A Public Documen	ìŤ	Ì
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1.	Agency Name			<u></u>	Date Stamp	California 000
	Alameda County					Form 802
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		····		
	Briana Brown					
	Area Code/Phone Number			Amendment (Must p	rovide explanation in Part 3.)	
Talka o	5102726695	n2@acgov.or	g	Date of Original Filing:	(Month, Day, Year)	
2.	2. Function or Event Information					65 / 60
	Does the agency have a ticket		Yes 🛛 No [Face Value o	of Each Ticket/Pass \$ _	40 /45
	Event Description BaseBall G	Same		Date(s) q	, 1 , 18	9,5,18
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No 🖸	If no: Oaklar	nd Athletics Name of So	urce
	Was ticket distribution made a	t the behest	No ☐ Yes 🛭	If yes:		
	of agency official?				Official's Name (I	_ast, First)
3.	Recipients					
	 Say Saction a to mentify the organic; 	s department or		tion B to identify an individu	• Use Section C to Ident	ify an outside organization.
	A. Name of Acadesy Department	or continue	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				_		
	91					
	· · · · · · · · · · · · · · · · · · ·					
	Name of Individual	0	Number of Ticket(s)/ Pass(es)	a	Identify one of the followi	ng:
				Ceremonial Role	Other 🔲	Income
				If checking "Ceremonia	al Role" or "Other" describe below:	
			F 1			
	James Brown			To promote at	tondones et a O	
			2 .	event or event	tendance at a County s theld at a County facilit otential County revenue	v in order
				parking and co	oncession sales;	rom
	C. Name of Outside Organiz	zation	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agencyle patient
	(motovo audiess and desc	inpuorij — —	Pass(es)		par poor made par suant	spency s policy
	(€)	١				· · · · · · · · · · · · · · · · · · ·
	1 - 2					
4.	Verification	tions 480444	40040 4			2 4
	I have had and understand FPPC Regula	иолs 18944.1 and	18942. I have verif	fied that the distribution set fo	rth above, is in accordance with	the requirements.
	7		Briana Bro	wn S	Supervisor's Assistant	9/20/19
			Print Name		Title	(Month, Day, Year)
	Comment:		-			
					The second secon	

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) Briana Brown ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 5102726695 Date of Original Filing: briana.brown2@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ BaseBall Game **Event Description** Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest No ☐ Yes 🗵 If yes: _ of agency official? Official's Name (Last, First) 3. Recipients • Use Section E to identify an individual • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other Income 🔲 If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
North Hills Community Assoc PO. BOX 5844 Berkeley	Ö	reward a school or nonprofit
CAlifornia Northwest Education Dearthon Emerglille CA	7+ 4	organization for its contributions to the community;
Verification I pereread and anders and EPPC Regulations 18944.1 and	18942. I have ver	ified that the distribution set forth above, is in accordance with the requirements.

X	Print Name	Supervisor's Assistant	(Month, Day, Year)

Prione Due

Comment: ..

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) Briana Brown Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 5102726695 briana.brown2@acgov.org Date of Original Filing: 2. Function or Event Information (Month, Day, Year) Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$. Sam Smith **Event Description** Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Oakland Athletics Yes No 🛛 Name of Source Was ticket distribution made at the behest No ☐ Yes ☒ of agency official? If yes: _ Official's Name (Last, First) 3. Recipients Such on A to support in a agency's department or exist. Use Section B to identify an individual Use Section C to identify an outside organization. Number of He is stagency Cepartment or down Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) В. Number of Name of Individual. Ticket(s)/ Identify one of the following: Pass(es) Goodwin Owen To promote attendance at a County sponsored Income 4 event or event held at a County facility in order to maximize potential County revenue from parking and concession sales; Other 🔲 Ceremonial Role Income . If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Number of (include address and description) Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) 4

Verification	0044		
Ons 1	8944.1 and 18942. I have verified that the distribution Briana Brown Print Name	ttion set forth above, is in accordance with the re Supervisor's Assistant	equirements. 9/36/8 (Month, Day, Year)
Comment:			(monal, bay, rear)

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) Briana Brown Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 5102726695 briana.brown2@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information **0**0 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ Event Description BaseBall Game Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: _ of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the exercises department of and Is Section B to identify an individual Use Section C to identify an outside organization. Number of harne of Agency Department of Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) To reward a County employee for Defender office 4 his or her exemplary service to the public or to encourage staff development: Number of B. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income if checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Verification

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

Supervisor's Assistant Print Name

Comment: _

Title

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

1.	Agency Name	The second secon		Date Stamp	California OOO
	Alameda County			Date State	Form 802
	Division, Department, or Region (If Appl	icable)		-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
		,			
	Briana Brown Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
					ŕ
_		rown2@acgov.org	A A CONTRACTOR OF THE CONTRACT	Date of Original Filing	(Month, Day, Year)
۷.	Function or Event Information				003
	Does the agency have a ticket policy?	Yes 🛛 No 🗌		of Each Ticket/Pass \$ -	
	Event Description BaseBall Game		Date(s)	5 18	
	Provide Title	e/Explanation	. ,		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Oaklar	nd Athletics Name of Si	
	Was ticket distribution made at the beha	et N. Fiv E			ource
	of agency official?	est No ☐ Yes ⊠	lf yes:	Official's Name	(Last, First)
3.	Recipients	<u> </u>			
	• 0.50 Section A to occurring the agency's occurring	atorian e Que Senio	n B to identify an individu	ial. • Use Section C to idea	ntify an outside organization.
	A. Hame of Agency (separation) of time	Number of Ticket(s)/		lic purpose made pursuan	
		Pass(es)	Describe tile pub	nic purpose made pursuan	it to the agency's policy
	Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	vina:
		Pass(es)			
			Ceremonial Role If checking "Ceremoni	Other ial Role" or "Other" describe below:	Income
			Ceremonial Role		Income 🔲
			If checking "Ceremonia	al Role" or "Other" describe below:	_
	C. Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	t to the agency's policy
			reward a so	chool or nonprofit	t
	City slicker Farms	4	•	for its contributions	pto-
4	city stilker Farms 2847 Penalta & Oakland	, 7	to the commu	ınity;	
	Verification	7		State of Section 1997	
	I have reported understand FPPC Regulations 18944.	l and 18942. I have verifie	d that the distribution set fo	rth above is in accordance wi	th the service of
		Briana Brow			2/ /10
	e	Print Name		Supervisor's Assistan	4/50/10
	+ Parking Page (a)			ino	(Month, Day, Year)
	Comment: + Parking Pass (2)				

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) Briana Brown ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 5102726695 Date of Original Filing: briana.brown2@acgov.org (Month, Day, Year) 2. Function or Event Information 00 35 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes ⊠ No □ BaseBall Game 18 **Event Description** Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest No ☐ Yes 🗵 of agency official? Official's Name (Last, First) 3. Recipients Law Section A to storictly the agency's dependent • Use Section 5 to identify an indivioual. • Use Section C to identify an outside organization. Number of hans of Agency, Department or Unit Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Pass(es) Number of B. Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other Income . If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below: Number of

(include address and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
U.C. Berk LG-BT student center	4	reward a school or nonprofit
Center For Community Changs Remponerment	4	organization for its contributions to the community;
. Verification		

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

Briana Brown Supervisor's Assistant 10/5/6
Print Name Title (Month, Day, Year)

Comment: .

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) Briana Brown Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 5102726695 briana.brown2@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 10 **Event Description** If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Was ticket distribution made at the behest No ☐ Yes 🗵 If yes: _ of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the apericus department or wint Use Section 6 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) 05 To reward a County employee for 4 his or her exemplary service to the public or to encourage staff development: Number of B. Ticket(s)/ Identify one of the following: Pass(es) G utierrez Ceremonial Role Other [7] Income [If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County sponsored event or event held at a County facility in order to maximize potential County revenue from parking me 🔲 and concession sales;

Verification	Regulations 1894	44.1 and 18942. I have verified that the dis	stribution set forth above, is in accordance with the r	requirements.
ĝ		Briana Brown	Supervisor's Assistant	9/20/10
	10	Print Name	Title	(Month, Day, Year)
Comment: + Parking Pa	ass			

Number of

Ticket(s)/ Pass(es)

C.

Name of Outside Organization

(include address and description)

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (If Applicable) For Official Use Only **Board of Supervisors** Designated Agency Contact (Name, Title) Briana Brown Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 5102726695 briana.brown2@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information 00 Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ Event Description Rolling Loud Bay 16 Ticket(s)/Pass(es) provided by agency? If no: Oakland Athletics Yes No 🔀 Name of Source Was ticket distribution made at the behest No ☐ Yes 🗵 If yes: _ of agency official? Official's Name (Last, First) 3. Recipients Use Section A to resoluty the asymptotic and the Use Section B to identify an individual. ■ Use Section C to Identify an outside organization. Number of *late of Alexan Consument or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) To reward a County employee for D5 4 his or her exemplary service to the public or to encourage staff development: Number of B. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Ceremonial Role Other 🔲 income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other | Income . If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Number of Describe the public purpose made pursuant to the agency's policy (include address and description) Ticket(s)/ Pass(es)

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

Briana Brown Supervisor's Assistant

Print Name

Title

(Month, Oly, Year)

Verification

Comment: .

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name	The state of the s		Date Stamp	California OOO
	Alameda County				Form 802
	Division, Department, or Region (If Applicable)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	·			
					·
	Briana Brown			Amendment (Must pro	Ovide explanation in Part 2 I
	Area Code/Phone Number E-mail				ŕ
		n2@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				7000
		Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$	18
	Event Description BaseBall Game		_ Date(s)9	73	1 1
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes □ No 🏻	If no: Oaklar		
	Was ticket distribution made at the behest	_		Name of Soul	rce
	of agency official?	No ☐ Yes 🏻	If yes:	Official's Name (La	act Eirot)
2		<u> </u>		Omoral & Ivarrie La	ist, Filstj
٥,	Recipients • Use Section A to accountly the agency's inspersion of or	allse Section i	B to identify an individual.	ed a Han Parties Ct. id. (1)	
	4	Number of			fy an outside organization.
	A. Rank of Agency Department or time.	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
			· · · · · · · · · · · · · · · · · · ·		
	B. Name of Individual	Number of Ticket(s)/		Mantiferance of the female	
	(Last, First)	Pass(es)		Identify one of the followin	g:
				Other	Income 🔲
			If checking "Ceremoni	al Role" or "Other" describe below:	
			Ceremonial Role	Other 🗍	
			-	al Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	n the enemyla a th
		Pass(es)			——————————————————————————————————————
	school	18			
	Play Based 50hool suppor		reward	a school or nor	profit
	early learning and Education		organiz	zation for its contribu	utions
			to the c	community;	-
	Verification			and the second s	
	I have read and universtand FPPC Regulations 18944.1 and to	18942. I have verified t	that the distribution set fo	rth above, is in accordance with	the requirements.
٠		Briana Brown		Supervisor's Assistant	In/10/16
	ae	Print Name		Title	(Month, Day, Year)
					,, pay, rear/
	Comment:				

Ceremonial Role Events 1. Agency Name	and the second s				A Public Docume
Alameda County				Date Stamp	California 80
Division, Department, or Ro	egion (If Applicable)	<u> </u>			
	-S(n r upplicable)				For Official Use Only
Board of Supervisors Designated Agency Contact					
	X (Name, Title)				
Briana Brown					
Area Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·	Maria de la compansión de	Amendment (Must pro	vide explanation in Part 3.)
5102726695	briana.brown2@	acgov.org		Date of Original Filing:	· ·
2. Function or Event Info	ormation	Commence of the Commence of th	The state of the s		(Month, Day, Year)
Does the agency have a ticl	ket policy? Yes	⊠ No□	Face Value o	f Each Ticket/Pass \$	7755
Event Description T6P F	3ANK world Cho	information	Rodung a	acii fickeupass \$	
Event Description T6P F	Provide Title/Explanation	קווכוטו זיייי	Date(s)	128,18	
Ticket(s)/Pass(es) provided			· GA	Ian Stelle 1. lan	
mas(o), relea(oo) provided	by agency: Yes	□ No⊠	If no:	len Stelle Wan Name of Soun	MENZ
Was ticket distribution made	at the behest No	☐ Yes 🏻			,6
of agency official?		_ 100 🖂	If yes:	Official's Name (La	st. First)
. Recipients	the state of the s		The state of the s	the state of the s	
Use Section sclowledge the age	the appartment or and	• Use Section	B to identify an individua	a Hoa Continu Ca. to the	
A. Nation of Agency Departs	manufacture to the first state of	nuner of			
		cket(s)/ ass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
					The state of the s
Name of Individu		mber of			
(Lest, First)	Pe	cket(s)/ ass(es)		identify one of the following	:
Jason Jone			To promoto otto	adapas et a County ana	a a a a d
	4	1		ndance at a County spor eld at a County facility in	
			to maximize pote	ential County revenue fro	
			parking and con-	cession sales;	
			Ceremonial Role		1
				Other Role" or "Other" describe below:	Income
					Income
Name of Outside Outsid	N				Income
C. Name of Outside Organ	Scription Ticl	nber of ket(s)/	If checking "Ceremonial	Role" or "Other" describe below:	
C. Name of Outside Organ (include address and des	Scription Ticl		If checking "Ceremonial		
C. Name of Outside Organ (include address and des	Scription Ticl	ket(s)/	If checking "Ceremonial	Role" or "Other" describe below:	
C. Name of Outside Organ (include address and des	Scription Ticl	ket(s)/	If checking "Ceremonial	Role" or "Other" describe below:	
C. Name of Outside Organ (include address and des	Scription Ticl	ket(s)/	If checking "Ceremonial	Role" or "Other" describe below:	
C. Name of Outside Organ (include address and des	Scription Ticl	ket(s)/	If checking "Ceremonial	Role" or "Other" describe below:	
(include address and des	scription) Tic Pas	ket(s)/ ss(es)	If checking "Ceremonial Describe the public	Role" or "Other" describe below: purpose made pursuant to t	he agency's policy
(include address and des	scription) Tic Pas	ket(s)/ ss(es)	If checking "Ceremonial Describe the public	Role" or "Other" describe below: purpose made pursuant to t	he agency's policy
(include address and des	Jations 18944.1 and 18942.	ket(s)/ ss(es)	If checking "Ceremonial Describe the public	Role" or "Other" describe below: purpose made pursuant to t	he agency's policy
(include address and des	Jations 18944.1 and 18942.	ket(s)/ ss(es)	If checking "Ceremonial Describe the public and the distribution set forth	Role" or "Other" describe below: purpose made pursuant to t	he agency's policy

Comment: _

A Public Do	cument
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1. Agend	v Name		·		Date Stamp	California Ong		
_	da County				·	Form OUZ		
	, Department, or Regi	on (If Applicable	·)			For Official Use Only		
Board (of Supervisors							
	ated Agency Contact (Name.Title)						
Sarah (, ,						
	ode/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6693 sarah.oddie@acgov.org					Date of Original Filing:		
2. Function or Event Information						(Monat, Day, Tear)		
	e agency have a ticke		Yes⊠ No[¬ Face Value o	of Each Ticket/Pass \$ \$305.55 ticket/\$35 park			
	Event Description Football game				9 , 10 , 18	/		
Event D	escription	Provide Title/Expl						
Ticket(s	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakla							
	() () () () () () () () () ()				Name of S	ource		
	ket distribution made a ncy official?	it the behest	No 🗌 Yes [⊠ If yes: <u>Chan</u>	ı, VVIIma Official's Name	(Last First)		
	···		Omoral a Name	(Lust, 7 hus)				
3. Recip		u'a danariment ar	unit alleo Soo	tion B to identify an individ	ual allea Section C to ide	ntify an outside organization		
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual Number of							
Α. Ι	A. Name of Agency, Department or Unit			Describe the put	blic purpose made pursuant to the agency's policy			
				1, 5, 10, 10	- · · · · · · · · · · · · · · · · · · ·			
<u></u>		,						
B.	B. Name of Individual				Identify one of the follo	wing:		
	(Last, First)		Pass(es)					
Gordo	Gordon, James		2+1nork	Ceremonial Role If checking "Ceremo	Other	Income 📙		
						held at a County facility in		
				order to maximize	potential County reve	enue		
				Ceremonial Role		Income		
			3+1park	If checking "Ceremo	nial Role" or "Other" describe belov	v:		
				19				
	Name of Outside Orga	nization	Number of					
C.	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	public purpose made pursuant to the agency's policy			
								
						•		
4. Verifi	cation							
		ulations 18944.1 an	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.		
			Sarah O		Supervisor's Assista			
		e	Print Nan		Title	(Month, Day, Year)		
Comm	nent:					EDDC Form 902 (4(12)		

formia 802 or Official Use Only (anation in Part 3.) o, Day, Year) ticket/\$35 park
or Official Use Only Ilanation in Part 3.) in, Day, Year) ticket/\$35 park
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	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
Ī	Division, Department, or Regi	on (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				Date of Original Filing	
	(510) 272-6693	sarah.oddie(@acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	nation				\$200
	Does the agency have a ticke	t policy?	Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$.	\$200
	Event Description Sam Smith	1		Date(s)09	9 , 04 , 18	
	Event Description	Provide Title/Expl	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes No [If no: Golde	n State Warriors	Source
				_ Char		
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes [⊠ If yes: Char	Official's Name	(Last, First)
3.	Recipients					
٠.	Use Section A to identify the agency	y's department or	unit. • Use Sect	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy
			rass(es)			
				•		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
	Li, Rosanna			Ceremonial Role	Other Iniai Role" or "Other" describe below	Income
	Li, riocalina		4	To promote attend		held at a County facility in
				Ceremonial Role	<u> </u>	Income
			4	l .	onial Role" or "Other" describe belo	
	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	ant to the agency's policy
	.,,					
			:			
4.	Verification Theve read and understand FPPC Reg	uliations 18044 1 ar	nd 18942 I have ve	erified that the distribution se	t forth above, is in accordance	with the requirements.
	Theve that and unggistand FPFC Reg	wiauuns 10344.1 äl	Sarah O		Supervisor's Assista	
	signe	ee ——	Print Nan		Title	(Month, Day, Year)
	Comment:					

1.	Agency Name				Date Stamp	California On 9
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must pri	ovide explanation in Part 3.)
	(510) 272-6693	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation			<u> </u>	
	Does the agency have a ticke	t policy?	Yes⊠ No[Face Value o	of Each Ticket/Pass \$	\$200
	Event Description Childish G	ambino		Date(s) 09	9 , 27 , 18	·
	Event Boompton	Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golde			☑ If no: Golde	n State Warriors	Iron
				. Wilma		
	Was ticket distribution made a of agency official?	at the benest	No ☐ Yes [⊠ If yes: <u>Chan</u>	Official's Name (L	ast, First)
2	Recipients					
٠.	Use Section A to identify the agence	y's department o	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)			
	Number of					
	B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
					Other	Income [
	Huynh, Vinh		4	-	nial Role" or "Other" describe below:	old at a County facility in
]		potential County reven	eld at a County facility in ue
				Ceremonial Role	Other	Income
			4	If checking "Ceremo:	nial Role" or "Other" describe below:	
	— — — — — — — — — — — — — — — — — — —		Number of			
	Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
4.	Verification			I		
- 1	I have read and understand FPPC Reg	ulations 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	th the requirements.
			Sarah O	ddie	Supervisor's Assistan	t 09.25.2018
	signe	ee	Print Nam	ne	Title	(Month, Day, Year)
	Commont					
	Comment:		<u> </u>			

eleliioillai ivoie Even	to and the	RCUI 433 I	713(11)0(10)110		A Fublic Document
Agency Name		Date Stamp	California 802		
Alameda County					Form OUL
Division, Department, or Reg	jion (If Applicable	e)			For Official Use Only
Board of Supervisors	aard of Suparvisors				
Designated Agency Contact	(Name, Title)				
Sarah Oddie Area Code/Phone Number	IE-mail			Amendment (Must	t provide explanation in Part 3.)
(510) 272-6693	@acgov.org		Date of Original Filing	J:	
Function or Event Info	- Gaogov.org			(імопіп, Day, теаі)	
			T Face Value o	of Each Ticket/Pass \$	\$20
Does the agency have a tick	Yes⊠ No[_			
Event Description BTS	Provide Title/Exp		Date(s)	12 , 18	
	Provide Title/Exp	planation	Coldo	n State Warriors	
Ticket(s)/Pass(es) provided to	by agency?	Yes 🗌 No 🛭	If no: Golde	n State Warriors Name of S	Source
Mar tishet distribution made	at the beheat		☑ If yes: Chan		
Was ticket distribution made of agency official?	at the benest	No ☐ Yes [XI If yes:	Official's Name	e (Last, First)
 Recipients Use Section A to identify the agen 	cy's denartment o	runit • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
_	-	Number of			
A. Name of Agency, Departn	nent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursua	int to the agency's policy
B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follo	owing:
(Last, First)		Pass(es)		- Indiana of the control of the cont	
			Ceremonial Role		Income [
			If checking "Ceremo	nial Role" or "Other" describe belo	IW.
			Ceremonial Role	Other	Income [
				onial Role" or "Other" describe belo	
C. Name of Outside Org	anization	Number of Ticket(s)/	Describe the nu	iblic nurnose made pursu	ant to the agency's policy
(include address and d	lescription)	Pass(es)	Describe the pu	one purpose made pureu	ant to the agone, a pane,
Asian Health Services, 10	1 8th St.		To reward a school	ol or nonprofit organi	zation for its contributions
Oakland, CA 94607	1	4	to the community		
Month age consists for	ndornonical				
Health care services for u Asian populations	nderserved				
I. Verification					
I. Vermication I have read and understand FPPC Re	egulations 18944.1 a	and 18942. I have v	erified that the distribution se	t forth above, is in accordance	e with the requirements.
**		Sarah O		Supervisor's Assist	
r Desig	nee	Print Nar		Title	(Month, Day, Year)
•					
Comment:				P.	
					EDDC Earm 902 //

Agency Name			Date Stamp	California 802
Alameda County				Form OUZ
Division, Department, or Region	(If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Nar	me, Title)		1	
Sarah Oddie			☐ Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-	mail			
(510) 272-6693 sa	arah.oddie@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Informa	ition			\$100
Does the agency have a ticket po	olicy? Yes 🗵 No	_	of Each Ticket/Pass \$.	
Event Description J Balvin		Date(s)	9 , 20 , 18	
Pr	ovide Title/Explanation			
Ticket(s)/Pass(es) provided by a	gency? Yes□ No	If no: Golde	en State Warriors	Source
	and the least of t	- Char		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Was ticket distribution made at the of agency official?	ne behest No ☐ Yes	lf yes: Char	Official's Name	(Last, First)
-				
 Recipients Use Section A to identify the agency's 	department or unit. ● Use Se	ection B to identify an individ	dual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department	or Unit Number of Ticket(s)/	T	blic purpose made pursua	
	Pass(es)			
		1		
	7,554,77			
B. Name of Individual	Number of Ticket(s)/		Identify one of the follo	owing:
B. Name of Individual	Number of			
(Last, First)	Number of Ticket(s)/	Ceremonial Roie	Other	Income [
B. Name of Individual (Last, First) Calpotura, Francis	Number of Ticket(s)/	If checking "Ceremon To reward a comme	Other Onial Role" or "Other" describe below	Income [
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonia To reward a common public	Other onial Role" or "Other" describe below munity volunteer for hi	Income [w: is or her service to the
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonial Role	Other onial Role" or "Other" describe below munity volunteer for hi	Income [is or her service to the Income [
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonial Role	Other Other Other describe below	Income [is or her service to the
(Last, First)	Number of Ticket(s)/ Pass(es)	If checking "Ceremonial Role	Other Other Other describe below	Income [is or her service to the
(Last, First)	Number of Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/	If checking "Cereming To reward a common public Ceremonial Role If checking "Cereming Cereming Tereming Terming Tereming Teremin	Other Donial Role" or "Other" describe below munity volunteer for hi Other Donial Role" or "Other" describe helo	Income [is or her service to the
Calpotura, Francis Calpotura, Francis	Number of Ticket(s)/ Pass(es) 2 ation iption) Number of Ticket(s)/ Pass(es) Vale Ave	If checking "Cereminal To reward a communic Ceremonial Role of the checking "Cereminal Cereminal	Other Conial Role" or "Other" describe below munity volunteer for his Other Conial Role" or "Other" describe below ublic purpose made pursua	Income [is or her service to the income [
C. Name of Outside Organization (include address and described to Unity Council, 1900 Fruit	Number of Ticket(s)/ Pass(es) 2 ation iption) Number of Ticket(s)/ Pass(es) vale Ave 2	To reward a community public Ceremonial Role if checking "Ceremonial Role of the public of the publ	Other Conial Role" or "Other" describe below munity volunteer for his Other Conial Role" or "Other" describe below ublic purpose made pursua	is or her service to the income [
C. Name of Outside Organiza (include address and described Each, Oakland, CA 94601) Social equity development no Oakland Verification	Number of Ticket(s)/ Pass(es) 2 Aution Siption Ticket(s)/ Pass(es) vale Ave 2 onprofit in	To reward a compublic Ceremonial Role If checking "Cerem Describe the procession of the community	Other Conial Role" or "Other" describe below munity volunteer for his onial Role" or "Other" describe below onial Role" or "Other" describe below ublic purpose made pursual ol or nonprofit organization	is or her service to the Income Incom
C. Name of Outside Organiza (include address and described to Each Calpotura). The Unity Council, 1900 Fruit Suite 2A, Oakland, CA 94601. Social equity development no Oakland	Number of Ticket(s)/ Pass(es) 2 Ation iption Number of Ticket(s)/ Pass(es) Vale Ave 2 Appropriate in Pass(es)	To reward a community Describe the put to the community Verified that the distribution see	Other Onial Role" or "Other" describe below munity volunteer for him of the other Ot	is or her service to the income income can to the agency's policy zation for its contributions
C. Name of Outside Organiza (include address and described Each, Oakland, CA 94601) Social equity development no Oakland Verification	Number of Ticket(s)/ Pass(es) 2 Aution Siption Ticket(s)/ Pass(es) vale Ave 2 onprofit in	To reward a compublic Ceremonial Role of the checking "Ceremonial Role of the community of	Other Conial Role" or "Other" describe below munity volunteer for his onial Role" or "Other" describe below onial Role" or "Other" describe below ublic purpose made pursual ol or nonprofit organization	is or her service to the income come come come come come come contributions as with the requirements.

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Δ	Pι	ıhl	lic.	Doc	um	ent

	Agency Name		·	. Date Stamp	California Q02	
	Alameda County		Form 002			
	Division, Department, or Region (If App.		For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6693 sarah.o	ddie@acgov.org		Date of Original Filing:	(Month, Day, Year)	
_	Function or Event Information					
	Does the agency have a ticket policy?	Yes⊠ No[☐ Face Value	of Each Ticket/Pass \$ -	\$97.55	
	Event Description World Championsh	nip Boxing	Date(s)	9 , 28 , 18		
	Provide Til	tle/Explanation				
	Ticket(s)/Pass(es) provided by agency	? Yes ☐ No 🏻	If no: Gold	en State Warriors		
				Name of S	ource	
	Was ticket distribution made at the beh of agency official?	nest No ☐ Yes [✓ If yes: Cha	Official's Name	(Last, First)	
5.		Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				
-	A. Name of Agency, Department or Unit	Number of				
	A. Name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the p	cribe the public purpose made pursuant to the agency's policy		
		1				
		·				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follo	wing:	
	B. Name of Individual					
		Ticket(s)/	Ceremonial Rol If checking "Ceren		Income	
		Ticket(s)/	1	e Other D	Income	
		Ticket(s)/	1	e	Income	
		Ticket(s)/	If checking *Ceren Ceremonial Rol	e Other or "Other" describe below	Income Income	
		Ticket(s)/	If checking *Ceren Ceremonial Rol	e	Income Income	
		Ticket(s)/	If checking *Ceren Ceremonial Rol	e Other or "Other" describe below	Income Income	
	(Last, First)	Ticket(s)/ Pass(es)	If checking *Ceren Ceremonial Rol If checking *Ceren	other contail Role" or "Other" describe below on Other contail Role" or "Other" describe below on Other contail Role" or "Other" describe below	Income Income	
		Ticket(s)/ Pass(es)	If checking *Ceren Ceremonial Rol If checking *Ceren	e Other or "Other" describe below	Income Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceren Ceremonial Rol If checking "Ceren Describe the p	Other on onial Role" or "Other" describe below Other onial Role" or "Other" describe below onial Role" or "Other" describe below	Income In	
	C Name of Outside Organization	Number of Ticket(s)/ Pass(es)	If checking "Ceren Ceremonial Rol If checking "Ceren Describe the p	Other on onial Role" or "Other" describe below Other onial Role" or "Other" describe below onial Role" or "Other" describe below oublic purpose made pursua	Income Income	
	C. Name of Outside Organization (include address and description) Deputy Sheriff's Activities League, E 14th St, San Leandro, CA 94578	Number of Ticket(s)/ Pass(es)	Ceremonial Rol If checking "Ceren Describe the p	Other on onial Role" or "Other" describe below Other onial Role" or "Other" describe below onial Role" or "Other" describe below oublic purpose made pursua	Income In	
	C. Name of Outside Organization (include address and description) Deputy Sheriff's Activities League,	Number of Ticket(s)/ Pass(es)	Ceremonial Rol If checking "Ceren Describe the p	Other on onial Role" or "Other" describe below Other onial Role" or "Other" describe below onial Role" or "Other" describe below oublic purpose made pursua	Income In	
4	C. Name of Outside Organization (include address and description) Deputy Sheriff's Activities League, E 14th St, San Leandro, CA 94578 Youth sports/activities league in unincorporated Alameda County	Number of Ticket(s)/ Pass(es)	Ceremonial Rol If checking "Ceren Describe the p	Other on onial Role" or "Other" describe below Other onial Role" or "Other" describe below onial Role" or "Other" describe below oublic purpose made pursua	Income Income	
4.	C. Name of Outside Organization (include address and description) Deputy Sheriff's Activities League, E 14th St, San Leandro, CA 94578 Youth sports/activities league in	Number of Ticket(s)/ Pass(es) 16335 4	Ceremonial Rol If checking "Ceren Describe the p To reward a scho to the community	Other	Income In	
4.	C. Name of Outside Organization (include address and description) Deputy Sheriff's Activities League, E 14th St, San Leandro, CA 94578 Youth sports/activities league in unincorporated Alameda County Verification	Number of Ticket(s)/ Pass(es) 16335 4	Ceremonial Rol If checking "Ceren Describe the p To reward a scho to the community	Other	Income In	

	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Regi	on (If Applicable		For Official Use Only			
	Board of Supervisors						
Ī	Designated Agency Contact (Name,Title)	· · ·		1		
	Sarah Oddie				Amendment (Must prov	ide explanation in Part 3)	
7	Area Code/Phone Number	E-mail		-		ide explanation in a dit d.y	
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
	Function or Event Infor	mation			\$30	04.80 ticket/\$30 nark	
	Does the agency have a ticke		Yes⊠ No[of Each Ticket/Pass \$ _ \$30	74.00 licker 400 park	
	Event Description Basketball	Game		Date(s)	9 , 30 , 18		
	270,112 200011 201011	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No			If no: Golde	en State Warriors	<u> </u>	
				☑ If yes: Char			
	Was ticket distribution made a of agency official?	at the benest	No ☐ Yes [⊠ If yes:	Official's Name (Las	st, First)	
	Recipients • Use Section A to identify the agence	v's department or	unit. • Use Sec	tion B to identify an individ	iual. • Use Section C to identify	/ an outside organization.	
	A. Name of Agency, Departme	· · · · · · · · · · · · · · · · · · ·	Number of		blic purpose made pursuant to		
	A. Name of Agency, Departme	ent of onit	Ticket(s)/ Pass(es)	Booting the pa	The purpose made paradame to the agency a policy		
	9						
			N				
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the following	g:	
			Pass(es)	Ceremonial Role	Other 🗌	!ncome [
	Kubo, Theresa				onial Role" or "Other" describe below:		
			2		dance at a(n) event he		
					potential County revenu		
	Danamaia Aliaan			Ceremonial Role	Other Other on "Other" describe below:	Income	
	Dagenais, Alison		2	_	dance at a(n) event he	ld at a County facility in	
					potential County revenu		
	C. Name of Outside Orga	Nome of Outside Organization				-41	
	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant t	o the agency's policy	
					······································	****	
<u> </u>	Verification						
т.	I have read and understand FPPC Reg	gulations 18944.1 a	nd 18942. I have v	erified that the distribution se	et forth above, is in accordance with	the requirements.	
	<u>.</u>		Sarah O	ddie	Supervisor's Assistant	10.01.2018	
						(Month, Day, Year)	
	ad or Design	ee	Print Nar	ne	Title	(MOILLI, Day, Tear)	

Agency Name				Date Stamp	California 202
Alameda County					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	provide explanation in Part 3.)	
(510) 272-6693		e@acgov.org		Date of Original Filing	:(Month, Day, Year)
Function or Event In					
Does the agency have a t		Yes⊠ No[7 Face Value	of Each Ticket/Pass \$	\$40
- ·		100 2		9 , 01 , 18	
Event Description Baseb	Provide Title/Ex	planation	Date(s)		
·			⊠ If no: Oakla	and A's	
Ticket(s//1 ass(cs) provide	sa by agonoy.	162 🗆 140 E		Name of S	Source
Was ticket distribution ma	de at the behest	No 🗌 Yes 🏻	⊠ If yes: <u>Cha</u>	n, VVIIMa Official's Name	(l ast First)
of agency official?				Onicial 3 (Vario	, (2000, 1 1101)
Recipients	Recipients				antify an outside organization
Use Section A to identify the a	Use Section A to identify the agency's department or unit.				
A. Name of Agency, Dep	artment or Unit	Ticket(s)/ Pass(es)	Describe the p	iblic purpose made pursua	int to the agency's policy
B. Name of Ind		Number of Ticket(s)/		Identify one of the follo	owing:
B. Name of Ind			Ceremonial Rol		owing:
B. Name of Ind		Ticket(s)/ Pass(es)	If checking "Ceren	e Other on Other on Other	income [
(Last, Fire		Ticket(s)/	If checking "Ceren	e Other or "Other" describe belo	Income [w: t held at a County facility i
(Last, Fire		Ticket(s)/ Pass(es)	If checking "Ceren To promote atten order to maximiz	other Other or "Other" describe belo dance at a(n) event e potential County rev	Income [w: t held at a County facility i enue
(Last, Fire		Ticket(s)/ Pass(es)	If checking "Ceren To promote atten order to maximize Ceremonial Rol	other Other or "Other" describe belo dance at a(n) event e potential County rev	Income [w: t held at a County facility i renue Income
(Last, Fire		Ticket(s)/ Pass(es)	If checking "Ceren To promote atten order to maximize Ceremonial Rol	Other Other Other describe belowed ance at a(n) evente potential County rev	Income [w: t held at a County facility i renue Income
Austin, Gwen	it)	Ticket(s)/ Pass(es) 2	If checking "Ceren To promote atten order to maximize Ceremonial Rol	Other Other Other describe belowed ance at a(n) evente potential County rev	Income (w: t held at a County facility i renue
Austin, Gwen	Organization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceren To promote atten order to maximiz. Ceremonial Rol If checking "Ceren	Other Other Other describe belowed ance at a(n) evente potential County rev	Income [w: t held at a County facility i renue Income [
Austin, Gwen	Organization	Ticket(s)/ Pass(es) 2 2 Number of	If checking "Ceren To promote atten order to maximiz. Ceremonial Rol If checking "Ceren	Other	Income (w: t held at a County facility i renue Income
Austin, Gwen	Organization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceren To promote atten order to maximiz. Ceremonial Rol If checking "Ceren	Other	Income (w: t held at a County facility i renue Income
Austin, Gwen	Organization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceren To promote atten order to maximiz. Ceremonial Rol If checking "Ceren	Other	Income (w: t held at a County facility i renue Income
Austin, Gwen	Organization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceren To promote atten order to maximiz. Ceremonial Rol If checking "Ceren	Other	Income Income Income It held at a County facility income Income
Austin, Gwen C. Name of Outside (include address a	Organization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceren To promote atten order to maximiz. Ceremonial Rol If checking "Ceren	Other	Income Income Income It held at a County facility income Income
Austin, Gwen C. Name of Outside (include address a	Organization nd description)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceren To promote atten order to maximiz. Ceremonial Rol If checking "Ceren Describe the p	onial Role" or "Other" describe beloed ance at a(n) evente potential County revented to the potential County of the potential County of the potential Role" or "Other" describe beloege to the purpose made pursuit purp	Income (theld at a County facility in the income (Incom
Austin, Gwen C. Name of Outside (include address a	Organization nd description)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceren To promote atten order to maximiz. Ceremonial Rol If checking "Cerer Describe the p	onial Role" or "Other" describe beloed ance at a(n) evente potential County revented to the potential County of the potential County of the potential Role" or "Other" describe beloege to the purpose made pursuit purp	Income [w: t held at a County facility i renue Income [w: ant to the agency's policy e with the requirements.

. Agency Name				Date Stamp Ca	alifornia 802	
Alameda County			Form 002			
Division, Department	t, or Region (If Applicable		For Official Use Only			
Board of Supervisor	rs					
Designated Agency						
Sarah Oddie					otensia in Dest 21	
Area Code/Phone Nu	ımber E-mail			Amendment (Must provide e	xplanation in Part 3.)	
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:(Mo	nth, Day, Year)	
. Function or Ever	nt Information			+004	ickot/\$20 parking	
Does the agency have	e a ticket policy?	Yes⊠ No[of Each Ticket/Pass \$ \$90 t	icker#20 parking	
Event Description B	aseball game		Date(s)	9 , 01 , 18		
	Provide Title/Exp	planation				
Ticket(s)/Pass(es) pr	ovided by agency?	Yes ☐ No [☑ If no: Oakla	Name of Source		
Mae ticket dietributio	n made at the behest	No ☐ Yes [If yes: Char			
of agency official?	if made at the benest	No □ Yes (△ IT yes	Official's Name (Last, Fir	rst)	
3. Recipients						
Use Section A to identif	y the agency's department o	runit. • Use Sec	tion B to identify an individ	lual. • Use Section C to identify an	outside organization.	
A. Name of Agency	, Department or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant to the	agency's policy	
		Pass(es)				
		ļ				
				<u> </u>		
B. Name	of Individual	Number of		Identify one of the following:		
D. Hame	(Last, First)	Ticket(s)/ Pass(es)		identity one of the following:		
D T-1-			Ceremonial Role		Income	
Bazely, Toby		3+p	i e	onial Role" or "Other" describe below: dance at a(n) event held a	t a County facility in	
				potential County revenue		
			Ceremonial Role	Other	Income [
		3+p	If checking "Ceremo	onial Role" or "Other" describe below:		
		0.b				
		Number of				
	C. Name of Outside Organization (include address and description)		Describe the pu	iblic purpose made pursuant to the	e agency's policy	
		Pass(es)		·		
			=			
		 				
		· -				
4. Verification						
	d FPPC Regulations 18944.1 a	and 18942. I have v	erified that the distribution se	et forth above, is in accordance with the	requirements.	
	1.	Sarah O	ddie	Supervisor's Assistant	09.25.2018	
_	nsignee	Print Nar		Title	(Month, Day, Year)	
-						
Comment:					EDDC 5 003	

Ceremonial Role Events and Ticket/Pass Distributions

	Agency Name				Date Stamp	California 202
	Alameda County	•		Form 002		
	Division, Department, or Reg	on (If Applicable)		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Sarah Oddie				ide and a land a	
	Sarah Oddie Area Code/Phone Number E-mail				Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693 sarah.oddie@acgov.org				Date of Original Filing:	(Month, Day, Year)
· .	Function or Event Infor	mation				\$35
	Does the agency have a ticke	t policy?	Yes⊠ No[_	of Each Ticket/Pass \$ _	
	Event Description Baseball o	jame		Date(s)09	9 , 02 , 18	
	Event besorption	Provide Title/Expl	enation			
	Ticket(s)/Pass(es) provided b	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakl				ource
	Men ticket distribution made	at the beheat				
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes 🛭	☑ If yes: Char	Official's Name	(Last, First)
>	Recipients					
٦.	Use Section A to identify the agence	y's department or	lual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
			rass(es)		<u> </u>	
	B. Name of Individu	ıal	Number of Ticket(s)/		Identify one of the follo	wing:
	(Last, First)		Pass(es)			Income
				Ceremonial Role If checking "Ceremo	Other U Onial Role" or "Other" describe below	
		·		Ceremonial Role		Income
				If checking "Ceremo	onial Role" or "Other" describe belov	y:
	Name of Outside Orga	nization	Number of			
	Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	nt to the agency's policy
	Alamada County Social Services			To promote attend	dance at a(n) event	held at a County facility in
	Alameda County Social Services Agency, 2000 San Pablo, Oakland CA		2	order to maximize	potential County reve	enue
	Public agency					
	i unic agency					
4	Verification			l		
••	I have read and understand FPPC Re	gulations 18944.1 ar	nd 18942. I have ve	erified that the distribution se	et forth above, is in accordance	with the requirements.
			Sarah O	ddie	Supervisor's Assista	ant 09.25.2018
	7	ee	Print Nan	ne	Title	(Month, Day, Year)
	Comment:					

		Date Stamp	California 802
			Form OUL
)			For Official Use Only
			
		Amendment (Must	t provide explanation in Part 3.)
a Code/Phone Number			
Function or Event Information			
Yes⊠ No 🗆	Face Value o	of Each Ticket/Pass \$	\$45
olanation	Date(s)	9 , 04 , 18	
Yes□ No 🛚	_	Name of S	Source
No ☐ Yes 🛭	☑ If yes: Char	n, Wilma Official's Name	e (Last, First)
r unit. • Use Sect	ion B to identify an individ	lual. • Use Section C to ide	entify an outside organization.
Number of Ticket(s)/			
Number of		Identify one of the folio	owing:
Pass(es)	Ceremonial Role		Income [
2	To reward a comm		
2	Ceremonial Role		Income [
Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursu	ant to the agency's policy
		ñ	
400404	aifad that the distance	of forth above, is in accordance	e with the requirements
and 18942. I have ve		et forth above, is in accordance Supervisor's Assist	
	Yes No No No No No No No Yes No Yes No	Yes No Face Value of Date(s) Date(s) Oscionation	Amendment (Must

- A			2.23.1000.00	D-1- 010	California Con
I. Agency Name		Date Stamp	California 802		
Alameda County	A as Danies access		For Official Use Only		
Division, Departmer	it, or Region (If Applicable				
Board of Superviso					
Designated Agency	Contact (Name, Title)				
Sarah Oddie				Amendment (Must r	provide explanation in Part 3.)
Area Code/Phone N	umber E-mail			Amendment (mast p	HOVIDE EXPIANATION IN FAIT 3.)
(510) 272-6693	sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Eve	nt Information				N400 (* 1 1/000 1 1 · · ·
Does the agency ha	ve a ticket policy?	Yes⊠ No[Face Value o	of Each Ticket/Pass \$ 🗳	\$100 ticket/\$20 parking
Event Description	saseball game		Date(s)		1 1
Event Description _	Provide Title/Ex	planation			
Ticket(s)/Pass(es) p	rovided by agency?	Yes □ No [If no: Oakla	nd A's	
		100 🗀 110 🗈	_	Name of So	ource
	on made at the behest	No□ Yes[☑ If yes: <u>Chan</u>	ı, vviima Official's Name i	(Last First)
of agency official?				Official's (Varie)	Last, / Haty
3. Recipients				and the Continue Official	Att
Use Section A to identi	fy the agency's department of	Number of	tion B to identify an individ	ual. • Use Section C to ider	ntiry an outside organization.
A. Name of Agend	y, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
		1 20(20)			
	er e Francis	Number of			
B. Name	of Individual (Last, Firsi)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role	Other	Income 🗌
			If checking "Ceremo	nial Role" or "Other" describe below.	
			Ceremonial Role	Other onial Role" or "Other" describe below	Income
			in checking derenio	mar Note of Other accompc below	•
Name of O	utside Organization	Number of			
	ress and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
Sonl condro Choi	mber of Commerce, 12	20	To promote attend	lanceevent held at a	County
	n Leandro, CA 94577	6+1p	facilitymaximize	potential County reve	nueconcession sales
· · · · · · · · · · · · · · · · · · ·					
	organization in San				
Leandro					
4. Verification	nd EDDO Damulations 19044.1	and 19042. I have us	orified that the distribution sat	t forth above is in accordance.	with the requirements
i nave read and understay	FPPC Regulations 18944.1				
_	-:-	Sarah O		Supervisor's Assista	
<	signee	Print Nan	ne	Title	(Month, Day, Year)
Comment:					
Comment:		· · · ·			EDDC Form 902 (4/12)

Δ	Pu	Ы	ic	Dog	2111	me	nt
_	- u	ы		$-\infty$	- U		

	Agency Name				Date Stamp	California Q02
	Alameda County					Form OUZ
	Division, Department, or Regi	on (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			Data of Osininal Filings	
	(510) 272-6693	sarah.oddie@)acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation			¢	:100 ticket/\$20 parking
	Does the agency have a ticke		Yes⊠ No□	_	of Each Ticket/Pass \$ _	TOO tlokeby20 parking
	Event Description Baseball g	jame		Date(s)	09 , 04 , 18	
		Provide Title/Expla	nation	Oakl	and A's	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛭	If no: Oakl	Name of So	urce
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes 🛭	If yes: Cha	on, Wilma Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or ι	ınit. • Use Secti	ion B to identify an indivi	idual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	t to the agency's policy
						Я
	B. Name of Individu	ual	Number of Ticket(s)/ Pass(es)	Ceremonial Rol If checking "Ceren	Identify one of the follow other nonial Role" or "Other" describe below:	ving:
				Ceremonial Rol If checking "Ceren	e	Income [
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the p	oublic purpose made pursuan	nt to the agency's policy
	St. Joseph Notre Dame Hi 1011 Chestnut St, Alamed		6+1p	To reward a school to the community		ation for its contributions
	School in Alameda					
4.	. Verification I have read and understand FPPC Reg	gulations 18944.1 and	d 18942. I have ve	rified that the distribution s	eet forth above, is in accordance v	vith the requirements.
	n		Sarah Od		Supervisor's Assistar	
			and the Co	IUIC	Carci Atoni a Waaiafai	1. 00.20.2010
	Design	ee	Print Name		Title	(Month, Day, Year)

er emo					1	EL 1915 WHO I 927 SHE SHE SHE
Agency	y Name				Date Stamp	California 802
Alamed	a County					Form OOL
Division,	, Department, or Regi	on (If Applicable		For Official Use Only		
Board o	of Supervisors					
Designa	ted Agency Contact (Name, Title)				
Sarah C	Oddie				Amendment (Mus	st provide explanation in Part 3.)
Area Co	de/Phone Number	E-mail				
(510) 27	72-6693	sarah.oddie	@acgov.org		Date of Original Filing	g:(Month, Day, Year)
. Functi	on or Event Infor	mation		,		\$100 ticket/\$20 parking
	e agency have a ticke		Yes⊠ No[Face Value	of Each Ticket/Pass \$	\$100 ticket/\$20 parking
Event De	escription Baseball g	jame		Date(s)	04 , 18	
Evolue D	occupation <u></u>	Provide Title/Exp	lanation			
Ticket(s))/Pass(es) provided b	y agency?	Yes No [☑ If no: Oakla	nd A's	Source
				_ Char		Source
	cet distribution made a	at the behest	No ☐ Yes [⊠ If yes: Char	Official's Nam	e (Last, First)
	<u> </u>					
. Recipi		v's denartment or	unit • Lise Sec	tion B to identify an individ	ual. • Use Section C to id	lentify an outside organization.
-	lame of Agency, Departme		Number of Ticket(s)/			ant to the agency's policy
 B.	Name of Individu (Lest, First)	al	Number of Ticket(s)/ Pass(es)		identify one of the follo	owing:
В.		al	Ticket(s)/	Ceremonial Role If checking *Ceremo	<u> </u>	Income [
В.		al	Ticket(s)/	If checking *Ceremo Ceremonial Role	Other Donlal Role" or "Other" describe belo	Income I
B		nization	Ticket(s)/	If checking *Ceremo Ceremonial Role If checking *Ceremo	Other Donial Role" or "Other" describe belo	Income I
C.	(Lest, First) Name of Outside Orga	nization scription) lub, 401	Ticket(s)/ Pass(es) Number of Ticket(s)/	If checking "Ceremonial Role If checking "Cer	Other Dinial Role" or "Other" describe belo	Income C
C. San Le	Name of Outside Orga (include address and de eandro Boys+Girls C a Blvd, San Leandro, services/program no	nization scription) lub, 401 CA 94577	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Role If checking a school of the public Role of the pub	Other Dinial Role" or "Other" describe belo	Income In
C. San Le Marina Youth Leand	Name of Outside Orga (include address and de eandro Boys+Girls C a Blvd, San Leandro, services/program no ro	nization scription) lub, 401 CA 94577 onprofit in San	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial Describe the put To reward a school to the community	Other Dinial Role" or "Other" describe below on all Role" or "Other" describe below on all Role" or "Other" describe below on the purpose made pursuable or nonprofit organi	Income In
C. San Le Marina Youth Leand	Name of Outside Orga (include address and de eandro Boys+Girls C a Blvd, San Leandro, services/program no ro	nization scription) lub, 401 CA 94577 onprofit in San	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking *Ceremonial Role	Other Dinial Role" or "Other" describe below on all Role" or "Other" describe below on all Role" or "Other" describe below on the purpose made pursuable or nonprofit organi	Income In

Agency Name			Date Stamp	California 802
Alameda County]	Form For Official Use Only
Division, Department, or Region (If Ap	oplicable)			1 of Official Osc Office
Board of Supervisors Designated Agency Contact (Name, Ti	tle)			
Sarah Oddie	,			
Area Code/Phone Number E-mail			Amendment (Must	t provide explanation in Part 3.)
	.oddie@acgov.org		Date of Original Filing	(Month, Day, Year)
Function or Event Information				(моліп, рау, чеаг)
		T Face Value (of Each Ticket/Pass \$	45
Does the agency have a ticket policy	? Yes⊠ No[
Event Description Baseball game	Title/Explanation	Date(s)	05 , 18	
Provide	Iitie/Explanation			
Ticket(s)/Pass(es) provided by agend	cy? Yes ☐ No [If no: Oakla	Name of S	Source
Was ticket distribution made at the be	phoet N Elv.	⊠ If yes: Char	ı. Wilma	
of agency official?	ehest No□ Yes[XI If yes:	Official's Name	e (Last, First)
Recipients • Use Section A to identify the agency's depart	tment or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Un	Number of Ticket(s)/		blic purpose made pursua	
	Pass(es)			
	1 200(00)			
	, 200(00)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the follo	owing:
B. Name of Individual	Number of	Ceremonial Role If checking "Ceremo	Other	Income [
B. Name of Individual	Number of Ticket(s)/	If checking "Ceremo	Other onial Role" or "Other" describe belo	Income [
B. Name of Individual	Number of Ticket(s)/ Pass(es)	If checking "Ceremo	Other onial Role" or "Other" describe beloe danceevent held at potential County revi	Income [w: a County
B. Name of Individual	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role	Other onial Role" or "Other" describe beloe danceevent held at potential County revi	Income [w: a County enueconcession sales !ncome [
B. Name of Individual	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role	Other or "Other" describe belo danceevent held at potential County revi	Income [w: a County enueconcession sales !ncome [
B. Name of Individual	Number of Ticket(s)/ Pass(es) 2	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role	Other or "Other" describe belo danceevent held at potential County revi	Income [w: a County enueconcession sales !ncome [
B. Name of Individual	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other Other Other or "Other" describe below and Role" or "Other" describe below and Role" or "Other Other" describe below and Role" or "Other" describe below and Role was a recommendation of the Role of Rol	Income [a County enueconcession sales
B. Name of Individual (Last, First) Lam, Marianne Name of Outside Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other Other Other or "Other" describe below and Role" or "Other" describe below and Role" or "Other Other" describe below and Role" or "Other" describe below and Role was a recommendation of the Role of Rol	Income [a County enueconcession sales Income [
B. Name of Individual (Last, First) Lam, Marianne Name of Outside Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other Other Other or "Other" describe below and Role" or "Other" describe below and Role" or "Other Other" describe below and Role" or "Other" describe below and Role was a recommendation of the Role of Rol	Income C a County enueconcession sales Income C
B. Name of Individual (Last, First) Lam, Marianne Name of Outside Organization	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo	Other Other Other or "Other" describe below and Role" or "Other" describe below and Role" or "Other Other" describe below and Role" or "Other" describe below and Role was a recommendation of the Role of Rol	Income [a County enueconcession sales Income [
B. Name of Individual (Last, First) Lam, Marianne C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other Dinial Role" or "Other" describe belo danceevent held at potential County revolution of the County revolution of the County of the Co	a County enueconcession sales !ncome [
B. Name of Individual (Last, First) Lam, Marianne C. Name of Outside Organization (include address and description	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend facilitymaximize Ceremonial Role If checking "Ceremo Describe the pu	Other Dinial Role" or "Other" describe belo danceevent held at potential County revolution of the County revolution of the County of the Co	Income C a County enueconcession sales Income C Income

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Ager	ncy Name				Date Stamp G	alifornia 202
_	eda County					Form 002
	on, Department, or Regi	on (If Applicable				For Official Use Only
Board	d of Supervisors					
Desig	nated Agency Contact (Name, Title)			7	
Saral	h Oddie				Amendment (Must provide a	explanation in Part 3.)
Area (Code/Phone Number	E-mail				explanation in Fan 3.)
(510)	272-6693	sarah.oddie	@acgov.org		Date of Original Filing:(Mo	onth, Day, Year)
Fund	ction or Event Infor	mation				40
Does	the agency have a ticke	t policy?	Yes⊠ No[of Each Ticket/Pass \$	
Event	t Description Baseball g	jame		Date(s)(09 , 07 , 18	
LVCIII	C Doodinption	Provide Title/Exp	lanation			
Ticket	t(s)/Pass(es) provided b	y agency?	Yes ☐ No 🛭	If no: Oakl	and A's Name of Source	
\Alac t	ticket distribution made a	at the hehest	Na 🗆 Voc S	✓ If yes: Char	an, Wilma	
	gency official?	at the beliest	No ☐ Yes 🛚	∆ if yes:	Official's Name (Last, Fi	rst)
Rec	ipients					
• Use	Section A to identify the agenc	y's department o	runit. • Use Sect	tion B to identify an indiv	idual. • Use Section C to identify an	outside organization.
A.	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant to the	agency's policy
B.	Name of Individu (Last, First)	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
_	_			Ceremonial Ro		Income
P00	on, Eva ∘		2		monial Role" or "Other" describe below: nmunity volunteer for his or h	er service to the
				Ceremonial Ro	le Other	Income
			2		monial Role" or "Other" describe below:	
C.	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the I	public purpose made pursuant to th	e agency's policy
				·		
	rification	gulations 18044 1	and 18942 have ve	erified that the distribution	set forth above, is in accordance with the	requirements.
1 h		gaiauviis 10944.1 č	and toote, illave Vi	onned that the distribution is		
l have	e remo ano onocistano i i i o rieg	•	Carab A	ddia	Supervisor's Assistant	UO 3E 3U18
l have	_	• ee	Sarah O		Supervisor's Assistant	09.25.2018 (Month, Day, Year)

						7(1 dbile 2 codillo
. /	Agency Name				Date Stamp	California 802
1	Alameda County					Form OUZ
Ē	Division, Department, or Regi	on (If Applicable	∍)			For Official Use Only
I	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Sarah Oddie					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693		@acgov.org		Date of Original Filing:	(Month Day Year)
	Function or Event Infor		<u> </u>			(WChin, Day, Year)
	Does the agency have a ticke		Yes⊠ No[□ Face Value c	of Each Ticket/Pass \$ _	40
		-	Yes 🖾 No L	_		
E	Event Description Baseball g	ame Provide Title/Exp	Vanation	Date(s)	00 10	
		Trovide TraceExp		☑ If no: Oaklar	nd A's	
-	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No 🛭	If no: Danta.	Name of Sc	ource
١	Nas ticket distribution made a	it the behest	No ☐ Yes [☑ If yes: Chan	, Wilma	
	of agency official?		140 🗀 163 🖟	11 yes	Official's Name	(Last, First)
3	Recipients					
	Use Section A to identify the agency	y's department or	runit. • Use Sect	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
•	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	it to the agency's policy
		<u></u>	F 455(65)	<u> </u>		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role	Other	Income 🔲
	McCormick, Tom			•	nial Role" or "Other" describe below.	
					anceevent held at a	a County nueconcession sales
				Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below	Income ∟ :
				·		
			1			
	C Name of Outside Orga	nization	Number of	Describe the nu	blic purpose made pursua	nt to the agency's policy
	(include address and de	scription)	Ticket(s)/ Pass(es)	Describe the pu	biic purpose made pursual	Te to the agency a policy
		······································				
4	Verification			L		
→.	I have read and understand FPPC Reg	ulations 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance t	with the requirements.
			Sarah O		Supervisor's Assista	
	esigne	ee	Print Nan		Title .	(Month, Day, Year)
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

					711 03110 20001110111
Agency Name				Date Stamp	California 802
Alameda County			Form For Official Use Only		
Division, Department, or Regi	on (If Applicable		7 of Official Ose Offing		
Board of Supervisors					
Designated Agency Contact (Name, Title)			-	
Sarah Oddie					
Area Code/Phone Number	E-mail		······································	Amendment (Must)	provide explanation in Part 3.)
(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	nation				
Does the agency have a ticker	t policy?	Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$ _	90 ticket/20 park
	•	•		9 , 08 , 18	, , ,
Event Description Baseball g	Provide Title/Exp	olanation	Date(s)09		
Ti-1,-1(-)/D()			⊠ If no: Oakla	nd A's	
Ticket(s)/Pass(es) provided by	y agency?	Yes No [X 1110.	Name of S	ource
Was ticket distribution made a	it the behest	No ☐ Yes [⊠ If yes: Char	n, Wilma	
of agency official?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Official's Name	(Last, First)
. Recipients					
Use Section A to identify the agence	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)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
		rass(es)	Ceremonial Role	Other	Income
McCormick, Mike		2		onial Role" or "Other" describe below	
				lanceevent held at a	a County enueconcession sales
				<u>-</u>	
Carmona, Laurie				Other Donial Role" or "Other" describe below	Income L
Carriona, Lauric		2	-	danceevent held at a	
					enueconcession sales
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursua	nt to the agency's policy
 Verification I have read and understand FPPC Reg 	ulations 18944.1 a	and 18942. I have ve	erified that the distribution se	t forth above, is in accordance	with the requirements.
		Sarah O	ddie	Supervisor's Assista	ant 09.25.2018
esigne	e —	Print Nar		Title	(Month, Day, Year)
Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

. Agency Name				Date Stamp	California Ono
Alameda County					Form OUZ
Division, Department, or Regio	n (If Applicable)				For Official Use Only
	(
Board of Supervisors	(
Designated Agency Contact (N	ame, i itie)				
Sarah Oddie				Amendment (Must pro	ovide explanation in Part 3.)
	E-mail			Date of Original Filling: _	
(510) 272-6693	sarah.oddie@	acgov.org		Date of Original Fitting.	(Month, Day, Year)
2. Function or Event Inform	nation				90 ticket/20 park
Does the agency have a ticket		∕es⊠ No[_	of Each Ticket/Pass \$	00 110110020 parit
Event Description Baseball ga	ame		Date(s)	08 18	
Event Becomption	Provide Title/Explar	nation			
Ticket(s)/Pass(es) provided by	agency?	Yes □ No [☑ If no: Oakla	nd A's Name of Sou	roo
					rc e
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes [⊠ If yes: <u>Char</u>	Official's Name (L	ast, First)
				,	
RecipientsUse Section A to identify the agency			tion D to identify an individ	ual allea Section C to ident	ify an outside organization
	's department or u	Number of			
A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
		1 400 (507			
B. Name of Individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Laber, Rocky			Ceremonial Role	Other Dinial Role" or "Other" describe below:	Income [
23331, 11031,		4	To promote attend	lanceevent held at a potential County reven	
			Ceremonial Role	Other	Income
			l .	onial Role" or "Other" describe below:	
		4			
C. Name of Outside Organ		Number of Ticket(s)/	Describe the pu	ıblic purpose made pursuant	to the agency's policy
(include address and des	cription)	Pass(es)			
					4
4. Verification I have read and understand FPPC Regu	llations 18944.1 and	1 18942. I have v	erified that the distribution se	t forth above, is in accordance w.	ith the requirements.
and		Sarah O		Supervisor's Assistan	
r Designee		Print Nar		Title	(Month, Day, Year)
ii Designet	-	, /// /401			
Comment:					

						0.1/2
. A	gency Name				Date Stamp	California 802
Αl	ameda County					For Official Use Only
Div	/ision, Department, or Regi	on (If Applicable)			1 Of Official Ose Offing
	pard of Supervisors signated Agency Contact (Nama Titla				
De	signated Agency Contact (varrie, ritie)				
	arah Oddie				Amendment (Must)	provide explanation in Part 3.)
Ar	ea Code/Phone Number	E-mail			Data of Original Fillians	
(5	10) 272-6693	sarah.oddie(@acgov.org		Date of Original Filing:	(Month, Day, Year)
. F	unction or Event Inforr	nation				90 ticket
Do	es the agency have a ticket	t policy?	Yes⊠ No[Tace Value o	of Each Ticket/Pass \$ ₋	JO HOROL
⊏,	ent Description Baseball g	ame		Date(s)09	9 , 08 , 18	
	ent Description	Provide Title/Expl	anation			
Ti	cket(s)/Pass(es) provided by	y agency?	Yes ☐ No 🛭	If no: Oakla	nd A's Name of S	ource
W	as ticket distribution made a	it the behest	No ☐ Yes [If yes: Char	n, Wilma	
C	of agency official?		110 🖂 100 🗈		Official's Name	(Last, First)
R	ecipients					
•	Use Section A to identify the agenc	y's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
Δ	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
_			1 110(00)			
-						
E	Name of Individu	al	Number of Ticket(s)/		Identify one of the follo	wing:
_	(Last, First)		Pass(es)		- Identity die of the less	
_	2' Daabal			Ceremonial Role		Income [
۲	Richman, Rachel		2		onial Role" or "Other" describe belov danceevent held at a	
				facilitymaximize	potential County reve	enueconcession sales
-				Ceremonial Role	<u> </u>	Income [
					onial Role" or "Other" describe below	
			2			
_	Name of Outside Orga	nization	Number of	Describe the nu	ıblic purpose made pursua	ant to the agency's policy
	(include address and de	scription)	Ticket(s)/ Pass(es)	Describe the pt	abile parpose made parode	in to the agency o pency
-						
-				4		
4 ,	/orification					
4. \	Verification have read and understand FPPC Reg	julations 18944.1 ai	nd 18942. I have ve	erified that the distribution se	et forth above, is in accordance	with the requirements.
			Sarah O		Supervisor's Assista	
	Designe	<u> </u>	Print Nan		Title	(Month, Day, Year)
	Design	, o	i init ivan		•	
(Comment:					
,	~ ~ · · · · · · · · · · · · · · · · · ·					

rigono, rior	, 0		
Ceremonial	Role Events	and Ticket/Pass	Distributions

Α	N				Data Stamp	California QA9
Agency Name					Date Stamp	Form 802
	eda County			For Official Use Only		
Divisi	on, Department, or Regi	on (If Applicable)				
Board	d of Supervisors					
Desig	nated Agency Contact (Name, Title)	- 1			
Sara	h Oddie				Amondment (Must s	provide evaluation in Part 3
Area	Code/Phone Number	E-mail	Amendment (Must provide explanation in Part 3.)			
(510)	272-6693	sarah.oddie@	Date of Original Filing:	(Month, Day, Year)		
. Fun	ction or Event Inform	mation				00.11.1.100
Does	the agency have a ticke	t policy?	Yes⊠ No[Face Value o	of Each Ticket/Pass \$ _	90 ticket/20 park
Event Description Baseball game Date(s)					, 08 , 18	1 1
Event	Description	Provide Title/Expla	nation	Date(s)		
Ticko	t(s)/Pass(es) provided b	v agency?	Yes□ No[If no: Oaklar	nd A's	
HONE	t(3)// a33(c3) provided b	y agency:	ies 🗀 INO	_	. Name of St	ource
	ticket distribution made a	at the behest	No 🗌 Yes [✓ If yes: Chan	, Wilma	
of a	gency official?	-			Official's Name	(Last, First)
3. Rec	ipients					
• Use	Section A to identify the agenc	y's department or ι		tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
Α.	A. Name of Agency, Department or Unit			of by: Describe the public purpose made pursuant to the agency's policy		
B.	Name of Individu (Last, First)	ial	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
Geis	sner, Benjamin			Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	Income 🗌
			4+1p	To promote attend facilitymaximize	anceevent held at a potential County reve	a County nueconcession sales
				Ceremoniai Role	Other	Income
			4+1p	If checking "Ceremo	nial Role" or "Other" describe below	v:
<u>C</u> .	Name of Outside Orga		Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
	(include address and de	escription)	Pass(es)			
						la .
		41				
4. Ver	rification e read and understand FPC Reg	gulations 18944 1 an	d 18942. I have v	erified that the distribution set	t forth above, is in accordance	with the requirements.
7 770 00		yananana , wa r n r uni	Sarah O		Supervisor's Assista	
-	signe	ee	Print Nar		Title (Month, Day, Yo	
Cor	mment:					

Agency Name				Date Stamp	California 202		
Alameda County			Form OUZ				
Division, Department, or Reg	ion (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				Date of Original Filing: (Month, Day, Year)			
Function or Event Infor	mation				90 ticket/\$40 MVP		
Does the agency have a ticke	Yes⊠ No[of Each Ticket/Pass \$				
Event Description Baseball game Provide Title/Explanation			Date(s)	9 , 08 , 18,			
	Provide Title/Exp	lanation					
Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No 🛭	⊠ lf no: Oakla	Name of S	Source		
Was ticket distribution made	at the beheet	N. III Vaal	☑ If yes: Char				
of agency official?	at the penest	No ☐ Yes [XI If yes:	Official's Name (Last, First)			
Recipients							
Use Section A to identify the agence	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.		
A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's polic					
					11		
B. Name of Individ	ual .	Number of Ticket(s)/		Identify one of the folk	owing:		
B. Name of Individ	ual .		Ceremonial Role				
B. Name of Individent (Last, First) Milkie, Anne	ual	Ticket(s)/	If checking "Ceremo	Other D	Income		
(Last, First)	ual .	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend	Other Other Other describe below	Income w:		
(Last, First)	ual	Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend	Other Other Other describe below the control of the	a County enueconcession sales		
(Last, First)	ual .	Ticket(s)/ Pass(es)	If checking "Ceremonial Role	Other Other Other describe below the control of the	a County enueconcession sales		
(Last, First)	anization	Ticket(s)/ Pass(es)	If checking "Ceremonia Role	Other Donald Role" or "Other" describe below and potential County revious County Role" or "Other" describe below and Role" or "Other" describe below and potential Role Role Role Role Role Role Role Rol	a County enueconcession sales		
Milkie, Anne Name of Outside Orga	anization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremonia Role	Other Donald Role" or "Other" describe below and potential County revious County Role" or "Other" describe below and Role" or "Other" describe below and potential Role Role Role Role Role Role Role Rol	a County enueconcession sales Income		
Milkie, Anne C. Name of Outside Organic (include address and december 1)	anization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremonia Role	Other Donald Role" or "Other" describe below and potential County revious County Role" or "Other" describe below and Role" or "Other" describe below and potential Role Role Role Role Role Role Role Rol	a County enueconcession sales Income		
Milkie, Anne Name of Outside Orga	anization escription)	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia attended facilitymaximize Ceremonial Role If checking "Ceremonia attended for the checking	Other Dinial Role" or "Other" describe belowed and the potential County revolution of the County	a County enueconcession sales Income		
Milkie, Anne C. Name of Outside Organistic (include address and decorated)	anization escription)	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremonia attended facilitymaximize Ceremonial Role If checking "Ceremonial Role If che	Other Dinial Role" or "Other" describe belowed and the potential County revolution of the County	a County enueconcession sales Income ant to the agency's policy e with the requirements.		

Ceremonial Role Events and Ticket/Pass Distributions

Agency Name			Date Stamp	California Q 0 9
Alameda County		·	Form OUZ	
Division, Department, or Region ((If Applicable)		For Official Use Only	
•	, , , , , , , , , , , , , , , , , , ,			
Board of Supervisors	T211- \			
Designated Agency Contact (Nam	e, ritie)			
Sarah Oddie		Amendment (Must	provide explanation in Part 3.)	
	mail	Date of Original Filing		
(510) 272-6693 sa	rah.oddie@acgov.org	Date of Original Filing: (Month, Day, Year)		
Function or Event Informat	tion			\$78 ticket/\$20 parking
Does the agency have a ticket po		\$78 ticket/\$20 parking		
Event Description Baseball game	e	Date(s)	09 , 18	
Pro	vide Title/Explanation			
Ticket(s)/Pass(es) provided by ag	jency? Yes□ No[⊠ If no: Oaklai	nd A's Name of S	Pource
		Chan		ource
Was ticket distribution made at th of agency official?	e behest No ☐ Yes	☑ If yes: Chan	Official's Name	(Last, First)
Recipients • Use Section A to identify the agency's d	- Hoo Cor	stion B to identify an individ	ual allea Section C to ide	entify an outside organization.
_	Number of			
A. Name of Agency, Department of		Describe the put	olic purpose made pursua	nt to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	Income [
		Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe belo	Income [
C. Name of Outside Organization (include address and description)		Describe the pu	blic purpose made pursua	ant to the agency's policy
Building Futures Women+Chill Bancroft Ave, San Leandro, C.		To reward a school to the community	ol or nonprofit organiz	zation for its contributions
Domestic violence shelter + ac group	vocacy			
. Verification I havelkead and understagd FPPC Regulation	ons 18944.1 and 18942. I have v	verified that the distribution set	forth above, is in accordance	with the requirements.
	Sarah C	Oddie	Supervisor's Assista	ant 09.25.2018
ynee	Print Na	me	Title	(Month, Day, Year)
Comment:				

. Agency Name				Date Stamp	California Ono
Alameda County		·	Form OUZ		
Division, Department, or Regi	on (If Applicable)		For Official Use Only		
Board of Supervisors Designated Agency Contact (
	varrio, rido)				
Sarah Oddie	Email			Amendment (Must pi	rovide explanation in Part 3.)
Area Code/Phone Number E-mail (510) 272-6693 sarah.oddie@acgov.org				Date of Original Filing: .	(1) (1) (2)
2. Function or Event Infor		Date of Original Filing: (Month, Day, Year)			
		s⊠ No[T Face Value o	of Each Ticket/Pass \$ _	\$35
Does the agency have a ticke		_			
Event Description Baseball g	ame Provide Title/Explanation		Date(s)09	09 / 18	
	Trovide The Explanate	,,,	If no: Oaklar	nd A's	
Ticket(s)/Pass(es) provided b	y agency? Yes	i∏ No∑	If no: Oaklan	Name of So	urce
Was ticket distribution made a	it the behest No	Yes 🖸	☑ If yes: Chan	, Wilma	
of agency official?	140	11 yes	Official's Name (Last, First)	
3. Recipients					
Use Section A to identify the agence	y's department or unit.	• Use Sect	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Describe the pu		olic purpose made pursuant	to the agency's policy
		Pass(es)	<u></u>		
		İ			
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	īng:
			Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income [
			Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income [
C. Name of Outside Orga (include address and de	nization	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	it to the agency's policy
Satellite Affordable Housing Associates, 1835 Alcatraz Ave, Berkeley, CA 94703		2	To reward a school to the community	ol or nonprofit organization for its contributions	
Affordable housing develop	oment +				
4. Verification I have read and upperstand FPPC Reg	ulations 18944.1 and 18	942. have ve	erified that the distribution se	t forth above, is in accordance v	vith the requirements.
	,	Sarah O		Supervisor's Assistar	
r Design		Print Nam		Title	(Month, Day, Year)
·					
Comment:				<u></u>	EDDG 5 000 (4)

Caramonial	Role Events and Ticket/Pass Distributions

Agency Name				Date Stamp	California OOO	
		2210 0101119	Form 8UZ			
Alameda County Division, Department, or Region	n (If Applicable	-	For Official Use Only			
Division, Department, or Regio	vir (ii whhiicanie	/				
Board of Supervisors						
Designated Agency Contact (N	lame,Title)					
Sarah Oddie				Amendment (Mus	at provide explanation in Part 3.)	
Area Code/Phone Number E-mail			7 -			
(510) 272-6693 sarah.oddie@acgov.org				Date of Original Filing:(Month, Day, Year)		
Function or Event Inform	nation	Ē.			35	
Does the agency have a ticket	policy?	Face Value of	of Each Ticket/Pass \$			
Event Description Baseball ga	Date(s)		9 , 18 , 18			
Event Description	Provide Title/Exp.	lanation				
Ticket(s)/Pass(es) provided by	agency?	Yes □ No 🖸	If no: Oakla	and A's		
		,00 <u> </u>	Name of Source			
Was ticket distribution made at	t the behest	No 🗌 Yes 🛭	☑ If yes: <u>Char</u>	n, vviima	ne (Last, First)	
of agency official?				Ollicial S IVall	io (2001, 1 1101)	
Recipients					1	
Use Section A to identify the agency	's department or					
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuant to the agency's policy		
		Pass(es)				
		Number of				
B. Name of Individua	al	Ticket(s)/ Pass(es)		Identify one of the fol	lowing:	
<u> </u>	·	, 230(00)	Ceremonial Role	Other	Income	
Reed, Charles			If checking "Cerem	onial Role" or "Other" describe bei		
		2		munity volunteer for l	nis or her service to the	
			public		-	
			Ceremonial Role		Income [
		2	it checking "Cerem	onial Role" or "Other" describe be	iow.	
		Number of		<u> </u>		
C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made purs	uant to the agency's policy	
·		1 400(00)			1	
l. Verification						
I have f ead and understand FPPC Regu	ulations 18944. 1 a					
			مالداد	O	tant 09.25.2018	
		Sarah O	dale	Supervisor's Assis		
Designe	ee	Sarah O		Supervisor's Assis	(Month, Day, Year)	

			Data Stamp	California OOO	
. Agency Name	Date Stamp	Form 802			
Alameda County	•				
Division, Department, or Region (If Applic	Division, Department, or Region (If Applicable)				
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Sarah Oddie	Sarah Oddie				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(510) 272-6693 sarah.od	die@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			I		
Does the agency have a ticket policy?	of Each Ticket/Pass\$ =	\$35			
- · ·	Yes⊠ No 🗌		. 19 , 18		
Event Description Baseball game Provide Title.	/Explanation	Date(s)			
Ticket(a)/Deca(as) provided by agaptay?	nd A's				
Ticket(s)/Pass(es) provided by agency?	Name of Sc	purce			
Was ticket distribution made at the behe	st No ☐ Yes 🗵	l - If yes: Chan	, Wilma		
of agency official?		,	Official's Name ((Last, First)	
3. Recipients					
Use Section A to identify the agency's department	nt or unit. • Use Section	on B to identify an individ	ual. • Use Section C to ider	tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pul	Describe the public purpose made pursuant to the agency's policy		
	Pass(es)				
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:	
(Last, First)	Pass(es)				
		Ceremoniai Role	Other mial Role" or "Other" describe below.	Income	
		il checking coronic	marrial of other second second		
		Ceremonial Role	Other	Income	
			nial Role" or "Other" describe below		
C. Name of Outside Organization	Number of Ticket(s)/	Describe the nu	blic purpose made pursual	nt to the agency's policy	
(include address and description)	Pass(es)				
Assumption Catholic School, 1851 1	36th	To reward a school	ol or nonprofit organiza	ation for its contributions	
Ave, San Leandro, CA 94578	2	to the community			
Coloradia Can Lagradia					
School in San Leandro					
A Monification					
4. Verification I have read and understand FPPC Regulations 1894-	4.1 and 18942. I have ver	ified that the distribution se	t forth above, is in accordance	with the requirements.	
	Sarah Od		Supervisor's Assista		
ssignee	Print Name		Title	(Month, Day, Year)	
saignee	7 7771			· · · · ·	
Comment:					
Johnnong, 22				FPPC Form 802 (4/12	

				- AT abite begannent	
. Agency Name			Date Stamp	California 802	
Alameda County				Form 002	
Division, Department, or Region (#	Applicable)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name	,Title)				
Sarah Oddie	,				
Area Code/Phone Number E-m	nil		Amendment (Must	provide explanation in Part 3.)	
i	ah.oddie@acgov.org		Date of Original Filing	:	
		(Month, Day, Year)			
2. Function or Event Informati		- Face Value of	of Each Ticket/Pass \$	35	
Does the agency have a ticket police	· · · · · · · · · · · · · · · · · · ·	_			
Event Description Baseball game		Date(s)09	9 , 20 , 18		
Provi	de Title/Explanation				
Ticket(s)/Pass(es) provided by age	ncy? Yes□ No∑	If no: Oakla	nd A's Name of S	Source	
VAIL At 11-A attenditional and a second second	habaat	Char			
Was ticket distribution made at the of agency official?	behest No ☐ Yes 🖸	☑ If yes: Char	Official's Name	(Last, First)	
B. Recipients	ttit - Hee Coet	ion D to identify an individ	wal a lien Section C to ide	entify an outcide organization	
Use Section A to identify the agency's department	Number of				
A. Name of Agency, Department or	Unit Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant to the agency's policy		
	1 235(08)	· · · · · · · · · · · · · · · · · · ·			
	Number of		Identify one of the following:		
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)				
	1 400(00)	Ceremonial Role	Other	Income	
Pisano, Charles			nial Role" or "Other" describe belo	W:	
	2		community volunteer for his or her service to the		
		public			
		Ceremonial Role		Income	
	2	If checking "Ceremo	onial Role" or "Other" describe belo	W.	
	Number of				
C. Name of Outside Organization (include address and descript)	Ticket(s)/	Describe the pu	ublic purpose made pursuant to the agency's policy		
	Pass(es)				
4. Verification					
I have rood and understand EPPC Regulation	s 18944.1 and 18942. I have ve	rified that the distribution se	t forth above, is in accordance	with the requirements.	
	Sarah Od	ddie	Supervisor's Assista	ant 09.25.2018	
signee	Print Nam		Title	(Month, Day, Year)	
Comment:					

	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Region (If Applicable)					1 of Official Ode Offic
	Board of Supervisors					
	Designated Agency Contact (/	Name, Title)	· · · · · · · · · · · · · · · · · · ·			
	arah Oddie				Amendment (Must pro	Vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Inforr	nation				35
	103 2 110			of Each Ticket/Pass \$		
	Event Description Baseball g	ame		Date(s)	20 , 18	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oaklar			nd A'S Name of Sour	ce	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Chan					
	of agency official?	it the benest	No 🗀 Yes [△ If yes:	Official's Name (La	st, First)
	Recipients					
•	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	(Last, First)	al	Ticket(s)/	Ceremonial Role		
		al	Ticket(s)/	If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income _
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo	Other	Income _
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremo To reward a comn public	Other United Role" or "Other" describe below:	Income or her service to the
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking *Ceremon To reward a common public Ceremonial Role	Other United Role" or "Other" describe below:	Income or her service to the
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking *Ceremon To reward a common public Ceremonial Role	Other Indial Role" or "Other" describe below: nunity volunteer for his o	Income or her service to the
	Rivera, Nancy		Ticket(s)/ Pass(es)	If checking *Ceremon To reward a common public Ceremonial Role	Other Indial Role" or "Other" describe below: nunity volunteer for his o	Income or her service to the
	(Last, First)	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking *Ceremo To reward a comn public Ceremonial Role If checking *Ceremo	Other Indial Role" or "Other" describe below: nunity volunteer for his o	Income or her service to the
	Rivera, Nancy C. Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 Number of	If checking *Ceremo To reward a comn public Ceremonial Role If checking *Ceremo	Other Other Other or "Other" describe below: nunity volunteer for his cooling of the Other Other Other Other Other" describe below:	Income or her service to the
	Rivera, Nancy C. Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking *Ceremo To reward a comn public Ceremonial Role If checking *Ceremo	Other Other Other or "Other" describe below: nunity volunteer for his cooling of the Other Other Other Other Other" describe below:	Income or her service to the
	Rivera, Nancy C. Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking *Ceremo To reward a comn public Ceremonial Role If checking *Ceremo	Other Other Other or "Other" describe below: nunity volunteer for his cooling of the Other Other Other Other Other" describe below:	Income or her service to the
	Rivera, Nancy C. Name of Outside Organ	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking *Ceremo To reward a comn public Ceremonial Role If checking *Ceremo	Other Other Other or "Other" describe below: nunity volunteer for his cooling of the Other Other Other Other Other" describe below:	Income or her service to the
4	Rivera, Nancy C. Name of Outside Organ (include address and details)	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking *Ceremo To reward a comn public Ceremonial Role If checking *Ceremo	Other Other Other or "Other" describe below: nunity volunteer for his cooling of the Other Other Other Other Other" describe below:	Income or her service to the
4.	Rivera, Nancy C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking *Ceremon To reward a common public Ceremonial Role If checking *Ceremon Ceremon C	Other Other Other or "Other" describe below: nunity volunteer for his cooling of the Other Other Other Other Other" describe below:	Income or her service to the Income to the agency's policy
4.	Rivera, Nancy C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking *Ceremon To reward a common public Ceremonial Role If checking *Ceremon Ceremonial Role If checking *Ceremon Ceremon Cere	Other Initial Role" or "Other" describe below: nunity Volunteer for his of the Initial Role" or "Other" describe below: Other Initial Role" or "Other" describe below:	Income In

Ceremonial Role	Events and	Ticket/Pass	Distributions

Agency Name			Date Stamp	California 202	
Alameda County				Form OUZ	
Division, Department, or Region (#	Applicable)		-	For Official Use Only	
Board of Supervisors		8			
Designated Agency Contact (Name	,Title)		1		
Sarah Oddie			Amondment (Must	provide explanation in Part 3.)	
Area Code/Phone Number E-m	ail		Amendment (Must	provide explanation in Part 3.)	
(510) 272-6693 sara	ah.oddie@acgov.org		Date of Original Filing	(Month, Day, Year)	
Function or Event Informati	on			\$45	
Does the agency have a ticket poli	cy? Yes⊠ No!		of Each Ticket/Pass \$		
Event Description Baseball game	ide Title/Explanation	Date(s)	9 , 22 , 18		
Ticket(s)/Pass(es) provided by age	·	☑ If no: Oakla	nd A's	Source	
Was ticket distribution made at the	heheet N. D. V.	☑ If yes: Char	n, Wilma		
of agency official?	behest No 🗌 Yes	If yes:	Official's Name	e (Last, First)	
Recipients					
Use Section A to identify the agency's de	partment or unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to ide	entify an outside organization.	
A. Name of Agency, Department or	Unit Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	ant to the agency's policy	
	1 433(63)				
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
		Ceremonial Role	_	Income [
		if checking Cerenic	onial Role" or "Other" describe belo	n.	
				Income [
		Ceremonial Role If checking "Ceremonial Role If checking "Ceremo	Other Onial Role" or "Other" describe belo	mostne L	
C. Name of Outside Organizati (include address and descript		Describe the po	ublic purpose made pursu	ant to the agency's policy	
Afrikan Black Coalition, 12651 Ave., Richmond, CA 94805	San Pablo 2	To promote attender to maximize	dance at a(n) even e potential County rev	t held at a County facility i	
Student leadership & empower	ment				
I. Verification I have read and understand FPPC Regulation	190444	verified that the distribution of	of forth above is in accordance	e with the requirements	
I havAread and understand FPPC Regulation	ns 18944.1 and 18942. I have t	vermed that the distribution se	stronin above, is in accordance		
	Carely C	Addia	Superviente Acciet	ant 09.26.2018	
<i>j</i>	Sarah C		Supervisor's Assist	tant 09.26.2018 (Month, Dey, Year)	

Ceremonial Role Events and Ticket/Pass Distributions

Agency Name			Date Stamp	California Q02
Alameda County		Form 002		
Division, Department, or Region (If		For Official Use Only		
Board of Supervisors	Title			
Designated Agency Contact (Name,	Title)			
Sarah Oddie			Amendment (Must p	rovide explanation in Part 3.)
Area Code/Phone Number E-ma			Date of Original Filing:	
` '	h.oddie@acgov.org		Date of Original Lining.	(Month, Day, Year)
Function or Event Information				\$90 ticket
Does the agency have a ticket police	ÿ? Yes⊠ No[of Each Ticket/Pass \$	
Event Description Baseball game Provid	de Title/Explanation		9 , 22 , 18	
Ticket(s)/Pass(es) provided by age	ncy? Yes□ No[Name of So	urce
Was ticket distribution made at the of agency official?	behest No ☐ Yes [☑ If yes: Char	n, Wilma Official's Name (Last, First)
Recipients		tion D to identify 1-41 44	lual aller Section C to idea	itify an outside organization
Use Section A to identify the agency's dep	Number of			
A. Name of Agency, Department or I	Unit Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role # checking "Ceremo	Identify one of the follow Other Dinial Role" or "Other" describe below:	Income [
		Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below.	Income [
C. Name of Outside Organization (include address and description)		Describe the pu	ıblic purpose made pursuar	nt to the agency's policy
Afghan Coaltion, 39155 Liberty Fremont, CA 94538	St D-460, 3	To reward a school to the community	ol or nonprofit organiza	ation for its contributions
Afghan refugee+immigrant serv provider	ice			
. Verification	s 18944.1 and 18942. I have ve	erified that the distribution se	et forth above, is in accordance v	with the requirements.
·	Sarah O		Supervisor's Assista	
esignee	Print Nan		Title	(Month, Day, Year)

1	Agency Name				Date Stamp	California Q02	
٠.	Alameda County Division, Department, or Region (If Applicable)				Date otality	Form 802	
					-	For Official Use Only	
		он (п пррисавк	·1				
	Board of Supervisors						
	Designated Agency Contact (Name,Title)					
	Sarah Oddie				Amondment /Must n	rovide explanation in Part 3.)	
	Area Code/Phone Number E-mail				Amendment (wast p	TOVIQE explanation in Fait 3.)	
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticket policy? Yes ☒ No ☐ Face Value o				of Each Ticket/Pass \$ _	\$35	
					9 . 23 . 18		
	Event Description Baseball game Date(s)				20 10		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Oaklar			nd A's			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Others			Name of So	urce		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Chan			ı, 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 individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy	
	31 3, 1		Pass(es)				
			į				
	R Name of Individu	al	Number of			2	
	B. Name of Individu	ai	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
	W. C.	- `		Ceremonial Role	Other	income [
				If checking "Ceremo	nial Role" or "Other" describe below:		
			ļ	Ceremonial Role		Income	
			1	if checking "Ceremo	nrial Role" or "Other" describe below:		
						* = + ***	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pu	iblic purpose made pursuan	it to the agency's policy	
	(include address and de	scription)	Pass(es)		·····		
	Lakeside Senior Apt., 1507	2nd Ave,			ol or nonprofit organiza	ation for its contributions	
	Oakland, CA 94606		2	to the community			
	Affordable housing enorths	ant complex					
	Affordable housing apartme	ent complex					
_	\\\arification	······································					
4	. Verification I have I read and understand FPPC Reg	ulations 18944.1 a	nd 18942. I have ve	erified that the distribution set	t forth above, is in accordance w	vith the requirements.	
	. Haveneau and understand FFFO hey	aidpone (0077, Fa					
			Sarah O		Supervisor's Assistar		
	Designe	ee	Print Nan	ne	Title	(Month, Day, Year)	
	0						
	Comment:					EDDO F 000 (4/4)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Alameda County Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90.00 Does the agency have a ticket policy? Yes ⊠ No 🗌 Date(s) __9_/ Event Description: A's 3 , Provide Title/ Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 Name of Source If yes: Haggerty. Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Velez, Norberto event in order to maximize potential county 18/3 revenue for concession and parking sales. Ceremonial Role L Other 📙 Income [If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Verification © Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Lee Ann Fergerson Ticket Administrator 9/4/18 Signature of Agency Head or Designee Print Name Title

Comment: _

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 501-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 200.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 9 / 4 / Event Description: Sam Smith Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes⊠ No□ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☐ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Giles, Charla event in order to maximize potential county revenue for concession and parking sales. Income 📋 Other 📖 Ceremonial Role I I If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Verification Nhave read and understand FPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Ticket Administrator 8/27/18 Lee Ann Fergerson Title (month, day, year) Print Name v Signature of Agency Headfor Designee

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 SUPERS** Designated Agency Contact (Name, Title) LEE ANN FERGERSON Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 LEEANN.FERGERSON@ACGOV.ORG (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 90. Does the agency have a ticket policy? Yes⊠ No□ Event Description: A'S BASEBALL Date(s) 9 / 7 / 18 Provide Title/ Explanation If no: OAKLAND ATHLETICS Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes: HAGGERTY, SCOTT Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s)/ Passes **GSA DEPARTMENT** 4 To reward a County employee for his or her exemplary service to the public or to encourage staff development Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance LEE ANN FERGERSON TICKET ADMINISTRATOR 9/10/18 Signature of Agency Head of Designed Print Name Title (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 9 Event Description: Raiders 10 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A, of Ticket(s)/ Passes Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** To promote attendance at a county sponsored Davidson, Allen event in order to maximize potential county 4/1 revenue for concession and parking sales. Income | Ceremonial Role Other 📙 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have relad/and/understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Lee Ann Fergerson Ticket Administrator 9/28/18 Signature of Agency Head or/Designee Print Name (month, day, year)

CCOPY

agency report or.	
Ceremonial Role Events and Ticket/Pass Distributions	A Pi

1.	Agency Name		.— ,, ,,		Date Stamp	California 802	
	Alameda County					H. WILLIAM	
	Division, Department, or Reg	on (if applicable)	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	1				
	Lee Ann Fergerson, Ticket Administrator				D tourseless to the second	- 1. B. 1 1. B. 18)	
	Area Code/Phone Number E-mail				Amendment (Must Pro	ovide explanation in Part 3.)	
	510-272-6691	leeann.fergerson@	②acgov.org		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Inform	nation					
	Does the agency have a tick	et policy? Yes	⊠ No□ □	Face Value of	Each Ticket/Pass \$ 35	.00	
	Baseball			Date(s)9			
	Event Description: Baseball	Provide Title/ Expl	anation				
	Ticket(s)/Pass(es) provided		⊠ No □	f no: Oakland	Athletics		
	8	, , , , , , , , , , , , , , , , , , , ,			Name of Source		
	Was ticket distribution made	at the behest Yes	⊠ No□ 「	f yes: Haggert	Official's Name (Last, First)		
	of agency official?				Chiadro reams (man) - nery	·	
3.	Recipients			41 49 4		£	
	· Use Section A to identify the agent	y's department or unit.		identity an individ	HAL . Ose Section C to identif	ry an outside organization.	
	A. Name of Agency, Depa	riment or Unit	Number of Ticket(e)/	Describe th	e public purpose made pursuant to the agency's policy		
			Passes				
				Į.			
	B. Name of India	ridual	Number of Ticket(s)/ Passes		Identify one of the following:		
	(Last, Firs						
	Chase, Stacey		Тор		promote attendance at a county sponsored		
	Onase, oldocy		2		vent in order to maximize potential county evenue for concession and parking sales.		
				rev	enue for concession a	and parking sales.	
				Cerem	onial Role Other	Income 🗌	
				If check	ing "Ceremonial Role" or "Other" desc	zibe below:	
	Name of Outside Or	manization	Number	Describe th	e public purpose made purs	court to the agency's nation	
	C. (include address and		of Ticket(s)/ Passes	Describe di	a hunus burbose more bais	name to the effects a house)	
			İ				
4	V	<u> </u>	9		- 3		
۴.	Verification	DO Domilálione 4804	4 4 and 100/9	I have verified t	hat the distribution set for	rth above, is in accordance	
	1	** Regulations 1094	4.1 BNO 10942.	1 Have sermed :	NET THE CISTINGUIGH SET TO	111 00000, 13 111 00001 001100	
-/	T.	X	E		Ticket Administrator	8/24/18	
j	Signature of Agency Head on Design		nn Fergerson		Title	(month, day, year)	
	oiRusmie oi Manick Liesa gil Dasiflus	"	Ashir Saudibles		••••	Account and a mark	
	Comment:						

	00	1000
90	$(f_{\alpha}(t) $	JIP Y
A Pu	plic Do	cument

1.	Agency Name Alameda County				Date Stamp	California 802
	Division, Department, or Reg	ion (if annileahla)		For Official Use Only		
	Board of Supervisors	non (n'apphoasie)				
	Designated Agency Contact	/Mama Titlal				
	Lee Ann Fergerson, Ticket				Amendment (Musi	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	510-272-6691	leeann.fergerson@	Dacgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation	A	- 0		0.4
	Does the agency have a tic	ket policy? Yes	⊠ No 🗆 I	Face Value of I	Each Ticket/Pass \$ _3	5.00
	Event Description: Basebal			Date(s)9	, 18 , 18	
	Event Description:	Provide Title/ Expl	enstion	Jate(s)	0	
	Ticket(s)/Pass(es) provided	-	⊠ No□ I	f no: Oakland	Athletics	
		-, -g, 100			Name of Source	
	Was ticket distribution made	at the behest Yes	⊠ No□ I	f yes: <u>Haggert</u>	y, SCOπ Official's Name (Last, First)	· · · · · · · · · · · · · · · · · · ·
	of agency official?				Omciars Name (Last, Hist)	
	£ 5			3	(a)	
3.	Recipients					
	· Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(e)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
			-			
				ł		
			Dheebas			
	B. Name of Indi		Number of Ticket(s)/		identify one of the i	ollowing:
	factor, i ac	-y	Passes			
]		ontal Role Other Other One Other Other	
			Î			
			·	0	onial Role 🔲 Other 🖸	Income
			1	1	ng "Ceremonial Role" or "Other" de	
				1		8
	 		Number			
	C. Name of Outside Or (include address and		of Ticket(s)/	Describe the	Describe the public purpose made pursuant to the age	
			Passes	-		······
	Livermore Unified School D	District	2	To rew	ard a school or non	nrofit organization for
				101ew	its contributions to t	profit organization for
	685 East Jack LondonBoul				NO CONTRIDUCTIONS TO L	ne continuinty
_	Livermore, CA 94551-1855			<u> </u>		
. 1	Verification					
į	I show hale	Aations 18944	.1 and 18942.	l have verified th	hat the distribution set fo	orth above, is in accordance
1						•
		lee ∆n	n Fergerson		Ticket Administrator	8/24/18
1	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
)	•			* * *** # ***
	Comment:	/				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{35.00}{}$ Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Baseball Date(s) 9 / 18 / Provide Title/ Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients • 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Chase, Stacey event in order to maximize potential county 2 revenue for concession and parking sales. Income 🔲 Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Verification derstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Lee Ann Fergerson Ticket Administrator 8/24/18 Print Name Title (month, day, year) Signature of Agency Head or/Designae

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 35.00 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Baseball Date(s) 9 / 18 / Provide Title/ Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income __ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Livermore Unified School District 2 To reward a school or non-profit organization for its contributions to the community 685 East Jack LondonBoulevard Livermore, CA 94551-1855 Verification PC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Lee Ann Fergerson Ticket Administrator 8/24/18 Signature of Agency Head or Designee Print Name Title (month, day, year)

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 35.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Baseball Date(s) ___9__/ 23 Provide Title/ Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes⊠ No 🗆 Name of Source Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · Use Section A to identify the agency's department or unit. · Use Section B to identify an individual. · Use Section C to identify an outside organization. Nümber Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔲 Income 🛄 If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** Alameda County School Board Association 4 To reward a school or non-profit organization for 68 Via Matero San Lorenzo, CA 94580 its contributions to the community 4. Verification egulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance 7/25/18 Lee Ann Fergerson Ticket Administrator √ Signature of Agency | (month, day, year)

Comment: Contact Person Penny Peck, Vice President Alameda County School Board Association

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form ALAMEDA COUNTY For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 510-272-691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 304.80 Does the agency have a ticket policy? Yes ⊠ No 🗆 Event Description: Warriors/Timberwolves Date(s) ___9 / 29 / Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes 🔯 No 🗌 Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ⊠ No □ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes To promote attendance at a county sponsored Paxton, Chris event in order to maximize potential county 4/1 revenue for concession and parking sales. Ceremonial Role 🔲 Other 📙 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Vegification I have read and understand FPPC Poordations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Lee Ann Fergerson Ticket Administrator 9/30/18 Signature of Agency Head or Designee Print Name (month, day, year)

	gency Report of: eremonial Role Even	ts and Ticket/l	Pass Distr	ibutions	AF	Public Document
	Agency Name Alameda County Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title)				Date Stamp	California 802 Form Official Use Only
	Lee Ann Fergerson, Ticket		1	Amendment (Must Prov	ride Explanation in Part 3.)	
	Area Code/Phone Number 510-272-6691	E-mail leeann.fergerson@	gacgov.org		Date of Original Filing:	(month, day, year)
2.	Function or Event Information Does the agency have a tick Event Description: Warriors Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	anation ☐		Each Ticket/Pass \$ 304 y 29 / 18 Name of Source ty, Scott Official's Name (Last, First)	.80	
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identify	an outside organization.
	B. Name of India		Passes Number of Ticket(s)/		Identify one of the follo	owing:
	(Last, Firs	it)	Passes		onial Role Other ing "Ceremonial Role" or "Other" describ	Income De below:
					onial Role Other ing "Ceremonial Role" or "Other" describ	Income C
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursua	ant to the agency's policy
Chaset, Nick		4		school or non-profit orga to the community.	anization for its	
1111 Broadway, 3rd floor Oakland, CA 94607						
ļ.	Verification	PC Regulations 18944	.1 and 18942.	l have verified t	hat the distribution set forth	above, is in accordance
	ઝigna tūle ″of′Agenc y F		n Fergerson		Ticket Administrator	9/27/18 (month, day, year)
	Comment:	, N				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Alameda County Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 510-272-6691 leeann.fergerson@acgov.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 305.55 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Raiders football game Date(s) __9__/_ 30 , Provide Title/ Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ☑ No □ Name of Source If yes: Haggerty, Scott Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? Recipients · 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 Name of Agency, Department or Unit Α. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Luna, Manuel To promote attendance at a county sponsored event in order to maximize potential county 4/1 revenue for concession and parking sales. Income Ceremonial Role 🔝 Other 📙 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Verification PC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance Lee Ann Fergerson Ticket Administrator 9/27/18 Print Name (month, day, year)

Comment: _

Alameda County Division, Department, or Region (if applicable) Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley Area Code/Phone Number (510) 272-6694 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 200 Event Description: Sam Smith Provide Title' Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Coliseum JPA Name of Source Was ticket distribution made at the behest Yes No If yes: Miley, Nathan of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization A. Name of Agency, Department or Unit B. Name of Agency, Department or Unit Miley, Sarah Miley, Sarah	C	gency Report of: eremonial Role Ever	nts and Ticket	Pass Dist	ributior	c Documen		
Alameda County Division, Department, or Region (of applicable) Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley Area Code/Phone Number (510) 272-8694 Idistrict/@acgov.org	1.	Agency Name				The same of the sa		
Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley Area Code/Phone Number E-mail					1	1000000000000000 ~ 4 to 10 to		
Designated Agency Contact (Name, 786) Nethran Miley Nethran Miley Nethran Miley Nethran Miley Supervisor Amendment (Mast Provide Explanation in Part 3 Date of Original Filling:						r Official Use Only		
Nathan Miley Area Code/Phone Number E-mail district4@acgov.org Date of Original Filling: Growth, day year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 200 Event Description: Sam Smith Date of Original Filling: Growth, day year) Founder Ticket Explanation Date (s) 9 4 18 18								
Area Code/Phone Number (510) 272-6694 E-mail district4@acgov.org Date of Original Filing:		Designated Agency Contact	(Name, Title)					
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Does the agency have a ticket policy? Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 200 Event Description: Sam Smith Provide Title Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Colliseum JPA Name of Source If yes: Miley, Nathan of agency official? 3. Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to Identify an outside organization (Last, Frat) B. Name of Agency, Department or Unit Officials Frate A. Name of Individual (Last, Frat) Passes Miley, Sarah Officials Very Section C to Identify an outside organization of Ticket(s) Passes To incredise attendiance of the following: Incompared the following: Commontal Role ☐ Other ☐ Incompared the following: Incompared the following: Occurrence of the following: Incompared the following: Occurrence of the following: Occurrence of the following: Occurrence of Other ☐ Incompared the foll		(510) 272-6694	district4@acgov	org	Date of Original Filing:	(month, day, year)		
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Mare of Source No If yes: Miley, Nathan Name of Source			Provide Title/ Exp.	lanation	Date(s)			
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3. Recipients - Use Section A to Identify the agency's department or unit. - Use Section B to Identify an individual. - Use Section C to identify an outside organization. A. Name of Agency, Department or Unit. - Passes - Describe the public purpose made purposit to the agency's polypasses. - B. Nume of Individual (Last, First) - Passes - Describe the public purpose made purposit to the agency's polypasses. - Describe the public purpose made purposit to the agency's polypasses. - Describe the public purpose made purposit to the agency's polypasses. - Describe the public purpose made purposit to the agency's polypasses. - Describe the public purpose made purposit to the agency is polypasses. - Describe the public purpose made purpose mad		of agency official?	a ar ma panest Aet	No □	Official's Name (Last, First)			
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B. Name of Individual (Last, First) Miley, Sarah A. Name of Individual (Last, First) Miley, Sarah A. Name of Outside Organization (Include address and description) C. Name of Outside Organization (Include address and description) Number of Ticket(s): Passes Number of Ticket(s): Passes Number of Coremonial Role (Include address and description) Number of Ticket(s): Passes Number of		A STATE OF THE PARTY OF THE PAR	THE RESERVE OF THE PERSON OF THE		identify an individual. • Use Section C to identify a	n outside organization.		
B. Name of Individual (Last, First) of Ticket(s): Identify one of the following: Miley, Sarah 4 To increase afterdance at a County sponsored event of an event hosted in a county facility Coremonial Role Other Incompared to a county facility		A. Name of Agency, Dop	ertment or Unit	of Ticket(s)/	Describe the public purpose made pursual	it to the agency's policy		
Miley, Sarah Ceremonial Role Other Inco Coremonial Role Other Inco A To increase attendance at a county sponsored event of an event hosted in a county facility Ceremonial Role Other Inco Inco								
To increase attendance at a county sponsored event of an event hosted in a county sponsored event of an event hosted in a county sponsored event of an event hosted in a county facility Coremonial Role Other Incomplete of the county sponsored event of the county facility Coremonial Role Other Incomplete of the county sponsored event of the county sponsored event of the county facility Coremonial Role Other Incomplete of the county sponsored event of the county facility Coremonial Role Other Incomplete of the county facility Coremonial Role Other Incomplete of the county facility Coremonial Role Other Incomplete of the county facility Coremonial Role Other Incomplete of the county facility Coremonial Role Other Incomplete of the county facility Pasces Other Other describe below Incomplete of the county facility Incomplete of				of Ticket(s)/	identify one of the following:			
C. Name of Outside Organization of Ticket(s): Describe the public purpose made pursuant to the agency's poll Pascase Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in according to the requirements. A Nathan Miley Supervisor 11/7/18		Miley, Sarah		4	To increase attendance at a county sp	income [below. onsored event or at		
C. (Include address and description) of Ticket(s): Pascas Describe the public purpose made pursuant to the agency's poil of Ticket(s): Pascas Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in according to the public purpose made pursuant to the agency's poil Nathan Miley Supervisor 11/7/18			- 1 mg					
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordant the requirements. Nathan Miley Supervisor 11/7/18		C. Name of Outside O (Include address and	rganization description)	of Ticket(s)/	Describe the public purpose made pursuan	t to the agency's policy		
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordant the requirements. Nathan Miley Supervisor 11/7/18								
Nathan Miley Supervisor 11/7/18	. 1	/erification						
Nathan Miley Supervisor 11/7/18	1	have read and understand FP	PC Regulations 1894	1.1 and 18942.	have verified that the distribution set forth a	above, is in accordance		
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Comment:				a a superior	ine	(month, day, year)		

C	gency Report of: eremonial Role Even	ts and Ticket/	Pass Distri	butions	A	Public Document	
	Agency Name				Date Stamp	California 802	
	Alameda County]	Form 502 For Official Use Only	
	Division, Department, or Reg	on (if applicable)				For Official Ose Only	
	Board of Supervisors, Distric	ot 4				78.10	
	Designated Agency Contact (Name,Title)					
	Nathan Miley				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail					
	(510) 272-6694	district4@acgov.	org		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticl	ket policy? Ye	s⊠ No□ F	ace Value of	Each Ticket/Pass \$ _		
	Event Description: League of	of Legends		oate(s)9	<u> 8 / 18</u>		
	Tiplest(s)/Desc(ss) provided	Provide Title/ Ex	planation	no: Coliseun	n JPA		
	Ticket(s)/Pass(es) provided	by agency? Ye			Name of Source		
	Was ticket distribution made	e at the behest Va	SER NOT I	yes: Miley, N	Nathan		
	of agency official?	10	3E 110E		Official's Name (Last, First)		
					<u></u>		
3.	Recipients • Use Section A to identify the ager		. IV G	: 3 41C 1 - 31ml	dual + The Section C to idea	ntify an outcide organization	
	• Use Section A to identify the ager	icy's department or unit	Number	identity an indivi	dual. Ose section C to ide	ithy an outside organization.	
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/	Describe t	he public purpose made pu	rsuant to the agency's policy	
	B. Name of Ind		Number of Ticket(s)/		identify one of the	following:	
		31)	Passes		monial Role Other	7 Income I	
	Gee, Terrance		2	To increase		lescribe below: on sored event or at	
	Chan, Kai	< .	2	To increase	monial Role Other cking "Ceremonial Role" or "Other" or attendance at a count sted in a county facilit	ty sponsored event or at	
	C. Name of Outside C		Number of Ticket(e)/ Passes	Describe t	he public purpose made pu	rsuant to the agency's policy	
4.	Verification		1		45		
••	I have read and understand FF	PPC Regulations 189	944.1 and 18942.	I have verified	I that the distribution set	forth above, is in accordanc	
	with the requirements.	N	athan Miley		Supervisor	11/7/18	
			Print Name		Title	(month, day, year)	

Cer	emonial Role Event	s and Ticket	butions	A Public Document				
	gency Name				Date Stamp	California 802		
Αl	ameda County					Form 502 For Official Use Only		
Di	vision, Department, or Regio	on (if applicable)				1 of Official dae Offiy		
	oard of Supervisors, District							
De	esignated Agency Contact (N	lame,Title)						
	athan Miley				Amendment (Must	Provide Explanation in Part 3.)		
Aı	rea Code/Phone Number	E-mail	х.		Date of Original Filing			
(5	510) 272-6694	district4@acgov	org		Date of Original Filing	(month, day, year)		
2. F	unction or Event Inform	nation						
	oes the agency have a tick							
Е	vent Description: League o	f Legends Provide Title/ E	Explanation)ate(s)9	<u>, 9 , 18</u>			
Т	icket(s)/Pass(es) provided l		es □ No ☑ If	no: Coliseum	1 JPA			
				yes: Miley, N	Name of Source lathan			
	Vas ticket distribution made	at the behest Y	es⊠ No 🗆 🏻 II	yes:	Official's Name (Last, First)		
,	of agency official?							
3.	Recipients					251		
	• Use Section A to identify the agend	cy's department or uni	it. • Use Section B to	identify an indivi	dual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Depa	rlment or Unit	Number of Ticket(s)/ Passes	Describe ti	ne public purpose made p	ursuant to the agency's policy		
	Name of Indi		Number	建筑物度部	identify one of the following:			
	B. Name of India (Last, First		of Ticket(s)/ Passes		pontry one of the			
	Gee, Terrance		2	Ceremonial Role Other Other To increase attendance at a county sporan event hosted in a county facility		describe below: nty sponsored event or at		
	Chan, Kai	han, Kai			emonial Role Other Inco ecking "Ceremonial Role" or "Other" describe below: e attendance at a county sponsored event o osted in a county facility			
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe t	he public purpose made p	ursuant to the agency's policy		
	-					= =		
	/erification			<u> </u>				
/ V	have read and understand FF vith the requirements: 1	PPC Regulations 18	8944.1 and 18942.	I have verified	I that the distribution set	t forth above, is in accordance		
	77		Nathan Miley		Supervisor	11/7/18		
-	•		Print Name		Title	(month, day, year)		
		\/						
	Comment:	V						

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, District 4 Designated Agency Contact (Name, Title) Nathan Miley Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: district4@acgov.org (510) 272-6694 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Date(s) __9__/_ Event Description: Raiders 10 , Provide Title/ Explanation If no: Coliseum JPA Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: Miley, Nathan Was ticket distribution made at the behest Yes 🛛 No 🗋 of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Reems, Brondon To reward a community volunteer for their service to the 2 public Ceremonial Role Other Jackson, Bob To reward a community volunteer for their service to the 2 public Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 11/7/18 Nathan Miley Supervisor (month, day, year) Print Name

Agency Report of:

				butions		
Age	ncy Name				Date Stamp	California 802
	neda County					Form UUZ For Official Use Only
Divis	ion, Department, or Regi	ion (if applicable)				7 of Official Sec Stray
Boar	d of Supervisors, Distric	ct 4				
Desi	gnated Agency Contact ((Name, Title)	120			
Nath	an Miley				Amendment (Must	Provide Explanation in Part 3.)
Area	Code/Phone Number	E-mail				
(510)) 272-6694	district4@acgov	v.org		Date of Original Filing	(month, day, year)
Fun	ction or Event Infor	mation	<u> </u>		. 2	200
Doe	s the agency have a ticl	ket policy?	′es⊠ No□ F	ace Value of	Each Ticket/Pass \$ ²	.00
Eve	nt Description: BTS Wo	rld Tour	Evaluation [Date(s)9	, 12 , 18	
Tick	et(s)/Pass(es) provided		es □ No ☑ If	no: Coliseum	JPA Name of Source	
				yes: Miley, N	lathan	•
	s ticket distribution made agency official?	e at the behest \	∕es 🔼 No 🔲 "	yes	Official's Name (Last, First)
Re	ecipients se Section A to identify the ager	new's donortment or un	it • Use Section B to	identify an indivi	lual. • Use Section C to ide	ntify an outside organization.
			Number			ursuant to the agency's policy
A. 	Name of Agency, Dep	ertment or Unit	of Ticket(s)/ Passes	Deactine o	is being her boss mans b	
В.	Name of Ind		Number of Ticket(a)/		Identify one of the	a following:
1.5	Name of Ind (Last, Fil uhammed, Ansar			Cere To reward a	monial Role Other	
1.5	(Last, Fi		of Ticket(s)/ Passes	To reward a public	monial Role Other	Income describe below: service to the
1.5	(Last, Fil	organization	of Ticket(s)/ Passes	To reward a public Cere	moniał Role Other cking "Ceremonial Role" or "Other il COMMUNITY VOLUNTEE monial Role Other cking "Ceremonial Role" or "Other"	Income describe below: service to the
Mu	(Last, Fillular (Last, Fillula	organization	df Ticket(s)/ Passes 4 Number of Ticket(s)/	To reward a public Cere	moniał Role Other cking "Ceremonial Role" or "Other il COMMUNITY VOLUNTEE monial Role Other cking "Ceremonial Role" or "Other"	Income describe below: Income describe below:
C.	(Last, Fill whammed, Ansar Name of Outside (include address an	organization d description	of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes	To reward a public Cere If the	monial Role Other cking "Ceremonial Role" or "Other monial Role Other cking "Ceremonial Role" or "Other cking "Ceremonial Role" or "Other"	Income describe below: or for their service to the Income describe below: ursuant to the agency's policy
C.	(Last, Fill whammed, Ansar Name of Outside (include address an	organization d description	of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes	To reward a public Cere If the	monial Role Other cking "Ceremonial Role" or "Other is COMMUNITY VOLUNTEE monial Role Other cking "Ceremonial Role" or "Other" the public purpose made p	Income describe below: er for their service to the Income describe below: Income Income describe below: Income de
C.	(Last, Fill whammed, Ansar Name of Outside (include address an include address an include address and inc	organization d description	of Ticket(s)/ Passes 4 Number of Ticket(s)/ Passes	To reward a public Cere If the	monial Role Other cking "Ceremonial Role" or "Other monial Role Other cking "Ceremonial Role" or "Other cking "Ceremonial Role" or "Other"	Income describe below: Income describe below: Income describe below: Income describe below:

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Agency Name				Date Starr		orm 802
Alameda County						or Official Use Only
Division, Department, or Reg						
Board of Supervisors, Distri						
Designated Agency Contact	(Name, Title)					
Nathan Miley				Amendmen	(Must Provide Ex	planation in Part 3.)
Area Code/Phone Number	E-mail					
(510) 272-6694	district4@acgov.org			Date of Original	Filing:(moni	h, day. year)
Function or Event Infor	rmation				400	3 -4 (1 -4 (1)
Does the agency have a tic	ket policy? Yes [No F	ace Value of	Each Ticket/Pa	ss \$ 100	
Event Description: J Balvin		nation D	ate(s) 9	, 20 , 18	· · · · · · · · · · · · · · · · · · ·	
Ticket(s)/Pass(es) provided		J No⊠ If	no: Coliseur			
	•		yes: Miley, I	Name of Source Jathan		
Was ticket distribution mad	le at the behest Yes	No D	yes: willoy,	Official's Name (L	est, Firat)	
of agency official?						
Recipients • Use Section A to identify the age	ency's department or unit.	Use Section B to	identify an Indivi	dual. • Use Section	C to identify an or	ıtside organization.
		Number		MARKAN STATES		the agency's policy
A. Name of Agency, Dep	partment or Unit	of Ticket(s)/ Passes	Describe	na public purpose i	made pursuant w	tille affects a bound
		1	l l			
		Number				
B. Name of In	CONTRACTOR OF THE PROPERTY OF	Number of Ticket(s)/ Passes		identify or	ne of the following	
THE RESIDENCE OF THE PROPERTY	CONTRACTOR OF THE PROPERTY OF	of Ticket(s)	Cen To reward	montal Role	Other	
(Last, F	CONTRACTOR OF THE PROPERTY OF	of Ticket(s)/ Passes	To reward public	montal Role	Other Other Other	income income income
(Last, F	Grganization	of Ticket(s)/ Passes	To reward public	emonial Role Community Vo	Other Other Other Other Other Other Other Other Other Other describe between the other describe between the other describe of the other ot	income of service to the Income
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Rodriguez, Coco Rome of Outside (include address a	Grganization	of Ticket(s)/ Pacess 4 Number of Ticket(s)/	To reward public	emonial Role Community Vo	Other Other Other Other Other Other Other Other Other Other describe between the other describe between the other describe of the other ot	Income of service to the Income
Rodriguez, Coco C. Name of Outside (include address a	Crganization and description)	of Ticket(s)/ Passess 4 Number of Ticket(s)/ Passess	To reward public Cen # out	emonial Role Community Vo	Other Other Other Other Other Other or Other or Other describe between the other describe between the other other describe between the other oth	Income Income Income ow othe agency's policy
Rodriguez, Coco C. Name of Outside (include address a	Organization and description)	of Ticket(s)/ Passess 4 Number of Ticket(s)/ Passess	To reward public Cen # out	emonial Role Community Vo	Other Other describe being or 'Other or describe being or 'Other' desc	income income income income ow one one one one one one one one one one

. Agency Name				Date Stamp	California OOO	
Alameda County					Form 8UZ	
Division, Departme	nt, or Region (if applica	ble)		, , , , , , ,	For Official Use Only	
Board of Supervis	ors, District 4					
Designated Agency	y Contact (Name, Title)					
Nathan Miley				T Amandment III.	t Provide Explanation in Part 3)	
Area Code/Phone I	Number E-mall			Musal Mus	rrovide Explanation in Part 3.)	
(510) 272-6694	district4@	acgov.org		Date of Original Filing	J:(month, day, year)	
. Function or Ev	ent Information				. 6 86 6 85° (CEE 6650-8°)	
Does the agency	have a ticket policy?	Yes 🛛 No 🗌	Face Value of	Each Ticket/Pass \$	304.80	
Event Description	Warriors			, 29 , 18		
	Provid	e Title/ Explanation			the state of the s	
Ticket(s)/Pass(es)) provided by agency?	Yes ☐ No ☑	If no: Coliseum	Name of Source		
Was ticket distribu	ution made at the beh	est Voc M No II	If ves: Miley, N	lathan		
of agency official		OO. 168 DI NO CI		Official's Name (Last, Firs	U .	
3. Recipients * Use Section A to ide	utife the approve donastmon	et ar unit - t lite Section R to	idantify an indivi-	loal . The Cartina C to like	entify an outside organization.	
	and the agency a department	Number	e leading an individual	it at a case section C to its	ntity an outside organization.	
THE RESERVE AND ADDRESS OF THE PARTY OF THE				the public purpose made pursuant to the agency's polic		
A. Name of A	Agency, Department or Unit		Describe ti	is public purpose made p	ursuant to the agency's policy	
A. Name of A	Agency, Department or Uni	of Ticket(s)/	Describe th	e public purpose made p	Ursuant to the agency's policy	
A. Name of A	Agency, Department or Uni	of Ticket(s)/	Doscribe ti	ie public purpose made p	ursuant to the agency's policy	
A. Name of A	Agency, Department or Uni	of Ticket(s)/	Describe th	ie public purpose made p	ursuant to the agency's policy	
		of Ticket(s)/	Describe the			
	Agency, Department or Unit Name of Individual (Last, First)	of Ticket(s)/ Passes	Describe th	te public purpose made p		
	Name of individual	of Ticket(s)/ Passes Number of Ticket(s)/			a fellowing:	
В.	Name of individual	of Ticket(s)/ Passes Number of Ticket(s)/	Carer	identify one of the	a fellowing:	
В.	Name of individual	Number of Ticket(s)/ Passes	Carer	identify one of the nonial Role ☐ Other Keig Caremonet Role or 'Other County employee fo	e following:	
В.	Name of individual	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Carer To reward a service to the	identify one of the nomial Role Other County employee for e public nontal Role Other	income [describe below r his or her exemplary income [
B. Armstrong, Erin	Name of individual	Number of Ticket(s)/ Passes	Cerer To reward a service to the	identify one of the nonial Role ☐ Other County employee for e public nontal Role ☐ Other keg "Corenonial Role or "Other" County employee for	e following: Income [describe below This or her exemplary	
B. Armstrong, Erin	Name of individual	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 2	Carer To reward a service to the	identify one of the nonial Role ☐ Other County employee for e public nontal Role ☐ Other keg "Corenonial Role or "Other" County employee for	income [describe below r his or her exemplary	
B. Armstrong, Erin Brooks, Patricia	Name of individual (Lest, First)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Number of Ticket(s)/	Cerer To reward a service to the Cerer To reward a service to the	identify one of the nomial Role Other County employee for e public nomial Role Other county employee for	income [describe below r his or her exemplary	
B. Armstrong, Erin Brooks, Patricia	Name of individual (Last, First)	Number of Tickstistis Passes Number of Tickstistis Passes 2	Cerer To reward a service to the Cerer To reward a service to the	identify one of the nomial Role Other County employee for e public nomial Role Other county employee for	Income [describe below r his or her exemplary Income [describe below r his or her exemplary	
B. Armstrong, Erin Brooks, Patricia	Name of individual (Lest, First)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Number of Ticket(s)/	Cerer To reward a service to the Cerer To reward a service to the	identify one of the nomial Role Other County employee for e public nomial Role Other county employee for	income describe below r his of her exemplary income describe below r his or her exemplary	
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B. Armstrong, Erin Brooks, Patricia	Name of individual (Lest, First)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Number of Ticket(s)/	Cerer To reward a service to the Cerer To reward a service to the	identify one of the nomial Role Other County employee for e public nomial Role Other county employee for	Income [describe below r his or her exemplary Income [describe below r his or her exemplary	
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B. Armstrong, Erin Brooks, Patricia C. Name (include	Name of Individual (Last, First) of Outside Organization address and description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes Attmber of Ticket(s)/ Passes	Cerer To reward a service to the Cerer To reward a service to the Describe the Cerer	identify one of the nonial Role ☐ Other County employee for e public nontal Role ☐ Other County employee for e public e e public e e e e e e e e e e e e e e e e e e e	e following: Income [describe below r his or her exemplary Income [describe below describe below his or her exemplary	

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. /	Agency Name				Date Sta	emp	California Form	802
	Alameda County							l Use Only
Ĉ	Division, Department, or Reg	on (if applicable)						
	Board of Supervisors, Distric							
Ī	Designated Agency Contact ((Name, Title)						
ħ	Nathan Miley				Amendment (Musi Provide Explanation in Parl 3.			
7	Area Code/Phone Number	E-mall						
1	(510) 272-6694	district4@acgov.or	9		Date of Origin	ıal Filing:	(month, day y	ear)
	Function or Event Infor	mation				205	EE	
	Does the agency have a tic	ket policy? Yes l	X No□ F	ace Value of	Each Ticket/F	ass \$ 305	1,00	
	Event Description: Raiders			ate(s)9				
		Provide Title/ Expla	nation					
	Ticket(s)/Pass(es) provided	by agency? Yes	☐ No 🛭 If	no: Coliseum	Name of Sour	T:0		
	And and the second seco		- If	yes: Miley, N	lathan			
	Was ticket distribution made	e at the benest Yes	MOU "	y 00.	Official's Name	(Last, First)		
	of agency official?							
	Recipients			3				
	· Use Section A to identify the age	ncy's department or unit.	Use Section B to	dentify an Indivi	iual. • Use Sectio	n C to identi	fy an outside or	ganization.
		and an Italy	Number	Describe to	ne public purpos	e made ours	uant to the age	ncy's policy
	A. Name of Agency, Dep	SUMER OF OHK	of Ticket(s)	Describe to				
	Control of the Contro							
	3	847						
	B. Name of inc		Number of Ticketisty		identify	one of the fo	ollowing;	
	B. Name of inc.		THE RESERVE AND ADDRESS OF THE PARTY OF THE		HIM THOUGH	明色的物质	illowing;	
			of Tiekatis)	Cere	monial Role	Other		
	(Laar, P		of Ticket(s)	To reward	HIM THOUGH	Other		
	(Laar, P		of Tiekatis)	To reward a	monial Role king Ceremonial Rol COMMUNITY	Other D	cribe below: or his or her	service to
	(Laar, P		of Ticker(s) Passes	To reward a	monial Role king Ceremonie Rol COMMUNITY	Other Other Co	ir his or her	service to
	Linton, Donna		of Tiekatis)	To reward a the public	monial Role king Ceremonial Rol COMMUNITY	Other Other Co	ir his or her	service to
	Linton, Donna		of Ticket sy Passes 2	To reward a	monial Role king Ceremonie Rol COMMUNITY	Other Other Co	ir his or her	service to
	Linton, Donna King, Dorothy Name of Outside	Organization	of Ticker(s) Passes	To reward a the public Cere To reward a the public	monial Role king Ceremonie Rol COMMUNITY	Other Differ for Other	or his or her	Income service to
	Linton, Donna King, Dorothy	Organization	of Tickets // Passes 2 Number	To reward a the public Cere To reward a the public	munial Role ching "Coremonie Rol COMMUNITY I monial Role ching Ceremonial Rol COMMUNITY I	Other Differ for Other	or his or her	Income service to
	Linton, Donna King, Dorothy Name of Outside	Organization	2 Number of Ticket(s)	To reward a the public Cere To reward a the public	munial Role ching "Coremonie Rol COMMUNITY I monial Role ching Ceremonial Rol COMMUNITY I	Other Differ for Other	or his or her	Income service to
	Linton, Donna King, Dorothy Name of Outside	Organization	2 Number of Ticket(s)	To reward a the public Cere To reward a the public	munial Role ching "Coremonie Rol COMMUNITY I monial Role ching Ceremonial Rol COMMUNITY I	Other Differ for Other	or his or her	Income service to
	Linton, Donna King, Dorothy Name of Outside	Organization	2 Number of Ticket(s)	To reward a the public Cere To reward a the public	munial Role ching "Coremonie Rol COMMUNITY I monial Role ching Ceremonial Rol COMMUNITY I	Other Differ for Other	or his or her	Income service to
	Linton, Donna King, Dorothy Name of Outside	Organization	2 Number of Ticket(s)	To reward a the public Cere To reward a the public	munial Role ching "Coremonie Rol COMMUNITY I monial Role ching Ceremonial Rol COMMUNITY I	Other Differ for Other	or his or her	Income service to
4.	Linton, Donna King, Dorothy Name of Outside	Organization	2 Number of Ticket(s)	To reward a the public Cere To reward a the public	munial Role ching "Coremonie Rol COMMUNITY I monial Role ching Ceremonial Rol COMMUNITY I	Other Differ for Other	or his or her	Income service to
4.	C. Name of Outside (include address at Include a	Organization and description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	To reward a the public Cere To reward a the public Describe to	monial Role ching Ceremonial Rol COMMUNITY monial Rols ching Ceremonial Rol COMMUNITY the public purpor	Other Comber to	or his or her	Income service to ency's policy
1.	C. Name of Outside (include address at	Organization and description) -PPC Regulations 1894	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	To reward a the public Cere To reward a the public Describe to	munial Role ching Community is community in the community is community in the community in the public purpose is that the distribution in the public purpose is that the distribution is community in the public purpose.	Other Condition of the made pure	or his or her	income service to ency's policy
1.	C. Name of Outside (include address at Include a	Organization and description) -PPC Regulations 1894	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	To reward a the public Cere To reward a the public Describe to	monial Role ching Ceremonial Rol COMMUNITY monial Rols ching Ceremonial Rol COMMUNITY the public purpor	Other Control of the	orth above, is	Income service to ency's policy

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1.	Agency Name		Date Stamp California				
	Alameda County					Form For Official Use Only	
	Division, Department, or Reg	ion (!f Applicab	le)			For Official Ose Only	
	Board of Supervisors Designated Agency Contact (Name Title					
	Designated Agency Contact (Name, nite)					
	Gabriela Christy				Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail		-			
	(510) 272-6692	Gabriela.Cl	hristy@acgov.	.org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	mation				John	
	Does the agency have a ticke	t policy?	Yes 🗵 No [Face Value o	of Each Ticket/Pass \$.	200	
	Event Description Sam Smith	า		Date(s) 09	, 04 , 18		
	Event bescription	Provide Title/Exp	planation	Date(s)		i)	
	Ticket(s)/Pass(es) provided by	v agency?	Yes □ No [⊠ If no: GSW			
		, , ,	_	Name of S			
	Was ticket distribution made a	t the behest	No ☐ Yes [⊠ If yes: <u>Valle,</u>	Richard- Supervisor	District 2	
	of agency official?				Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agency	/'s department or	`	tion B to identify an individu	al. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
			·				
	B. Name of Individua	· ·	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
	Jacob, Amanda		rass(es)		Other ial Role" or "Other" describe below	Income 🔲	
	,		4	-		nis or her service to the	
				Ceremonial Role	Other I	Income 🗌	
					77		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	ublic purpose made pursuant to the agency's policy		
					-		
		-		11			
	10	<u> </u>			i:		
4.	Verification						
	I have read and understand EDDO D- Jul	lations 18944.1 an	nd 18942. I have ver	rified that the distribution set fo	orth above, is in accordance w	rith the requirements.	
			Gabriela Ch	hristy	Supervisor's Assistar	nt 1/8/19	
	Je		Print Name		Title	(Month, Day, Year)	
	Comment:						

_	,						
Cerer	monial	Role	Events	and '	Ticket/Pass	Distribution	ons

					A Fublic Docume			
1.	Agency Name				Date Stamp	California Q02		
	Alameda County					Form OUZ		
	Division, Department, or Regi	on (If Applicabl	le)	•		For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Name,Title)						
	Gabriela Christy	•						
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
	(510) 272-6692	risty@acgov	v.ora	Date of Original Filing: _				
_	Function or Event Inform			7.		(Month, Day, Year)		
	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	200		
	- •	•		_		00 00 10		
	Event Description 2018 NA L	Provide Title/Exp	lanation	Date(s)		09 , 09 , 18		
	Ticket(s)/Pass(es) provided by			If no: GSW				
	rioket(a)/r add(ed) provided by	agency:	Yes 🗌 No	_	Name of Sour			
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Valle,	Richard- Supervisor D	istrict 2		
	of agency official?			·	Official's Name (La	st, First)		
3.	Recipients		0		,			
	Use Section A to identify the agency	's department or		ction B to identify an individu	al. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy		
	'n		Pass(es)					
			,	-				
	B. Name of Individua	-, !	Number of					
	(Last, First)	·	Ticket(s)/ Pass(es)	r	Identify one of the following:			
	Nicona Maria			Ceremonial Role	Other	income		
	Nunez, Mario		4	•	al Role" or "Other" describe below:			
			'	10 reward a common public	or her service to the			
			1	Ceremonial Role	Other 🗌			
	Nguyen, Julie		1	1	al Role" or "Other" describe below:	Income L		
			7	To reward a commu	unity volunteer for his o	r her service to the		
		:		public				
	Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publi	ic purpose made pursuant to	the agency's policy		
	(include address and desc	inpuon)	Pass(es)					
ŀ.	Verification	c				****		
	I have nead and understand FPPC Regula	itions 18944.1 and	l 18942. I have ve	erified that the distribution set for	rth above, is in accordance with t	the requirements.		
	<u>_</u>	<u> </u>	Gabriela C		Supervisor's Assistant	1/8/19		
	nee)		Print Nam	e ·	Title	(Month, Day, Year)		
	Comment:							

						A Labile Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
	Board of Supervisors					25 15
	Designated Agency Contact (Name, Title)		<u> </u>		
	Gabriela Christy					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	Gabriela.Ch	nristy@acgov	org.	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	<u> </u>				(WORLI, Day, Tear)
	Does the agency have a ticker	t policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	305.55/35
	Event Description Raiders vs	. Rams	_		, 10 , 18	
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes□ No	⊠ If no: Oaklar	nd Athletics	
			Name of So			
	Was ticket distribution made a of agency official?	t the behest	No 🔲 Yes	⊠ If yes: <u>Valle,</u>	Richard- Supervisor I	District 2
					Official's Name (L	.ast, First)
3.	Recipients					
	Use Section A to identify the agency	s department or	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			F455(65)	:4	- 	
						
	B. Name of Individua		Number of		14-45 64. 64.	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Alvarado, Carina			Ceremonial Role	_	Income
	Alvarado, Carina		3/1		al Role" or "Other" describe below:	
				public	munity volunteer for his	s or her service to the
				Ceremonial Role	Other	Income
				_	al Role" or "Other" describe below:	IIIOITIE 🗀
						•
	117					
	Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
	(microde address and desc	ліриоп)	Pass(es)			
			,			
	Verification		····	· · · · · · · · · · · · · · · · · · ·		
	l have read and understand FPPC Recula	ations 18944.1 and	l 18942. I have ver	ified that the distribution set fo	rth above, is in accordance with	the requirements.
	_		Gabriela Ch	nristy	Supervisor's Assistant	1/9/19
	1	•	Print Name		Title	(Month, Day, Year)
	Commont					
	Comment:		-	····		

_	•	_							
Cerer	nonia	i Role	Events	and T	icket/F	ass	Distri	bution	15

_						A Public Document	
۱.	Agency Name			Date Stamp	California 802		
	Alameda County					Form 002	
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name Title)	 .				
		, , , , , , , , , , , , , , , , , , , ,					
	Gabriela Christy	I.		Amendment (Must pro	ovide explanation in Part 3.)		
	Area Code/Phone Number			Pote of Original Filings			
	(510) 272-6692		risty@acgov	/.org	Date of Original Filing:	(Month, Day, Year)	
	Function or Event Inform					20	
	Does the agency have a ticker	t policy?	Yes 🗵 No		f Each Ticket/Pass \$		
	Event Description BTS			Date(s) 09	, 12 , 18	1 1	
		Provide Title/Exp	lanation	Dutc(3)		8	
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	If no: GSW			
	., ., .,				Name of Sour		
	Was ticket distribution made a	t the behest	No 🗌 Yes	if yes: Valle,	Richard- Supervisor D	istrict 2	
	of agency official?				Official's Name (La	st, First)	
	Recipients			· · · -			
	 Use Section A to identify the agency 	's department or		ction B to identify an individu	al. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Departme	icy, Department or Unit Number of Ticket(s)/ Pass(es) Describe the content of Describe			public purpose made pursuant to the agency's policy		
•	· · · · · · · · · · · · · · · · · · ·	•			,		
			ļ				
			-				
	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the following	g:	
-			Pass(es)				
	Lee, Chan U			Ceremonial Role	Other al Role" or "Other" describe below:	Income 📙	
	,		1 A		mmunity volunteer for his or her service to the		
			'	public	,		
•				Ceremonial Role	Other	Income 🔲	
			·	If checking "Ceremonia	al Role" or "Other" describe below:		
_							
(Name of Outside Organi		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant to	the agency's policy	
_	(include address and des	cription)	Pass(es)	Section are publi	- Parkees made barouant to	and agency a poncy	
			1				
	ii.						
•			T	,	=		
_	Verification						
	Verification have_read and understand FPPC Regul	ations 18044 1 and	1 18042 have ve	rified that the distribution set to	orth ahove is in accordance with	the requirements	
′	патодвац ана иновізіана ЕГГО Кедин	uuuna 10344.1 dNC				ure requirements.	
			Gabriela C		Supervisor's Assistant	11819	
	nee		Print Nam	e ·	Title	(Month, Day, Year)	
,	Commont:						
•	Comment:				<u> </u>		

	. 3					
C	ere	monial	Role	Events an	d Ticket/Pass	Distributions

						A . abiio bocamen	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form OUZ			
	Division, Department, or Regi	on (If Applicab	ole)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name,Title)	¥				
	Gabriela Christy		Amandment (4, 1)				
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)	
	(510) 272-6692		hristy@acgov	.org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	nation	r			1,00	
	Does the agency have a ticket	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	<u> </u>		
	Event Description J Balvin			Date(s)	, 20 , 18	1 1	
		Provide Title/Ex	planation				
	Ticket(s)/Pass(es) provided by agency? Yes			If no: GSW	Name of Sou	Trop.	
	Was ticket distribution made at the behest No □ Ye			v Valle	Richard- Supervisor E	·· = =	
	vvas ticket distribution made at the behest No ☐ Ye of agency official?			If yes:	Official's Name (L	ast, First)	
3.	Recipients					-	
•	Use Section A to identify the agency	's department o	r unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the publ	ublic purpose made pursuant to the agency's policy		
	· · · · · · · · · · · · · · · · · · ·		Pass(es)		· · · · · · · · · · · · · · · · · · ·		
			+				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following:			
	(Last, First)		Pass(es)		identity one of the following	ng;	
				Ceremonial Role		Income	
	Schmidt, Han	14		al Role" or "Other" describe below:			
	Common Hours	, ,	públic	nunity volunteer for his	s or her service to the		
			1	Ceremonial Role	Other	Income	
				If checking "Ceremonia	al Role" or "Other" describe below:		
			N				
	C. Name of Outside Organiz (include address and desc	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant t	o the agency's policy		
					· · · · · · · · · · · · · · · · · · ·		
]]				
							
4.	Verification	<u>. </u>					
	l have read and understand FPPC Recula	tions 18944.1 and	d 18942. I have ver	ified that the distribution set fo	rth above, is in accordance with	the requirements.	
		Gabriela Ch		Supervisor's Assistant	119/19		
	-		Print Name		Title	(Month, Day, Year)	
	Comment:						

_	eremonial Role Even			A Public Documer					
	Agency Name		Date Stamp	California 802					
	Alameda County					Form For Official Use Only			
	Division, Department, or Reg	ion (If Applicab		Y G. G. G. G. G. G. G. G. G. G. G. G. G.					
	Board of Supervisors								
	Designated Agency Contact	(Name, Title)							
	Gabriela Christy								
	Area Code/Phone Number			Amendment (Must)	provide explanation in Part 3.)				
	(510) 272-6692	Gabriela.Cl	nristy@acgov	r.org	Date of Original Filing:	(Month, Day, Year)			
	Function or Event Infor	mation			W .	209			
	Does the agency have a ticke	et policy?	Yes 🛛 No	☐ Face Value	of Each Ticket/Pass \$ _	200			
	Event Description Childish G	abino	9 , 27 , 18						
	Event Description	Provide Title/Exp							
	Ticket(s)/Pass(es) provided b	y agency?	Yes ☐ No	IM If no: GSW					
			Name of So						
	Was ticket distribution made a	at the behest	No 🔲 Yes	If yes: Valle	e, Richard- Supervisor	District 2			
	of agency official?				Official's Name (Last, FIrst)			
•	Recipients	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	ction is to identify an individ	lual. • Use Section C to ider	itify an outside organization.			
	A. Name of Agency, Department	ent or Unit	Ticket(s)/ Pass(es) Describe the put		ablic purpose made pursuant to the agency's policy				
			1 405(05)			31			
				:					
					······································				
					28				
	B. Name of Individu	Number of							
	(Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:		ring:				
				Ceremonial Role	Other	Income			
				If checking "Ceremon	nial Role" or "Other" describe below:				
		-							
				Ceremonial Role	Other	Income [
				ir checking Ceremoi	nial Role" or "Other" describe below:				
	, 2			1 pt.					
٠	C. Name of Outside Organization		Number of		· · · · · · · · · · · · · · · · · · ·				
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the age		to the agency's policy			
•	AICO Democratic Party 510	972 0000		T					
	AICO Democratic Party 510.873.0222		4	to the community	rd a school or nonprofit organization for its contributions mmunity				
				to the community	E				
	<u> </u>			·					
	Verification	laliana 400444	140040 11						
	nawe read and understand EPPC Redu		a 18942. I have ve	enned that the distribution set :	forth above, is in accordance wi	th the requirements.			
	THE TEST OF STREET	iauuris 16944. I ari				_1 _ 1 _			
	The second of th		Gabriela C		Supervisor's Assistan	ماءا			

Comment: _

	agency Report of: Peremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1.	Alameda County Division, Department, or Region (If Applicable	unty			California 802 Form 801	
	Board of Supervisors Designated Agency Contact (Name, Title)	<u> </u>		±		
	Gabriela Christy Area Code/Phone Number E-mail Gabriela.Chr	ristv@acqov.	ora	Amendment (Must p.		
2	Function or Event Information		(Month, Day, Year)			
۷.	Does the agency have a ticket policy? Event Description Jerwin Anajas vs. Alejan			f Each Ticket/Pass \$, 28 , 18		
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No [_	Name of Sou		
	Was ticket distribution made at the behest of agency official?	No ☐ Yes [If yes: Valle,	Richard- Supervisor D	ast, First)	
3.	Use Section A to identify the agency's department or u Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		ial. • Use Section C to ident		
				× ×		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
				Other al Role" or "Other" describe below:	Incòme	
			Ceremonial Role	Other al Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
	La Familia 2971 Shattuck Ave, Berkeley, CA 94705	4	To reward a school to the community	ard a school or nonprofit organization for its contributions mmunity		
	La Familia is an inclusive, Latino, community-based, multicultural organizat		committed to streng	thening the emotional n of families.	wellness of individuals	
ŧ.	Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ven	ified that the distribution set fo	orth above, is in accordance with	h the requirements.	
	iee	Gabriela Ch	risty S	Supervisor's Assistant	(Month, Day, Year)	

						A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form 002			
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Gabriela Christy						
	Area Code/Phone Number	E-mail	[†.		Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6692		risty@acgov	ora.	Date of Original Filing: _	(Marth Brown)	
2	Function or Event Infor			9		(Month, Day, Year)	
	Does the agency have a ticke	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$	304.80		
	• •	•		—	•		
	Event Description Warriors v	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by			⊠ If no: GSW			
	ricket(s)/rass(es) provided by	y agency?	Yes 🗌 No	_	Name of Sou		
	Was ticket distribution made a	t the behest	No ☐ Yes	⊠ If ves: Valle,	Richard- Supervisor D	istrict 2	
	of agency official?			,	Official's Name (La	ast, First)	
3.	Recipients	::			· · · · · · · · · · · · · · · · · · ·	····	
	Use Section A to identify the agency	's department or		tion B to identify an individu	al. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)				
						· · · · · · · · · · · · · · · · · · ·	
	B. Name of Individua	<u> </u>	Number of				
	(Last First)		Ticket(s)/ Pass(es)	Identify one of the following:		g:	
				Ceremonial Role	Other	Income 🗌	
				If checking "Ceremonia	al Role" or "Other" describe below:		
			l .				
				0	7		
				Ceremonial Role [Other al Role" or "Other" describe below:	Income 🔲	
				-			
	C. Name of Outside Organ	ization	Number of	Describe the multi	is numers and a	- 4h	
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy	
	Alameda County School Box	ard		To reward a school	or nonprofit organization	on for its contributions	
	Association (313 Winton Ave		4	to the community	or nonprone organization	on to the bolterions	
						·	
1	Verification						
	l have read and understand FPPC Regula	ations 18944.1 and	l 18942. I have vei	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
			Gabriela Cl		Supervisor's Assistant	Jalia	
	gnee		Print Name		Title	(Month, Day, Year)	
	Ī					(mining bay, roug)	
	Comment: Raffle to promote	attendance a	at the School	Board Association Ic	e Cream Social		

_							
Cerer	monial	Role	Events	and	Ticket/Pass	Distribution	C

					A Tubile Document	
1.	Agency Name	- 4		Date Stamp	California Ono	
	Alameda County		Form OUZ			
	Division, Department, or Region (If Applicable	p)			For Official Use Only	
	Board of Supervisors				0	
	Designated Agency Contact (Name, Title)	-	14			
	Gabriela Christy	Amendment (Must s	provide explanation in Part 3.)			
	Area Code/Phone Number E-mail			Amendment (Must)	novide explanation in Part 3.)	
	(510) 272-6692 Gabriela Ch	risty@acgov	v.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				205 55/25	
	Does the agency have a ticket policy?	Yes 🗵 No		of Each Ticket/Pass \$ _		
	Event Description Raiders vs. Browns Provide Title/Expl.	enation	Date(s)	30 , 18		
	Ticket(s)/Pass(es) provided by agency?	nd Athletics				
		Name of So				
	Was ticket distribution made at the behest of agency official?	Richard- Supervisor	District 2			
_				Onicar's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agency's department or a	Number of	tion is to identify an individu	ial. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			19		·	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Frausto, Marciano	g	Ceremonial Role	-	Income	
	Tradito, Marciano	3/1		ial Role" or "Other" describe below: munity volunteer for hi	is or her service to the	
			Ceremonial Role	Other	Income	
		•	· If checking "Ceremonia	al Role" or "Other" describe below:		
		31		 		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
				3	9	
		<u> </u>				
		:				
٤.	Verification					
	I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.	
		Gabriela C		Supervisor's Assistant	1/1/19	
	nee	Print Name	е	Title	(Month, Day, Year)	
	Commant					
	Comment:				EDDO F	