1 and	l 18942. I have ve	rified that the distribution set t	orth above, is in accordance with	h the requirements.		
	, , ,		Sarah Od		Supervisor's Assistant	·		
			Print Nam		Title	(Month, Day, Year)		
	/ ·		, intervalli	-	7100	(Months, Day, 10a)		
	Comment:							

## Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name			Date Stamp	California Ong		
Alameda County			· 1	Form OUZ		
Division, Department, or Region (If Applicable	le)			For Official Use Only		
Poord of Suponioors						
Board of Supervisors  Designated Agency Contact (Name, Title)						
Sarah Oddie						
Area Code/Phone Number   E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	@acgov.org		Date of Original Filing: _	(Month Day Vacal		
2. Function or Event Information				(World, Day, Year)		
Does the agency have a ticket policy?	Yes⊠ No[	☐ Face Value o	of Each Ticket/Pass \$	\$50		
Event Description Monster Jam		<del></del>	. <u>, 18 , 17</u>			
Event Description Provide Title/Exp	planation	Date(s)				
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No [	If no: Oaklar	nd Athletics	irce		
Was ticket distribution made at the behest	No ☐ Yes [	If yes: Chan	, Wilma			
of agency official?	140 🔲 163 E	△ 11 yes	Official's Name (L	ast, First)		
3. Recipients						
Use Section A to identify the agency's department or		tion B to identify an individu	ual. • Use Section C to identi	ify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
	Pass(es)					
-				<u></u>		
1. To reward a community vole	unteerfor	is or her service	tothepublic			
B. Name of Individual (Last. First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:			
D. I. ( 0)		-	Other	Income		
Roberts, Shannell	3	If checking "Ceremonial Role" or "Other" describe below:  To reward a community volunteer for his or her service to the				
		public	unity volunteer for his t	or her service to the		
		Ceremonial Role	Other	Income		
	3	If checking "Ceremon	ial Role" or "Other" describe below:			
	Number of					
Name of Outside Organization	I Mailing of I					
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy		
	Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy		
	Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy		
	Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy		
	Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy		
(include address and description)	Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy		
4. Verification	Ticket(s)/ Pass(es)		olic purpose made pursuant			
4. Verification	Ticket(s)/ Pass(es)	rified that the distribution set t		h the requirements.		
4. Verification	Ticket(s)/ Pass(es)	rified that the distribution set i	forth above, is in accordance wit	h the requirements.		

## Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name			<del>i.</del> :	Date Stamp	California On 2		
	Alameda County					Form OUZ		
	Division, Department, or Regi	on (If Applicable	e)		1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (	Name,Title)			1			
	Sarah Oddie							
	Area Code/Phone Number	E-mail			☐ Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
<u>-</u> 2.	Function or Event Infor	nation				(Month, Day, Your)		
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	\$950		
	Event Description Basketball	Game	Date(s)02	2 , 01 , 17	1 1			
	Event Description	Provide Title/Exp	lanation					
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No	If no: Golde	n State Warriors			
					Name of So	ource		
Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Char of agency official?					Official's Name (	(Last First)		
_								
3.	Recipients  • Use Section A to identify the agency	v's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	ntify an outside organization		
			Number of					
	A. Name of Agency, Departme	int or Onit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy		
	Camp Wilmont Sweeney		To provide opportu	nitieswho are receiv	ring services from County			
			1	agencies consister	ntagency's goals for	the particular population		
			Number of					
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:		
			rass(es)	Ceremonial Role Other Income				
	Tafoya, Dale				nonial Role" or "Other" describe below:			
			1	To promote attendance at a(n) event held at a County facilit order to maximize potential County revenue				
		<del></del>		order to maximize	potential County rever	nue		
					☐ Other ☐  nial Role" or "Other" describe below:	Income		
			1	" Greening Gereiner	number of other describe below.			
	C Name of Outside Organ	nization	Number of Ticket(s)/	Describe the nut	olic purpose made pursuan	t to the agency's noticy		
	(include address and des	cription)	Pass(es)	Describe the put	one purpose made pursuan	t to the agency's policy		
4.	Verification		-					
	l hav	ons 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.		
			Sarah O		Supervisor's Assistar	nt 02.27.2017		
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)		
	Comment:							
	COMMISSION .							

### **Ceremonial Role Events and Ticket/Pass Distributions**

						711 abite Becament		
1.	Agency Name		Date Stamp California 802					
	Alameda County					Form 002		
	Division, Department, or Regi	on (If Applicable	e)		1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (	Name,Title)		·	1			
	Sarah Oddie				•			
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6693	· '	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor			. <u>.</u>	<u> </u>	(Monin, Day, Year)		
	Does the agency have a ticke		Yes⊠ No	□ Face Value o	of Each Ticket/Pass \$	\$950 ticket/\$30parking		
	Raskethall							
	Event Description Dasketball	Provide Title/Exp	lanation	Date(s)	2 , 01 , 17			
	Tiplest/a)/Dagg/ag) and tipled by			- Golder	n State Warriors			
	Ticket(s)/Pass(es) provided by	y agency?	Yes No	X 1110	Name of So	urce		
	Was ticket distribution made a	it 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	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy			
			Pass(es)			<u> </u>		
			,					
			Number of					
	B. Name of Individua (Lest, First)	al	Ticket(s)/ Pass(es)		Identify one of the following:			
	Crogony Michael			Ceremonial Role Other Income				
	Gregory, Michael		2+p	If checking "Ceremonial Role" or "Other" describe below:  To promote attendance at a(n) event held at a County facility in				
				To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue				
				Ceremonial Role	Other D	Income		
			2		nial Role" or "Other" describe below:			
			2+p					
	Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy		
	(include address and des	- Cription)	Pass(es)			-		
		<del></del>				<u> </u>		
	- 11							
4.	Verification							
	1†	ations 18944.1 an			forth above, is in accordance wi	•		
			Sarah Od		Supervisor's Assistan			
	Signature of Algericy Head or Designee	•	Print Nam	<b>re</b> .	Title	(Month, Day, Year)		
4.	Comment:							

1.	Agency Name				Date Stamp	California 802		
	Alameda County					ronn —		
	Division, Department, or Regi	on (If Applicable	e)		1	For Official Use 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)		
2.	Function or Event Inform	mation				Φ050 # -l - 4/Φ00l ·		
	Does the agency have a ticker	•	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	\$950 ticket/\$30parking		
	Event Description Basketball	Game		Date(s)02	2 , 15 , 17			
	•	Provide Title/Exp	planation					
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No[	If no: Golder	n State Warriors  Name of S	OUITCE		
	Was ticket distribution made a	it the beheet	No 🗖 Voc	If yes: Chan		our oc		
	of agency official?	it the benest	No ☐ Yes	If yes:	Official's Name	(Last, First)		
3.	Recipients							
-	Use Section A to identify the agency	y's department o	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy			
			Pass(es)					
	· · · · · · · · · · · · · · · · · · ·							
	B. Name of Individua	al	Number of			W-		
	(Lest, First)		Ticket(s)/ Pass(es)		Identify one of the following:			
	Daill Facel				Other	Income		
	Brill, Fred		2+p	If checking "Ceremonial Role" or "Other" describe below:  To promote attendance at a(n) event held at a County facility i order to maximize potential County revenue				
	-			Ceremonial Role	Other 🗆	Income		
			245	If checking "Ceremor	nial Role" or "Other" describe below			
			2+p					
			Nontro					
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy		
		, ,	Pass(es)					
	+	<del></del>						
<u></u>	Vor!#:+:	<del></del>				<u> </u>		
4.	Verifi 1	ations 18944.1 ar	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance v	vith the requirements.		
			Sarah Od		Supervisor's Assistar	·		
	A mongritudine of Agency Fload of Designed		Print Nam		Title	(Month, Day, Year)		
	Commont:							

## **Ceremonial Role Events and Ticket/Pass Distributions**

Α	Pu	bl	ic	Doc	:um	ent

. Agency Name			Date Stamp	California 802	
Alameda County				Form OUZ	
Division, Department, or Region (If A	pplicable)		For Official Use Only		
Board of Supervisors	-	4			
Designated Agency Contact (Name, To	itle)				
Sarah Oddie			Amendment (Must a	rovide explanation in Part 3.)	
Area Code/Phone Number E-mail			Amendment (Mast p.	rovide explanation in Part 3.)	
(510) 272-6693 sarah	.oddie@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information	n		· · · · · · · · · · · · · · · · · · ·		
Does the agency have a ticket policy	? Yes⊠ Nol	☐ Face Value o	of Each Ticket/Pass \$ _	\$950 ticket	
Event Description Basketball Game	<b>:</b>	Data(a) 02	15 17	1 1	
Provide	Title/Explanation	Date(s)			
Ticket(s)/Pass(es) provided by agend	Cy? Yes □ No I	If no: Golder	n State Warriors		
( ) ( ) ( ) ( )	103 🗖 1101	_	Name of So.	urce	
Was ticket distribution made at the be	ehest No ☐ Yes	If yes: Chan	, Wilma		
of agency official?			Official's Name (I	Last, First)	
8. Recipients					
Use Section A to identify the agency's depart		tion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.	
A. Name of Agency, Department or Un	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	1 433(03)				
		***			
B. Name of Individual	Number of		Identify and of the fallows		
(Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
Changilasan		Ceremonial Role  Other  Income  Income			
Cheng, Jason	2		ial Role" or "Other" describe below:	au hau aamiiaa ta tha	
		public	unity volunteer for his	or her service to the	
		Ceremonial Role	Other	Income	
			ial Role" or "Other" describe below:	income 🗀	
	2				
Name of Outside Organization (include address and description	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
(include address and description	Pass(es)		44-		
		, <u>-</u>			
		-	. —		
. Verifidation					
I ha tions 18	1944.1 and 18942. I have ve	erified that the distribution set f	orth above, is in accordance wi	th the requirements.	
<u> </u>	Sarah Od	ddie	Supervisor's Assistan	02.27.2017	
<u> </u>	Print Nam	e .	Title	(Month, Day, Year)	

## **Ceremonial Role Events and Ticket/Pass Distributions**

						A Fublic Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County							
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (	Name,Title)						
	Sarah Oddie				Amendment (the text)	and the construction of Co. (A)		
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	nation						
	Does the agency have a ticke	t policy?	Yes 🛛 No [	Face Value o	of Each Ticket/Pass \$ _	\$1550 ticket/\$30 park		
	Event Description Basketball	Game			23 , 17			
	Event Description	Provide Title/Exp	lanation	Date(s)				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No [	If no: Golder	n State Warriors			
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of So	urce		
Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Chan					, Wilma Official's Name (i	Land First		
	of agency official?				Official's Name (i	Last, First)		
3.	Recipients							
	Use Section A to identify the agency	's department or		tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
			Pass(es)					
	B. Name of Individua	Number of						
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Brown, Fred		2+p	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
			2.5	To promote attendanceevent held at a County facility in order to maximize potential County revenueconcession sales				
				Ceremonial Role	Other island	Income 🗌		
			2+p	n oriconing ocramon	ice riving of other describe below.			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	iblic purpose made pursuant to the agency's policy			
4.	Verification	ations 18944.1 an	nd 18942. I have vei	rified that the distribution set f	orth above, is in accordance wi	th the requirements.		
			Sarah Od		Supervisor's Assistan			
,	, ·		Print Name		Title	(Month, Day, Year)		
/								
	Comment:							

Α	P	ш	h	li	c	D	o	C	ı	m	e	n	ŧ
$\boldsymbol{\mathcal{L}}$		ч	~		•	$\boldsymbol{L}$	v	•	ш.		c		

. Agency Name	<del></del> -	*	<u> </u>	Date Stamp	California ONO		
Alameda County					Form OUZ		
Division, Department, or Region	n (If Applicable	e)			For Official Use Only		
Board of Supervisors							
Designated Agency Contact (A	lame, Title)	1					
Sarah Oddie							
	E-mail			Amendment (Must	provide explanation in Part 3.)		
	sarah.oddie	@acgov.org		Date of Original Filing	:(Month, Day, Year)		
P. Function or Event Inform	nation				(Month, Day, Tear)		
Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	\$1550 ticket		
Event Description Basketball	Game			2 , 23 , 17			
Event Description Basketball	Provide Title/Exp	lanation	Date(s)				
Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No [	If no: Golder	n State Warriors			
				Name of S	Cource		
Was ticket distribution made at of agency official?	the behest	No ☐ Yes [	If yes: Chan	Official's Name	(Last First)		
		-··	<del></del>		(200, 7 % )		
<ul> <li>Recipients</li> <li>Use Section A to identify the agency</li> </ul>	's denartment or	runit ellse Sec	tion B to identify an individu	ual Allse Section C to ide	ntify an outside organization		
A. Name of Agency, Departmen		Number of					
A. Name of Agency, Departmen	Ticket(s)/ Pass(es)						
		Number of					
B. Name of Individual		Ticket(s)/ Pass(es)	Identify one of the following:				
<del></del>			Ceremonial Role Other Incor				
Peck, Kim		2	If checking "Ceremonial Role" or "Other" describe below:				
			To promote attendanceevent held at a County facility in order to maximize potential County revenueconcession sales				
			<del></del>				
				☐ Other ☐ nial Role" or "Other" describe below	Income L		
		2	-				
C. Name of Outside Organia		Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy		
(include address and desc	cription)	Pass(es)					
l. Verification							
l have ile	ations 18944.1 an			forth above, is in accordance v	with the requirements.		
		Sarah Od		Supervisor's Assista			
\$ignature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)		
Comment:							

A 1	_						- 4
ΔΙ	$\mathbf{P}\mathbf{H}$	ıbı	IC.	n	OCL	Im	ent

1. Agency Name	<u> </u>		Date Stamp	California Ong			
	Alameda County						
Division, Department, or Region (If Ap	onlicable)		-	Form For Official Use Only			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Board of Supervisors			]				
Designated Agency Contact (Name, Tit	tle)						
Sarah Oddie		☐ Amendment (Must	provide explanation in Part 3.)				
Area Code/Phone Number E-mail			, , , , , , , , , , , , , , , , , , , ,				
(510) 272-6693 sarah.	.oddie@acgov.org		Date of Original Filing:(Month, Day, Year)				
2. Function or Event Information	1	<del></del>					
Does the agency have a ticket policy?	? Yes⊠ No∣	Face Value o	of Each Ticket/Pass \$ .	\$800			
Event Description Basketball Game		Date(s) 02 _ 25 _ 17					
	Title/Explanation						
Ticket(s)/Pass(es) provided by agenc	y? Yes □ No l	If no: Golden State Warriors					
		Name of Source					
Was ticket distribution made at the be of agency official?	ehest No ☐ Yes	If yes: Chan	han, Wilma Official's Name (Last, First)				
		··	——————————————————————————————————————	(Last, 1 Hst)			
3. Recipients		Alan Bandanate, a traffic					
	Number of						
A. Name of Agency, Department or Uni	t Ticket(s)/ Pass(es)	Describe the pub	al. • Use Section C to identify an outside organization. ic purpose made pursuant to the agency's policy				
	1 200(00)						
				<u></u>			
	_ 4						
B. Name of Individual	Number of	_					
(Leat, First)	Ticket(s)/ Pass(es)		Identify one of the following:				
		Ceremonial Role	Other	Income			
Boskovich, Alex	2	·	If checking "Ceremonial Role" or "Other" describe below:				
	-	To promote attendanceevent held at a County facility in order to maximize potential County revenueconcession sales					
Lord-Hausman, Audrey		Ceremonial Role  If checking "Ceremon	☐ Other ☐ nial Role" or "Other" describe below	Income $lacksquare$			
zora madoman, madroy	2			s or her service to the			
		public	and relation to the	5 51 1151 551 4155 15 1115			
C. Name of Outside Organization	Number of	B					
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy			
1. Verification							
	944.1 and 18942. I have ve	rified that the distribution set f	forth above, is in accordance v	with the requirements.			
5	Sarah Od		Supervisor's Assista				
	Print Nam		Title	(Month, Day, Year)			
V				(			
Comment:							

Δ	Pι	ıh	lic	Do	CII	ıme	nt
~		46		-			

1.	Agency Name		Date Stamp	California Q02				
	Alameda County					Form OUZ		
	Division, Department, or Regi	on (If Applicable	e)		1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (	Name, Title)		,				
		. ,						
	Nancy Sa  Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)		
	(510) 272-6692	nancy.sa@a	acdov ord		Date of Original Filing:			
2.	Function or Event Inform		aogo v.org			(Month, Day, Year)		
i.	Does the agency have a ticket		Van 🔽 Na l	□ Face Value o	of Each Ticket/Pass \$ .	79.50		
		•	Yes⊠ No.					
	Event Description Armin Only	Provide Title/Exp	VORIG TOUR	Date(s)	2 , 03 , 17			
	Tieles (/a) (Decentes) and a state of the			If no: Golden State Warriors				
	Ticket(s)/Pass(es) provided by	/ agency?	Yes No [	If no: Solder	Name of S	Source		
	Was ticket distribution made a	t the behest	No ☐ Yes	XI If yes. Valle,	, Richard- Supervisor	District 2		
	of agency official?		110 🗖 100	/es ☑ If yes: Valle, Richard- Supervisor District 2  Official's Name (Last, First)				
3.	Recipients							
	Use Section A to identify the agency	y's department or	tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy			
			Pass(es)					
			Number of	****				
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:				
			Pass(es)	Ceremonial Role	Other	Income D		
					nial Role" or "Other" describe below	Income L		
				Ceremonial Role	Other	Income		
				If checking "Ceremon	nial Role" or "Other" describe below.	:		
	Alama of Outside Organ		Number of					
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy		
	Union City Kido Zonov 705 V	A/lain mla	. 400(00)	T		1		
	Union City Kids Zone; 725 V Road, Union City CA 94587		4	community.	rotit organization for it	ts contributions to the		
	<del></del>			oomming.				
		Promotes "cradle to career" success by						
_	engaging and empowering							
4.	Verification		18042   have ve	rified that the distribution cot	forth above is in accordance :	with the requirements		
					forth above, is in accordance v	·		
٠	Napatura of Bassoy Hood of Licerance		Nancy S		Supervisor's Assista			
	Signature of Agency Head of Designee		Print Nam	₩	Title	(Month, Day, Year)		
	Comment:							

# Ceremonial Role Events and Ticket/Pass Distributions

					<del></del>	The second secon		
1.	Agency Name				Date Stamp	California QA2		
	Alameda County					Form OUZ		
	Division, Department, or Region	on (If Applicable	e)		1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (/	Vame Title)	<del></del>		-			
		vanno, moy						
	Nancy Sa		<u> </u>		Amendment (Must p	provide explanation in Part 3.)		
		E-mail						
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	nation				400.75		
	Does the agency have a ticket	policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _	133.75		
	Event Description Monster Er	nergy Superc	ross	Date(s) 02	2 , 4 , 17	1 1		
	Event Besonption	Provide Title/Exp	lanation	Date(s)				
	Ticket(s)/Pass(es) provided by	agency?	Yes □ No	Is If no: Golde	n State Warriors			
	, , , , , , , , , , , , , , , , , , ,	<b>5</b>	.00 🗀 🔟		Name of So			
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor	District 2		
	of agency official?		Official's Name (	Last, First)				
3.	Recipients							
	Use Section A to identify the agency	's department or		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant to the agency's policy			
			Pass(es)					
			Pass(es)			***		
			Pass(es)					
			Pass(es)					
	B. Name of Individua		Number of Ticket(s)/		Identify one of the follow	ring:		
	B. Name of Individua	1	Number of		Identify one of the follow	ing:		
			Number of Ticket(s)/	Ceremonial Role	Other	ing:		
		ı	Number of Ticket(s)/	1				
			Number of Ticket(s)/	1	Other			
		1	Number of Ticket(s)/	If checking "Ceremor	Other Dial Role" or "Other" describe below:	Income [		
			Number of Ticket(s)/	If checking "Ceremon	Other			
		l	Number of Ticket(s)/	If checking "Ceremon	Other Other Other describe below:	Income [		
			Number of Ticket(s)/	If checking "Ceremon	Other Other Other describe below:	Income [		
	(Last, First)  Name of Outside Organi	zation	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:  Other Dial Role" or "Other" describe below:	Income C		
	(Last, First)	zation	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income [		
	C. Name of Outside Organi	zation cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon  Ceremonial Role  If checking "Ceremon  Describe the pub	Other Other Other or "Other" describe below: Other Other ital Role" or "Other" describe below:	Income Income		
	(Last, First)  Name of Outside Organi	zation cription)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon  Ceremonial Role  If checking "Ceremon  Describe the pub	Other Dial Role" or "Other" describe below:  Other Dial Role" or "Other" describe below:	Income In		
	C. Name of Outside Organi (include address and desc Union City Kids Zone; 725 W Road, Union City CA 94587	zation cription) Vhipple	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put	Other Other Other or "Other" describe below: Other Other ital Role" or "Other" describe below:	Income In		
	C. Name of Outside Organi (include address and desc Union City Kids Zone; 725 V Road, Union City CA 94587 Promotes "cradle to career"	zation cription) Vhipple success by	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put	Other Other Other or "Other" describe below: Other Other ital Role" or "Other" describe below:	Income In		
	C. Name of Outside Organi (include address and desc Union City Kids Zone; 725 V Road, Union City CA 94587 Promotes "cradle to career" engaging and empowering of	zation cription) Vhipple success by	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put	Other Other Other or "Other" describe below: Other Other ital Role" or "Other" describe below:	Income In		
	C. Name of Outside Organi (include address and desc Union City Kids Zone; 725 V Road, Union City CA 94587 Promotes "cradle to career"	zation cription) Vhipple success by children	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon  Describe the put  To reward a non pr community.	Other Other Other describe below: Other Other Other describe below: Other Describe below: Other or "Other" describe below: Other or "Other" describe below:	Income In		
	C. Name of Outside Organi (include address and desc Union City Kids Zone; 725 V Road, Union City CA 94587 Promotes "cradle to career" engaging and empowering of	zation cription) Vhipple success by children	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  4	Ceremonial Role If checking "Ceremon  Describe the put  To reward a non pr community.	Other Other Other describe below:  Other Other describe below:  Other or "Other" describe below:  Olic purpose made pursuant  ofit organization for its	Income In		
	C. Name of Outside Organi (include address and desc Union City Kids Zone; 725 V Road, Union City CA 94587 Promotes "cradle to career" engaging and empowering of	zation cription) Vhipple success by children	Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon  Describe the put  To reward a non pr community.	Other Other Other describe below: Other Other Other describe below: Other Describe below: Other or "Other" describe below: Other or "Other" describe below:	Income In		

4	A Nie-e							
1.	Agency Name				Date Stamp	California 802		
	Alameda County					Form 002		
	Division, Department, or Region	on (If Applicable	;)	-	1	For Official Use Only		
	Doord of Cuponisons							
	Board of Supervisors  Designated Agency Contact (A				1	1		
	Designated Agency Contact (A	vame, i itie)						
	Nancy Sa				☐ Amondment ////ust n	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (wast p	rovide explanation in Part 3.)		
	(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing:(Month, Day, Year)			
2.	Function or Event Inform	nation	·			(Manual) 2 diji ya diy		
	Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	125		
	L = A ···· - H · · · I ·							
	Event Description	Ora Provide Title/Expl	anation	Date(s)				
				Is Goldei	n State Warriors			
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No	If no:	Name of So.	urce		
	Was ticket distribution made at	the behest	No ☐ Yes	lf γος. Valle,	, Richard- Supervisor I	District 2		
	of agency official?		140 □ 162	ii yes	Official's Name (I	Last, First)		
3.	Recipients				<del> </del>			
٠.	Use Section A to identify the agency'	's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ident	tify an outside organization		
	A		Number of					
	A. Name of Agency, Departmen	it or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy			
			1 250(55)					
	D N		Number of					
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
			7 400(00)	Ceremonial Role	Other 🗵	Income		
	Mendoz, Eleazar			1	nial Role" or "Other" describe below:	income 🗀		
			4	To reward a comm	unity member for his o	contributions to the		
				public.	•			
				Ceremonial Role	Other	Income		
			1 1	lf checking "Ceremon	ial Role" or "Other" describe below:			
			4					
	C. Name of Outside Organiz		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's nolicy		
	(include address and desc	ription)	Pass(es)		mo parpose made parsaum	to the agency a policy		
4	Varification							
+.	Verification	" 18944 1 and	1 18942   have ve	rified that the distribution set 6	orth above, is in accordance wit	th the requirements		
_		. 55 17. 1 0//0						
•		_	Nancy S		Supervisor's Assistant			
	orginature of Agency Head of Designee		Print Nam	e	Title	(Month, Day, Year)		
	Comment:							
	COMMISSION							

## Ceremonial Role Events and Ticket/Pass Distributions

	Agency Name	-			Date Stamp	California 802		
	Alameda County					Form UUZ		
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (	Name, Title)	<del></del>	····				
	Nancy Sa				Amendment (Must provide explanation in Part 3.)			
	Area Code/Phone Number	E-mail	<u> </u>		Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:			
<u>.</u>	Function or Event Inform	nation				70.75		
	Does the agency have a ticket		Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$ _	78.75		
	Event Description WWE Live	Road to Wre	Date(s)02	2 , 13 , 17				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golde				n State Warriors  Name of So	urce		
	Was ticket distribution made a	t the behest	No ☐ Yes	✓ If yes: Valle,	, Richard- Supervisor I	District 2		
	of agency official?		_	,,	Official's Name (	Last, First)		
	Recipients							
	Use Section A to identify the agency	's department or		ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	Richard- Supervisor District 2  Official's Name (Last, First)  al. • Use Section C to identify an outside organization.  Ic purpose made pursuant to the agency's policy			
	B. Name of Individua	ıl	Number of Ticket(s)/		Identify one of the follow	ing:		
	Cisneros, Arturo		Pass(es)	Ceremonial Role  If checking "Ceremonial Role"	Other  ial Role" or "Other" describe below:	Income 🔲		
			4	To reward a commi public.	unity member for his o	contributions to the		
			4	Ceremonial Role If checking "Ceremoni	Other is all Role" or "Other" describe below:	Income		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	Verification		d 18942   have ve	prified that the distribution set 6	iorth abovo, is in accordance with	th the requirements		
		i. r din	Nancy S	_				
	·	<del></del>	Print Nam		Supervisor's Assistant	<u>2/27/17</u> (Month, Day, Year)		
						. , , , , , , , , , , , , , , , , , , ,		
	Comment:							

## Ceremonial Role Events and Ticket/Pass Distributions

I. Agency Name			Date Stamp	California Ono			
Alameda County			Date Stamp	Form 802			
Division, Department, or Region (If Applicab	le)		1	For Official Use Only			
	,0)						
Board of Supervisors			]				
Designated Agency Contact (Name, Title)							
Nancy Sa			Amendment (Must )	provide explanation in Part 3.)			
Area Code/Phone Number E-mail							
(510) 272-6692 nancy.sa@	acgov.org		Date of Original Filing: (Month, Day, Year)				
2. Function or Event Information				50			
Does the agency have a ticket policy?	Yes 🗵 No 🏻	☐ Face Value o	of Each Ticket/Pass \$ _	50			
Event Description Monster Jam		Date(s)02	2 , 18 , 17				
Provide Title/Ex	planation						
Ticket(s)/Pass(es) provided by agency?	Yes No [	☑ If no: Oaklar	nd Athletics				
Man tight distribution made at the hebest		Name of Source es ☑ If yes: Valle, Richard- Supervisor District 2					
Was ticket distribution made at the behest of agency official?	No ☐ Yes [	If yes: Vane,	Official's Name	(Last, First)			
			···				
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or</li> </ul>	runit. • Use Seci	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization			
A. Name of Agency, Department or Unit	Number of		blic purpose made pursuant to the agency's policy				
Name of Agency, Department of Offic	Ticket(s)/ Pass(es)	bescribe the pub	nic purpose made pursuan	t to the agency's policy			
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	/ing:			
(200, 7,700)	Pass(es)						
McVoy, Zion		Ceremonial Role  If checking "Ceremon	Other  inial Role" or "Other" describe below:	Income 🔲			
•	4		unity member for his	contributions to the			
		public.	•				
-		Ceremonial Role	Other	Income 🗌			
	4	If checking "Ceremon	nial Role" or "Other" describe below:				
A Name of Outside Outs	Number of						
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy			
	. 400(00)						
			-				
1. Maniferation							
l. Verification	nd 18942   baye yo	rified that the distribution set	forth above, is in accordance w	ith the requirements			
44. I di							
Signature of Agency Head or Designee	Nancy S		Supervisor's Assistan				
Signature of Agency Fload of Designee	rını warne	=	ritie	(Month, Day, Year)			
Comment:							

## Ceremonial Role Events and Ticket/Pass Distributions

**A Public Document** 

					Ter abile becalling			
. Agency Name				Date Stamp	California 802			
Alameda County					Form 002			
Division, Department, or Region	(If Applicable	)			For Official Use Only			
Board of Supervisors								
Designated Agency Contact (Nar	ne, Title)							
Nancy Sa								
	mail		<u> </u>	Amendment (Must p	rovide explanation in Part 3.)			
(510) 272-6692 na	ancy.sa@a	cgov.org		Date of Original Filing:				
. Function or Event Informa	tion				(monar, bay, roar)			
Does the agency have a ticket po	olicy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	800			
Event Description Warriors vs. 0	Charlotte H	ornets	Date(s)02	. , 1 , 17				
Ticket(s)/Pass(es) provided by ag	nency?	Yes ☐ No	If no. Golder	State Warriors				
(-) ===(==) p. ===== 2, a.	, o. i.o.y .	ICS LINU	_	Name of So				
Was ticket distribution made at the	e behest	No 🗌 Yes	✓ If yes: Valle,	Richard- Supervisor I	District 2			
of agency official?				Official's Name (I	_ast, First)			
. Recipients								
		Number of						
A. Name of Agency, Department of	or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	Use Section C to identify an outside organization.  rpose made pursuant to the agency's policy			
		Number of						
B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	ing:			
Degeus, Duane			Ceremonial Role	Other  ial Role" or "Other" describe below:	Income			
3 ,		2						
			public.	unity member for his contributions to the				
Ossell D. C. C.			Ceremonial Role	Other 🛛	Income			
Castillo, Patricia		2		ial Role" or "Other" describe below:				
			public.	unity member for her o	contributions to the			
C. Name of Outside Organizat	ion	Number of						
(include address and descrip		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
	<u>-</u>							
. Verification			L		<u> </u>			
1	944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	th the requirements.			
/ #		Nancy S	Sa	Supervisor's Assistant	2/27/17			
		Print Nam		Title	(Month, Day, Year)			
Comment: Includes 1 parking p	ass at the	value of \$30	) each					
Comment: Holdes   Parking p								

\_\_\_\_

## Ceremonial Role Events and Ticket/Pass Distributions

Δ	Pii	ы	ic	Doc	un	nent
_	гч	WI.	16	DUG	uII	ICIL

						Tit wante boothinging			
۱.	Agency Name				Date Stamp	California Q02			
	Alameda County			Form OUZ					
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact (	Name, Title)	-		-				
	Nancy Sa								
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)			
	(510) 272-6692	nancy.sa@a	acaov ora		Date of Original Filing: .				
_	Function or Event Inform		20901.019	·		(Month, Day, Year)			
••	Does the agency have a ticker		Vas 🔽 Na	□ Face Value o	of Each Ticket/Pass \$	1200			
	· ·	-	Yes⊠ No	_					
	Event Description Warriors v	Provide Title/Exp	JIIS Janation	Date(s)	8 17				
	Tiplest/o\/Dagg(oc) provided by			— k Golder	n State Warriors				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	M Ir no:	Name of Sou	urce			
	Was ticket distribution made a	it the behest	No ☐ Yes	If yes: Valle,	Richard- Supervisor [	District 2			
	of agency official?		_		e, Richard- Supervisor District 2  Official's Name (Last, First)				
3.	Recipients								
	Use Section A to identify the agency	y's department or	ual. • Use Section C to ident	ify an outside organization.					
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy					
			Pass(es)						
		<del></del> .			<del></del>				
	B. Name of Individua								
	(Last First)		Ticket(s)/ Pass(es)		Identify one of the following:				
	0 1 4 1 1			Ceremonial Role	Other 🛛	Income			
	Gael, Antonio		2	l .	onial Role" or "Other" describe below:				
				To reward a community member for his contributions to the public.					
		<u> </u>	<del>                                       </del>	Ceremonial Role	Other 🗵				
	Fajardo, Carlos				ial Role" or "Other" describe below:	Income 📙			
			2	To reward a commi	nunity member for his contributions to the				
				public.					
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy			
	(include address and des	cription)	Pass(es)	•					
		<u>_</u>							
l.	Verification								
		าร 18944.1 and	d 18942. I have ve	erified that the distribution set for	orth above, is in accordance wit	h the requirements.			
			Nancy S		Supervisor's Assistant	2/27/17			
	Signature of Agency Head or Designee		Print Nam	ee	Title	(Month, Day, Year)			
	Comment: Includes 1 parkin	g pass at the	value of \$30	each each					
	OUTITION.								

## Ceremonial Role Events and Ticket/Pass Distributions

A	р.,	. 6. 1	:-	Do			-4
А.	гu	IUI	IC	υo	Cui	ne	пu

						Ter abile becament	
1.	Agency Name				Date Stamp	California QA2	
	Alameda County					Form OUZ	
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only	
	Board of Supervisors					-	
	Designated Agency Contact (	Name.Title)		<del></del>			
		, , , , , , , , , , , , , , , , , , , ,					
	Nancy Sa  Area Code/Phone Number	E-mail	:		Amendment (Must pi	rovide explanation in Part 3.)	
	(510) 272-6692	nancy.sa@a	ogov org		Date of Original Filing: .		
_	· · ·			···		(Month, Day, Year)	
	Function or Event Inform		f Fach Tielest/Dass &	800			
	Does the agency have a ticket	-	Yes⊠ No		f Each Ticket/Pass \$		
	Event Description Warriors v	s. Sacramento		Date(s)02	. 15 , 17		
		Provide Title/Expla	anation	Coldor	Ctata Warriana		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No l	If no: Golder	n State Warriors	urce	
	Was ticket distribution made a	it the behest	No ☐ Yes	Valle.	Richard- Supervisor [		
	of agency official?			Official's Name (L	ast, First)		
3	Recipients						
•	Use Section A to identify the agency	y's department or u	ıal. ◆ Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant to the agency's policy		
		Pass(es)					
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:			
	[Lust, 1 moty		Pass(es)				
				Ceremonial Role	☐ Other ☐ ial Role" or "Other" describe below:	Income 🔲	
				Ceremonial Role	Other	Income	
				If checking "Ceremoni	ial Role" or "Other" describe below:		
			Number of	V - 1/4.			
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Date: 011 (1)		Pass(es)				
	Rotary Club of Newark; 497 Place, Newark CA 94560	8 Swindon	4	To reward a non processing to the community.	ofit organization for its	contributions to the	
	Flace, Newark CA 94560		<del>                                     </del>	community,			
	Empowers and improves the						
	through community service	projects		_			
١.	Verification	10444 - 1	40040 15				
		1944.1 and			orth above, is in accordance wit	•	
_	Signature of Ass.		Nancy S		Supervisor's Assistant		
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)	
	Commont Includes 1 parkin	g pass at the	value of \$30	each			

### **Ceremonial Role Events and Ticket/Pass Distributions**

						At abile becament	
1.	Agency Name			Date Stamp California Q n			
	Alameda County			Form OUZ			
	Division, Department, or Regi	on (If Applicable	9)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)			-		
	Nancy Sa	. ,					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6692	nancy.sa@a	acaoy ora		Date of Original Filing	·	
2	Function or Event Infor		- Icgov.org			(Month, Day, Year)	
<u></u>	Does the agency have a ticke		V 1571 AI- 1	□ Face Value o	of Each Ticket/Pass \$ _	1350	
	- ·	Yes 🖾 No 🏻	<del>_</del>				
	Event Description Warriors v	S. LA Clippers  Provide Title/Expl	S Ionation	Date(s)	2 , 23 , 17		
		Frovide Title/Expi	anauon	Golder	n State Warriors		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes No	If no:	n State Warriors  Name of S	Cource	
	Was ticket distribution made a	t the behest	No ☐ Yes [	X If yee. Valle,	, Richard- Supervisor	District 2	
	of agency official?	140 🗀 163	△ 11 yes	Official's Name	(Last, First)		
3.	Recipients		<u>.                                    </u>	-			
	Use Section A to identify the agency	's department or	ual. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant to the agency's policy		
			Pass(es)				
		* ;		_			
	B. Name of Individua	ıl	Number of Ticket(s)/	wing:			
	(Last First)	<del></del>	Pass(ès)				
	Germany, Burlin			Ceremonial Role		Income	
	oomany, barm		4	To reward a community volunteer for his service to the public.			
		·		Ceremonial Role	Other	Income	
			4	If checking "Ceremon	ial Role" or "Other" describe below.		
			"				
	Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	olic purpose made pursuar	nt to the agency's policy	
	turning and read and des		Pass(es)				
1.	Verification			· .			
		3944.1 and	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance w	vith the requirements.	
			Nancy S	Sa	Supervisor's Assistar	nt 2/27/17	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	Comment:						

### **Ceremonial Role Events and Ticket/Pass Distributions**

۱	Agency Name				Date Stamp	California Q00
	Alameda County					Form OUZ
ī	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Nancy Sa					
	Area Code/Phone Number	E-mail	<del></del>		Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acaov ora		Date of Original Filing:	
	Function or Event Inform		20907.019			(Month, Day, Year)
	Does the agency have a ticket		Yes⊠ No	Face Value o	of Each Ticket/Pass \$	1100
			_			
١	Event Description Warriors v	Provide Title/Exp	lets	Date(s)	25 , 17	
_	T 1 (/ ) (D / )			Golde	n State Warriors	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No	If no: Ocider	Name of Soc	urce
١	Nas ticket distribution made a	t the behest	No ☐ Yes	⊠ lf ves. Valle,	Richard- Supervisor I	District 2
	of agency official?	cy official?				ast, First)
<del></del>	Recipients					
_	<ul> <li>Use Section A to identify the agency</li> </ul>	's department or	ual. • Use Section C to ident	tify an outside organization.		
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
			(++)			
-						
•						
-						
-						
-	B. Name of Individua (Lest First)	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	(Lest, First)	ıl	Ticket(s)/	Ceremonial Role	Identify one of the followi  ☐ Other ☑	<b>ng:</b>
	B. Name of Individua (Last First) Collett, Cheryl	ıl	Ticket(s)/	If checking "Ceremon	Other  ial Role" or "Other" describe below:	Income
	(Lest, First)	ıl	Ticket(s)/ Pass(es)	If checking "Ceremon	Other 🛚	Income _
	(Lest, First)	al .	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm	Other  ial Role" or "Other" describe below: nunity volunteer for her	service to the public.
	(Lest, First)	ıl .	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role	Other  ial Role" or "Other" describe below:	Income
	(Lest, First)	ıl	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role	Other Diagram of the other othe	service to the public.
	(Lest, First)	ul .	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role	Other Diagram of the control of the	service to the public.
	Collett, Cheryl  Name of Outside Organ	ization	A Number of Ticket(s)/	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Diagram of the control of the	Income service to the public.
	(Lest, First) Collett, Cheryl	ization	Ticket(s)/ Pass(es)  4  Number of	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below: nunity volunteer for her Other Dial Role" or "Other" describe below:	Income service to the public.
	Collett, Cheryl  Name of Outside Organ	ization	A Number of Ticket(s)/	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below: nunity volunteer for her Other Dial Role" or "Other" describe below:	Income service to the public.
	Collett, Cheryl  Name of Outside Organ	ization	A Number of Ticket(s)/	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below: nunity volunteer for her Other Dial Role" or "Other" describe below:	Income service to the public.
	Collett, Cheryl  Name of Outside Organ	ization	A Number of Ticket(s)/	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below: nunity volunteer for her Other Dial Role" or "Other" describe below:	Income service to the public.
	C. Name of Outside Organ (include address and des	ization	A Number of Ticket(s)/	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below: nunity volunteer for her Other Dial Role" or "Other" describe below:	Income service to the public.
	Collett, Cheryl  Name of Outside Organ	ization cription)	A  Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon  Describe the pub	Other Dial Role" or "Other" describe below: nunity volunteer for her Other Dial Role" or "Other" describe below:	Income Service to the public.  Income State of the public.  Income State of the public.
	C. Name of Outside Organ (include address and des	ization cription)	A  Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon  Describe the pub  prified that the distribution set f	Other Dial Role" or "Other" describe below: nunity volunteer for her Other Dial Role" or "Other" describe below: lic purpose made pursuant	Income In

eremonial Role Events ar . Agency Name			Date Officer	A Public Docume
Alameda County			Date Stamp	Samonia 80
Division, Department, or Region (if)	(anticable)		-	For Olficial Use Only
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Board of Supervisors  Designated Agency Contact (Name, 1)	"Ho)		_	
	-			
Lee Ann Fergerson, Supervisor's Area Code/Phone Number   E-mai			Amendment (Must	provide explanation in Part 3.)
	i in.fergerson@acgc	N ora	Date of Original Filing:	
Function or Event Information		Marie Company of the		(Month, Day, Year)
Does the agency have a ticket policy		☐ Face Value o	of Each Ticket/Pass S _	80000
1 10,000 0 -5	76 ers	2	. 14.17	
Event Description	Title/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by agend	y? Yesi⊡ No	1 If no: 05	W	
		Ala	Name of So meda County Superv	ource visor Scott Haggerty, D
Was ticket distribution made at the bi of agency official?	ehest No 🗌 Yes	If yes:	Official's Nama (	The second secon
Recipients		and the second s		
Necipieris • Use Section A to identify the agency's depar	ment or unit. • Use Sec			
A. Namerof Agency, Department on Un	Nimber of the track of the trac	Describethe pub	lic puigeso mado purauant	to the agoncy s policy
	(Pass(es)			
			sight of facilities or ev	ents that have
		received Coun	ity funding or support	
Name of Individual 3	Numberel		identily one of theirollow	
(1)	Tickettel/ Rapelosi		identily one of the following	
		To promote	attendance at a cou	nty sponsored 🔭 [
			der to maximize pot	
		revenue to	or concession and p	arking sales
·		Coromonial Role	Olher 🗌	Incoma
		If checking 'Ceremonia	al Role" or "Other" describe below:	
Name of Outside Organization	Number of Ticket(a)		lc purpose made pursuant	
(include address) and description)		Describe inspired	icipurpose made pursuant.	a situation of the situ
ivermore Downtown, In	c o			
Das, Listreet	4		hool or non-profit org ributions to the comn	
Livermore cA		110 00111	inductions to the confin	Turney
94550				
/erification	4d 1 and 18942 These yes	ified that the distribution set fo	rth ebove, is in accordance with	the requirements.
4/5 103	Lee Ann Ferg		Supervisor's Assistant	2-7.7-17
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Pdal Name		Tito	(Month, Day, Yost)
Signature of Agency Hond or Cosignoo	Phat Manie			,

Agency Report of: Ceremonial Role Ev	ents and Ti	cket/Pass	Distributions		A Public Documen
1. Agency Name				Dale Stamp	California On S
Alameda County					Form COUZ
Division, Department, or F	Region (If Applicab	ole)		1	For Official Use Only
Board of Supervisors					
Designated Agency Conta	ct (Name, Title)				
Lee Ann Fergerson, Sup	ervisor's Assista	ant			
Area Code/Phone Number	E-mail			Amendment (Must p.	томда өхріалардал іл Part 3.)
(510) 272-6691		erson@acgo	v.org	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event inf		•	50000		
Does the agency have a tio	ket policy?	Yes No	Face Value of 2	of Each Ticket/Pass \$	
Event Description	Provide Title/Exp	70 d	Date(s)		
Tiekel/a\/Gene/as\ nendda	•	Yes ☐ No	rı If no:	Tow	
Ticket(s)/Pass(es) provided	oy agency r	Name of Sou	irca		
Was ticket distribution made	e at the behest	Official's Name (L	sor Scott Haggerty, D 1		
of agency official?		No. of Contract of		Official 8 Neme (L	usi, Fusi)
<ol> <li>Recipients</li> <li>Use Section A to identify the age</li> </ol>	ncy's department or	unit. • Use Sec	tion B to identify an individu	aí. • Uso Section C to identi	ify an outside organization.
A. Namerol/Agency, Depart		Describedhe cub	ar. • Osa Sacron C to Idanii  C pu  posa made  pursuani	lo the agoney's polley	
			To obtain over	sight of facilities or eve	nts that have
			received Coun	ty funding or support	
B. Name of Individual		Number of Tickeye) Papelee)		identily one of their clowin	
MITTE And		9	To promote	attendance at a cour	nty sponsored ***
Mison Brook	·>	14	event in or	der to maximize pote	ential county
			revenue fo	or concession and pa	arking sales
			Coromonial Role		Incoma 🗌
			If checking 'Caremonia	l Role" or "Olher" describe below:	
C. Name of Outside Ore	anization	Numberion Ticket(e)/ Pass(es)	Describe the cubi	cipyrpose made pursuant k	o the agency spolley
((nc)udo address and d	oscription).	Pass(08).			
		'	To reward a sol	hool or non-profit orga	anization for
,				ibutions to the comm	
		1	the L		
V-167 -11	and the second of the first water was the first the second of the second				
$\tilde{\eta}$	144.1 and	18942. I hava yeri	fied that the distribution sat for	th ebove, Is in accordance with t	(ho requirements.
-		<b>Lee</b> Ann Ferg	erson S	upervisor's Assistant	2.15-17
		Pdat Nama		Ti!o	(Month, Day, York)

C	eremonial Role Ever	nts and Ti	cket/Pas	s Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicab	ile)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Lee Ann Fergerson, Superv	ijende Acciete	nnt			
	Area Code/Phone Number	E-mail	3111		Amendment (Must p	rovide explenation in Part 3.)
	(510) 272-6691		erson@acgo	ov.org	Date of Original Filing:	
2.	Function or Event Infor					(Month, Day, Year)
	Does the agency have a ticke		Yes □ No	Face Value	of Each Ticket/Pass \$ _	1,200
	, <b>)</b>	1845	-,8,17			
	Event Description Value	Provide Title/Exp	lanation	Date(s)	-1011	
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No	if no:		
	Was ticket distribution made a	it the beheat	=	_ Ala	Name of Sou meda County Superv	isor Scott Haggerty, D 1
	of agency official?	n me panest	No 🗌 Yes	LJ If yes:	Official's Name (L	ast, First)
},	Recipients				<u> </u>	-
	· Use Section A to Identify the agency	's department or			ual. • Use Section C to Ident	ify an outside organization.
	A. Nameroff Agency, Departine	nt on Unit	Number of Tickous)	Describe the pub	ic pulbose made pursuant	to the agency's policy
			(Pass(és)			
			-		<del></del>	
			Number of		nakelik kananan kanan kanan	the beautiful and the second
	B. Name of individue				Identify one of merfollowin	g.
	Da. a 00 11 a			To promote attenda	ance at a county sponsore	d event in order 💮 🔲
	Doug Mathe	NU	12	to maximize potent	ial county revenue for con	cession and
	$\circ$	J		parking sales.		
•		·		Ceremonial Role	Other	Innama [7]
				_	al Role" or "Olher" describe below:	Income L
ī.	Birong a works and State and Alberta to the room of the	lassa lasura saraa	ory maddening see and from to	States of the Control of the States of the second of	Hall Block and the Control of the Control of the Control	
(	Name of Outside Organia	zation ription)	Number of the control	Describe the publ	ic purpose made pursuant t	the agency's policy
-		amender olinakerd	HENNING PROPERTY	ure, principalitrum establishes establishes		制度が使いた。というない。
-		•				, , , , , , , , , , , , , , , , , , , ,
٦	J-19es es		<u> </u>			
I.	h, le	tions 18944.1 and	18942. I have ven	ified that the distribution set for	th above, is in accordance with (	the requirements.
<i>-</i>	=	L	ee Ann Ferg	gerson S	Supervisor's Assistant	_ 2-104+
1			Print Name		Title	(Month, Day, Year)
•	Comment:					

Comment: \_\_\_

Agency Report of: Ceremonial Role Events and	l Ticket/Pass	Distributions		A Public Documer
1. Agency Name			Date Stamp	California OOG
Alameda County				Form 8U2
Division, Department, or Region (If App	oficable)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title	9)		1	
Lee Ann Fergerson, Supervisor's As	sistant		Amandment 44	provide explanation in Part 3.)
Area Code/Phone Number E-mail				
	fergerson@acgo\	org.	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				50.00
Does the agency have a ticket policy?	Yes 🖼 No [	E. Carriera	of Each Ticket/Pass \$ _	30.00
Event Description	le/Explanation	0010(0)	18/1+	//
Ticket(s)/Pass(es) provided by agency	•	if no:	GSW	
4		<b></b>	Name of So	urce isor Scott Haggerty, D 1
Was ticket distribution made at the beh of agency official?	est No ☐ Yes [	If yes:	Official's Name (	
3. Recipients				
Use Section A to Identify the agency's department     Name of Agency, Department on Unit			ial. • Use Section C to Identification of the Identification of Identification of Identification of Identification of Identification of Identification of	
<b>2018年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日</b>	Pass(es)			
B. Name of individual	Number of L Tickols/ Passios)		Identify one of the follow	ng:
1 22 6 1	/	To promote attenda	ince at a county sponsore	d event in order 🙀 🗖
Jim McGrail	4	to maximize potenti parking sales.	al county revenue for co	ncession and
		pariting dates.		
		Ceremonial Role	Other	Income 🔲
		If checking "Ceremonia	d Role" or "Other" describe below:	
			Y	
C. Name of Outside Organization	Number of Ticketie)			
(Include address) and description)	Poss(es)		c purpose made puravant.	o the agency's policy
			(4)	
Market C				
Verification 8944.	1 and 18942. I have verifi	ed that the distribution set for	th above, is in accordance with	the requirements
-	Lee Ann Ferge		upervisor's Assistant	2-8-17
Signature of Agency Head of Designee	Print Name		Title	(Month, Day, Year)

_	1	- and m	oncor ass	Distributions		A Public Documen
1	. Agency Name				Date Stamp	California 802
	Alameda County					S. GADAL
	Division, Department, or Reg	ion (If Applicab	le)		7	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	(Name, Title)				1
	Lee Ann Fergerson, Superv	isor's Assista	ant			
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6691		erson@acgov	.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				20 -1
	Does the agency have a ticket	t policy?	Yes 🚺 No 🛭	] Face Value o	of Each Ticket/Pass \$ $oldsymbol{\perp}$	55.15
	Event Description	cross		Date(s)	, 4 , 17	, ,
	7	Provida Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🖺 No 🗀	] If no:	710	
	Was ticket distribution made at	t tha habaat		Alar	Name of Sou Meda County Supervis	ಣ sor Scott Haggerty, D 1
	of agency official?	t the petiest	No 🗌 Yes 🗓	If yes:	Official's Name (Le	ast. First)
3	Recipients				4	
••	Use Section A to Identify the agency	's department or	unit. • Use Section	on B to identify an Individu	al. • Use Section C to Identif	aoitecineassa abiebus na vi
	A. Name of Agency, Departmen		Number of		Je purpose inadelpursusniti	
			Tickous) (Pass(es)		ic brilbosa ursca britansutu	
	ili di kadisa kanaksis kiris muli kadan kacim m	The sourcestiff the visit of	C PARTY MATERIAL CONTROL OF THE CONT	to the state of th		
	B. Name of Individual		Number of Tickets)		ldentify one of the following	
i		9	(Pase(os)	To promote attenda		
	Brandon Bala	acco on	4	to maximize potentia	nce at a county sponsored al county revenue for cond	event in order ne
				parking sales.		
				Ceremonial Rote		Income 🔲
		4		н слеский Сегетопа	l Raie" or "Other" describe below:	
į	Name of Outside Organiz	ālon	Numberos		e purpose made pursuant to	Land Parkatalante de
	(Include address and descr	iellon)	Number of Ticket(s)/ Pass(es)		c, purpose made pursuant to	the agency's policy
	• 4					
	•				B. 1	
	V-/	<del></del>		Á: I		
(		14.1 and	18942. I have verifie	d that the distribution set fort	h above, is in accordance with th	
			ee Ann Ferge	rson Si	upervisor's Assistant	2-8-17
	Signature of Algency Fleath of Designeo		Print Name		Title	(Month, Day, Year)
(	Comment:					
				50.50	STATE OF A	FPPC Form 802 (4/12)

	CVCR1_92	5 Distributions		A Public Documer
			Date Stamp	California QOC
				Form OUZ
ion (If Applica	ble)			For Official Use Only
(Name, Title)	· · · · · · · · · · · · · · · · · · ·			
risor's Assist	ant			
E-mail			Amendment (Must	provide explanation in Part 3.)
leeann.ferg	jerson@acgo	ov.org	Date of Original Filing	(Month, Day, Year)
mation				
t policy?	Yes 🗗 No	Face Value o	of Each Ticket/Pass \$ .	125.00
rrolladi	ora	Date(e)	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	
Provide Title/Ex	planetion	Date(s)		
y agency?	Yes 🛱 No	If no:	gen	
at the behost	\ <del>                                   </del>	Alar	neda County Super	ource Visor Scott Haggerty D
it title pettest	No ∐ Yes	He if yes:		
	£			
y's department o	runit. • Use Se	ction B to identify an individu	el. • Use Section C to ider	tlify an outside organization.
nt or Unit			ic purpose madelpursuan	t to the agency's policy
	Pass(es)			
	Number of			infinition of the second name of the second
	Ticketis/ Pass (99)		Ildentify one of the follow	ing;
	LI.	To promote attenda	nce at a county sponsor	ed event in order 💮 🗀
\			al county revenue for co	ncession and
		parking sales.		
		Ceremonial Role	Other [	Income _
		· ~		intentite [
		o or specific to the way group or or introduct	Mich sie eenestaat et ename et ambai	None to receip analysis a forest the second
zallon mouon).	Ticket(9)/	Describe the publi	c purpose made pursuent	to the agency's policy
		auto, articoran annual promote disease es es = 7	e	<b>建筑的建筑。</b>
14.1 and	18942. I have ver	rified that the distribution set for	th above, is in accordance with	h the requirements.
	ee Ann Ferg	gerson S	upervisor's Assistant	2-8-17
/	Print Name	,	Title	(Month, Day, Year)
	ion (If Applical (Name, Title) visor's Assist E-mail leeann.ferg mation et policy? Provide Title/Ex y agency? at the behest v's department of n' on Unit	ion (If Applicable)  (Name, Title)  visor's Assistant  E-mail leeann.fergerson@acg mation et policy? Yes No  Provide Title/Explenetion y agency? Yes No  at the behest No Yes  vis department or unit. • Use Se  vis department or unit. • Use Se  infor Unit Tickette)  Fass(es)  Alimber of Tickette) Fass(es)  4.1 and 18942. I have ver  Lee Arm Fere	// Assistant  E-mail   leeann.fergerson@acgov.org   mation   provide Title/Explanation   Date(s)   Date(s)   Provide Title/Explanation   y agency?   Yes   No   If no:	Date Stamp

-							
(	Ceremonia	I Role	<b>Events</b>	and Ticket	Pass	Distribu	tions

1. Agency Name				Date Stamp	California Q02			
Alameda County					Form OUZ			
	it, or Region (If Applicable	<u>;)</u>			For Official Use Only			
Board of Superviso	ors							
Designated Agency	Contact (Name, Title)							
Anna Gee				Amendment /Must pro	ovide explanation in Part 3.)			
Area Code/Phone N	umber E-mail				wide explanation in Fait 5.)			
510-891-5585	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)			
2. Function or Eve	nt Information			0	04.80			
Does the agency ha	ve a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ 📿	•			
Event Description	Provide Title/Exp	Mc	Date(s)	1,2,17	1,4,17			
Ticket(s)/Pass(es) p		Yes ☐ No [	⊠ If no: <u>Godd</u>	en State W Name of Sour	WVWS			
Was ticket distribution	on made at the behest	No ☐ Yes	If yes: Miley	, Nate				
of agency official?		NO L. Test	il yes.	Official's Name (La	ast, First)			
3. Recipients				*				
<ul> <li>Use Section A to identifi</li> </ul>	y the agency's department or	the state of the s	tion 8 to identify an individu	ual. • Use Section C to identif	y an certaide organization.			
A. Name of Agenc	y, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy			
Zos District	4 Stass	2	to reward a court of employed for the					
			exemplany					
	of Individual Leg Fast	Number of Ticket(s)/ Pass(es)		Identify one of the followin	9			
Spencer,	Michael	2	4 + 1 + 1 / 1 / 1 / 1 / 1	Other Discribe below:	Income			
			To promote	e attendance at an ev	ent ———			
				ounty facility in order				
				potential revenue fro				
			parking	and concession sales.				
	side Organization	Number of Ticket(s)/ Pass(es)	Describe the pub	Hic purpose made pursuant t	o the agency's policy			
in valley yn	CA L Maga	,	To reward a	non proft org	angerten tr			
5000 Pleasar	allerd.	4	their con-	fributions to	the comments			
preason	19 000							
YOUTH PROBR	AMS							
4. Verification	EPPC Regulations 18944 1 and	1 18942   have ve	rified that the distribution set f	orth above, is in accordance with	the requirements			
i nave reau and understand	1177 O Reduianons 19944. ( 800				and regulariteties.			
Signature of Agency He	ad or Designee	Anna Go	·	Executive Assistant	(Mgnth, Day, Year)			
Comment:								

-		='	E 4 -		T: -1 ((D)	D1 4 21	47
Cere	moniai	Role	Events	and	Ticket/Pass	LUSTER	บบบกร

1. /	Agency Name				Date Stamp	California QA2	
	•				Date Glamp	Form 802	
	lameda County ivision, Department, or Region (If Applicable)					For Official Use Only	
-	or region, Department, or region (if Applicable)						
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Anna Gee				Amendment (Must provide explanation in Part 3.)		
Ä	Area Code/Phone Number E-mail						
Ę	510-891-5585	anna.gee@	acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. F	Function or Event Information						
	oes the agency have a ticke	t policy?	f Each Ticket/Pass \$ 🚣	207·80			
Е	Event Description	hall Ga	lev State Warriers  Name of Source				
		Provide Title/Exp.					
T	cicket(s)/Pass(es) provided by	y agency?					
V	Vas ticket distribution made a	t the beheat		☑ If yes: Miley		u. 00	
	of agency official?	it the penest	No ☐ Yes	If yes:	Official's Name (I	Last. First)	
3. F	Recipients <sup>*</sup>						
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an autside argumization.						
7	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the pub	to the agency's policy		
<u>,</u>	Halthcare Services		Pass(es)		4 1 212	a la Maria de ala	
1			2	lo remaind a	county employ	ec for their passing	
-				servue 10 4	ne public		
(	City of plasartin		2	To promote attendance at an event			
-	R Name of Individual		Number of   hold at a Co.				
E	B. (Name of Individual)		Ticket(s)/ Pass(es)	held at a County facility in order to  maximize potential revenue from			
	Harnson Wathaniel				d concession sales.	Income	
				parking ark	2 001100001011 0411001		
			4		•		
_	·					. [7	
	Harrison, Wallamel		To promo	Ceremonial Role  If checking "Ceremon	Other Discribe below:	Income L	
				· ·			
				To promot	e health and wellnes	s to	
7	Name of Outside Organ	ization	Number of	vulnerable i	opulations such as for	oster	
34	(include address and description)		Ticket(s)/ Pass(es)	kids and se	niors that receive co	unty <sup>acy's policy</sup>	
-					services.		
-		-					
i. \	/erification				¥		
	have read and understand FPPC Requi	lations 18944.1 and	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance wi	th the requirements.	
-			Anna G	ee	Executive Assistant	21117	
	<del></del>	4	Print Nam	е	Title	(Month, Day, Year)	
_	Lamem VI	111vl	Ilin In	^			
(	Comment:	w n	414 71/	<b>V</b> .		<del></del>	

Δ	Pu	hl	ic	Doc	ım	ent
M	гu	w	II.	DUG	ul III	EIIL

				711 danie Boodinient	
. Agency Name		Date Stamp	California 802		
Alameda County			Form OUZ		
Division, Department, or Region (	lf Applicable)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name	e, Title)				
Anna Gee					
Area Code/Phone Number   E-m	nail	Amendment (Must provide e		rovide explanation in Part 3.)	
	na.gee@acgov.org		Date of Original Filing:	(Month, Day. Year)	
2. Function or Event Informat				(INORIN, Day, rear)	
Does the agency have a ticket pol		of Each Ticket/Pass \$ ${ extit{2}}$	04.80		
2 molecular	LAMB NOL	May State Warring			
Event Description	vide Title/Explanation				
Ticket(s)/Pass(es) provided by ago	ency? Yes ☐ No 🛛	If no: COV	Name of Source		
Was ticket distribution made at the	e behest No 🗌 Yes 🛛	If yes: Miley, Nate  Official's Name (Last, First)			
of agency official?					
. Recipients					
Use Section A to identify the agency's de	partment or unit. • Use Section	B to identify an individu	ual. • Use Section C to ident	lly an outside organization.	
A. Name of Agency, Department or	Unit Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's pol			
	Pass(es)	<u></u>			
		*	± *	•	
	Number of				
Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ng:	
0-1- 1-1-		Ceremonial Role	Other 📈	Income	
Miley, Nolan		If checking "Ceremon	ial Role" or "Other" describe below:		
1 '	2				
			attendance at an eve	ent	
July, Sarah		I I I at a Co	unty facility in order	to	
process , socration	2	nimiza r	notential revenue iio	111	
		narking a	and concession sales.		
Name of Outside Organization	Number of		Marie Company		
Name of Outside Organization (include address and descript		Describe the pub	lic purpose made pursuant	to the agency's policy	
		<del></del>		*	
Vorten				**	
I. Verification  I have read and understand FPPC Regulations	s 18944.1 and 18942. I have verifier	d that the distribution set fi	orth above, is in accordance wit	h the requirements.	
There is a said and said said and a said said said said said said said s			Executive Assistant	21.112	
Signature of Agency Head or Designee	Anna Gee		Title	(Month, Day, Year)	
ا ا	1 1.				
Comment: Waller Yuur	ed tille the				

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



_	ency Name Alameda County						
3.	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Un	Number of	Describe the public purpose made pursuant to the agency's policy				
				<u> </u>			
			√				
•	B, Name of Individual	Number of Ticket(s)	identify one of the following:				
	(Last First)	Pass(os)	Ceremonial Role Other	Income			
V	walter, christone	1	If checking "Ceremonial Role" or "Other" describe below:				
		171	To promote attendance at an event				
•			held at a County facility in order to maximize potential revenue from parking and concession sales.	Income			
•			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income			
			Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agence	cy's policy			
•							
•			\				