. Agency Name		Date Stamp California On O		
Alameda County		Form OUZ		
Division, Department, or Region (If Applicable	le)	For Official Use Only		
Board of Supervisors				
Designated Agency Contact (Name, Title)	<u>-</u> -			
Amy Shrago				
Area Code/Phone Number E-mail		Amendment (Must provide explanation in Part 3.)		
(510) 272-6695 amy.shrago	@acgov.org	Date of Original Filing:		
. Function or Event Information				
Does the agency have a ticket policy?	Yes ☐ No	▼ Face Value of Each Ticket/Pass \$32.00		
Event Description A's vs. Cubs		Date(s) 08 , 05 , 16		
Provide Title/Exp	olanation			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	☑ If no: Oakland A's Name of Source		
Was ticket distribution made at the behest	No ☐ Yes	☑ If yes: Carson, Keith		
of agency official?	140 🗀 103	Official's Name (Last, First)		
. Recipients				
Use Section A to identify the agency's department or		tion B to identify an individual. • Use Section C to identify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
BOS Dist 5	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development.		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role		
		Ceremonial Role Other Income 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		
. Verificațion I have I rgulations 18944.1 ar	nd 18942. I have ve	rified that the distribution set forth above, is in accordance with the requirements.		
g /// G/	Amy Shr			
700	Print Nan			
, V				
Comment:				

	Agency Name		<u> </u>	Date Stamp	California Q00	
	Alameda County				Form OUZ	
	Division, Department, or Region (#7)	Applicable)			For Official Use Only	
	Board of Supervisors				<u>,</u> 0 - ' C	
	Designated Agency Contact (Name,	Title)				
	Amy Shrago	•		_		
	Area Code/Phone Number E-ma	il		Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6695 amy	.shrago@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information	on				
	Does the agency have a ticket polic	y? Yes ☐ No	☑ Face Value o	of Each Ticket/Pass \$	32.00	
	Event Description A's vs. Cubs		Date(s) 08	3 , 07 , 16		
	Provid	e Title/Explanation				
	Ticket(s)/Pass(es) provided by ager	ncy? Yes□ No	If no: Oakla	nd A's Name of Sour	rce	
	Was ticket distribution made at the t	ophest N 🗖 V	If yes: Carso			
	of agency official?	pehest No ☐ Yes	If yes:	Official's Name (La	ast, First)	
	Recipients					
•	Use Section A to identify the agency's departments	artment or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identif	fy an outside organization.	
	A. Name of Agency, Department or U	Number of Ticket(s)/	Describe the put	olic purpose made pursuant to the agency's policy		
		Pass(es)				
				<u></u>		
	B. Name of Individual	Number of		Identify one of the following		
	(Last, First)	Ticket(s)/ Pass(es)				
	Caraan Kaith			Other 🛛	Income	
	Carson, Keith	2	1	onial Role" or "Other" describe below: Im as a form of economic development		
			i o promoto todno.	e tourish as a form of economic development		
			Ceremonial Role	Other	Income	
			If checking "Ceremon	nial Role" or "Other" describe below:		
	Name of Outside Organization	Number of				
	Name of Outside Organization (Include address and description	I LICKSTIEN	Describe the pul	ıblic purpose made pursuant to the agency's policy		
					(
4.	Verification	I	1	·		
	I have the district COO Regulations	18944.1 and 18942. I have v	erified that the distribution set	forth above, is in accordance with	h the requirements.	
		Amy Shr	ago	Supervisor's Assistant	09/01/16	
	gnee	Print Nan	ne	Title	(Month, Day, Year)	
	Comment:					
	OUTHINGHI					

Ceremonial Role Events and Ticket/Pass Distributions

. Agency Name			Date Stamp	California On 2		
Alameda County				Form OUZ		
Division, Department, or Region (If Applicable	e)			For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Name, Title)			1,2			
Amy Shrago						
Area Code/Phone Number E-mail			Amendment (Must pro	,		
(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
. Function or Event Information						
Does the agency have a ticket policy?	Yes ☐ No	🔀 Face Value o	f Each Ticket/Pass \$	27.00		
Event Description A's vs. Orioles		Date(s) 08	0816	1 1		
Provide Title/Exp.	lanation					
Ticket(s)/Pass(es) provided by agency?	Yes□ No	☑ If no: Oaklar	nd A's Name of Sour			
Was ticket distribution made at the behest	Na 🗖 Vas	ra , Carso		C C		
of agency official?	No ☐ Yes	If yes:	Carson, Keith Official's Name (Last, First)			
. Recipients						
Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's pol				
BOS Dist 5	2	To reward a County employee for his or her exemplary servithe public or to encourage staff development.				
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin	g:		
		If checking "Ceremonial Ceremonial Role	ial Role" or "Other" describe below:	Income		
			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	o the agency's policy		
Verification						
	i 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.		
	Amy Shr	ago	Supervisor's Assistant	09/01/16		
/ · / · · //	Print Nam	e	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 Region (If Applicable)			• 1	For Official Use Only
Board of Supervisors			- 45	
Designated Agency Contact (Name, Title)			·	
Amy Shrago		-		
Area Code/Phone Number E-mail	<u> </u>		Amendment (Must prov	vide explanation in Part 3.)
(510) 272-6695 amy.shrago@	acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes □ Nol	Face Value of	Each Ticket/Pass \$	27.00
Event Description A's vs. Orioles		Date(s) 08	0916	1 1
Event Description As vs. Officies Provide Title/Expla	nation			
Ticket(s)/Pass(es) provided by agency?	Yes □ No l	If no: Oakland	A's Name of Source	
Was ticket distribution made at the behest	No ☐ Yes	If yes: Carson		
of agency official?	NO LI TEST	△ If yes:	Official's Name (Las	st, First)
. Recipients				
Use Section A to identify the agency's department or u	nit. • Use Sec	tion B to identify an individual	I. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public	olic purpose made pursuant to the agency's policy	
	. 455(55)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role	Other Role" or "Other" describe below:	Income
		ii checking Geremonial	rate of other describe below.	
		Ceremonial Role	Other \square	Income \(\square\)
		· · · · · · · · · · · · · · · · · · ·	Role" or "Other" describe below:	medille 🗔
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy
Alameda County Central Labor Council	2	To reward a school o	or nonprofit organization	on for its contributions
7750 Pardee Ln #110, Oakland, CA 946	2	to the community		
Vavification				
. Verification I have read and understand EDDC Regulations 18944.1 and	18942. I have ve	rified that the distribution set fort	th above, is in accordance with t	the requirements.
	Amy Shra		upervisor's Assistant	09/01/16
y signature of Againey rigad of Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name			Date Stamp	California OOO		
Alameda County			Date Stamp	Form 802		
Division, Department, or Region (If Applicable	~\		1	For Official Use Only		
Division, Department, of Region (if Applicable	₹/					
Board of Supervisors						
Designated Agency Contact (Name, Title)			1			
Amy Shrago						
Area Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)		
(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information	· .					
Does the agency have a ticket policy?	Yes ☐ No	▼ Face Value o	of Each Ticket/Pass \$	27.00		
Event Description A's vs. Orioles			3 11 16			
Provide Title/Exp.	lanation	Date(s)				
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	Ⅺ If no: Oaklaı	nd A's			
() ()	103 🔲 110	_	Name of Sou	ırce		
Was ticket distribution made at the behest	No ☐ Yes	☑ If yes: Carso	on, Keith			
of agency official?			Official's Name (L	ast, First)		
3. Recipients			-			
Use Section A to identify the agency's department or		tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's				
	Pass(es)					
	ļ					
	Number of		Identify one of the fallowing			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)					
		Ceremonial Role	Other 🗵	Income		
Spencer, Scott	2	If checking "Ceremon	ial Role" or "Other" describe below:			
	2	To promote attendance at a County sponsored event or event				
		neld at a County fa	cility in order to maxim	ize potential County rev		
		Ceremonial Role	Other	Income		
		ii checking Geremoni	ial Role" or "Other" describe below:			
]			7		
C. Name of Outside Organization	Number of					
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
Alameda County Central Labor Council	1. 1	To roward a cohool				
7750 Pardee Ln #110, Oakland, CA 946	2	to the community	or nonprolit organizati	ion for its contributions		
	 -			· · · · · · · · · · · · · · · · · · ·		
Voulding 4'						
. Verification The Regulations 18944.1 and	1 18942 have ve	ified that the distribution set for	orth above, is in accordance with	a the requirements		
, regulations 10074.1 diff.						
Signee	Amy Shra		Supervisor's Assistant	09/01/16		
· / U	гиц мат	,	Title	(Month, Day, Year)		
Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name			Date Stamp	California Ono		
Alameda County				Form OUZ		
Division, Department, or Region (If Applicate	ole)		1	For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Name, Title)			-			
Amy Shrago						
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)		
	o@acgov.org		Date of Original Filing:	(Manth Day Vari		
2. Function or Event Information				(MONIN, Day, Year)		
Does the agency have a ticket policy?	Yes □ No	▼ Face Value of	of Each Ticket/Pass \$ _	32.00		
Event Description A's vs. Mariners			3 , 13 , 16			
Event Description A's vs. Mariners Provide Title/Ex	rplanation	Date(s)				
Ticket(s)/Pass(es) provided by agency?	Yes □ No	If no: Oaklar	nd A's			
Maria di da di		_	Name of So	ource		
Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: Carso	Official's Name ((Last First)		
B. Recipients						
 Use Section A to identify the agency's department of 	or unit. • Use Sec	ction B to identify an individu	ual. ● Use Section C to iden	tify an outside organization		
A. Name of Agency, Department or Unit	Number of					
	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy			
	Number of			· · · · · · · · · · · · · · · · · · ·		
Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:			
	1 200(00)	Ceremonial Role	Other 🗵	Income		
Simpson, Sam	2		ial Role" or "Other" describe below:			
			tendance at a County sponsored event or even ty facility in order to maximize potential County			
		Ceremonial Role If checking "Ceremoni	Other islands of the other isl	Income L		
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	lic purpose made pursuant to the agency's policy		
(motable address and description)	Pass(es)					
Variety discountry						
. Verification have tions 18944.1 a.	nd 18942. I have ve	erified that the distribution set fo	orth above is in accordance wi	ith the requirements		
	Amy Shra		Supervisor's Assistan	t 09/01/16 (Month, Day, Year)		
, , , , , , , , , , , , , , , , , , ,				(Month, Day, 1881)		
Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

I. Agency Name					Date Stamp	California OOO		
Alameda County					Date Stamp	Form 802		
Division, Departme	nt or Regio	n (If Applicable	۵۱		-	For Official Use Only		
Division, Dopartino	in, or regic	ж (п аррпсаы	<i>c)</i>					
Board of Supervis								
Designated Agenc	esignated Agency Contact (Name, Title)							
Amy Shrago					Amendment (Must r	provide explanation in Part 3.)		
Area Code/Phone	Number	E-mail						
(510) 272-6695		amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Ev	ent Inforn	nation		· · · · · · · · · · · · · · · · · · ·				
Does the agency have a ticket policy?			Yes ☐ No		of Each Ticket/Pass \$ _	90.00		
Event Description	A's vs. Cub	s		Date(s)	3 , 05 , 16	1		
Event Description :		Provide Title/Exp	planation	Date(s)				
Ticket(s)/Pass(es)	provided by	agency?	Yes ☐ No	If no: Oaklar	nd A's			
, ,			100 🗀 110	<u> </u>	Name of So	ource		
Was ticket distribut		the behest	No 🗌 Yes					
of agency official?					Official's Name (Last, First)		
3. Recipients								
Use Section A to iden	tify the agency	's department or		ction B to identify an individu	ual. • Use Section C to iden	ntify an outside organization.		
A. Name of Agency, Department or Unit Ticket(Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
BOS Dist 5	BOS Dist 5					her exemplary service to		
				the public or to enc	encourage staff development.			
			Noushanas		<u>-</u>			
B. Nam	e of Individual (Last, First)		Number of Ticket(s)/	Identify one of the following:				
			Pass(es)	Coramonial Pala		Income \(\square \)		
				Ceremonial Role If checking "Ceremon	Other initial Role" or "Other" describe below:	integrite		
				Ceremonial Role	Other Unial Role" or "Other" describe below:	Income		
				in checking ceremon	na Note of Other describe below.			
C. Name of C	utside Organi	zation	Number of					
	ress and desc		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy		
								
		<u> </u>	1					
4. Verification								
I have r	' CDDA Reaula	ations 18944.1 ar	nd 18942. I have ve	erified that the distribution set i	forth above, is in accordance w	ith the requirements.		
	. Jan							
	ignee		Amy Shr		Supervisor's Assistar	09/01/16 (Month, Day, Year)		
11	<i>y</i>		, , , , , , , , , , , , , , , , , , , ,		· · · · ·	(sining 203)		
Comment:								

Ceremonial Role Events and Ticket/Pass Distributions

. Agency Name			Date Stamp	California QA2	
Alameda County				Form OUZ	
Division, Department, or Region (If Applicable	·)	<u> </u>		For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
Amy Shrago					
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
(510) 272-6695 amy.shrago(@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
. Function or Event Information					
Does the agency have a ticket policy?	Yes ☐ No		of Each Ticket/Pass \$	27.00	
Event Description A's vs. Indians		Date(s) 08	3 , 22 , 16	1 1	
Event Description A's vs. Indians Provide Title/Explo	anation	Date(3)			
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	☑ If no: Oaklar	nd A's Name of Sou	rce	
Was ticket distribution made at the behest	No ☐ Yes	If yes: Carso	on, Keith		
of agency official?	140 🗀 103	11 yes	Official's Name (L	ast, First)	
. Recipients					
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization					
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	to the agency's policy		
BOS Dist 5	2	To reward a County employee for his or her exemplary set the public or to encourage staff development			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin		
			☐ Other ☐ ial Role" or "Other" describe below:	Income 🗌	
		Ceremonial Role If checking "Ceremoni	Other I	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy	
. Verification / have Regulations 18944.1 and	18942 / hours :::	prified that the distribution f.	orth chaus is in	Alexander	
regulations 10944.1 and			orth above, is in accordance with	·	
signee	Amy Shr		Supervisor's Assistant	09/01/16	
, , signee	, intridit	~	riue	(Month, Day, Year)	
Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

١.	Agency Name				Date Stamp	California Q02
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail	-	<u> </u>	Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
· .	Function or Event Information	mation				
	Does the agency have a ticke	t policy?	Yes ☐ No		f Each Ticket/Pass \$	27.00
	Event Description A's vs. Ind	ians		Date(s)08	, 24 , 16	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	☑ If no: .Oaklar	nd A's Name of Sou	
	Was ticket distribution made a	at the hehest	No 🗖 Vaa	☑ If yes: Carso		ii C C
	of agency official?	at the penest	No ☐ Yes	☑ If yes:	Official's Name (L	ast, First)
· ·	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
			_			
	B. Name of Individua	al ·	Number of Ticket(s)/		Identify one of the following	
	(Lest, First)		Pass(es)		Identify one of the following	ıg:
	Spencer, Scott		Ceremonial Role Other If checking "Ceremonial Role" or "Other" describ			Income
	oponiosi, cook		2		ance at a County spons	sored event or event
						ize potential County rev
				Ceremonial Role	Other	Income
			2	If checking "Ceremoni	al Role" or "Other" describe below:	
	Name of Outside Organ	ization	Number of			
١.	(include address and des		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	to the agency's policy
	Verification		<u> </u>			
1	I have rood food and are to a CODO Regul	lations 18944.1 and	l 18942. I have vei	rified that the distribution set fo	orth above, is in accordance with	the requirements.
	 ,		Amy Shra		Supervisor's Assistant	09/01/16
	əsignee		Print Name	e	Title	(Month, Day, Year)
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name			Date Stamp	California Ono	
Alameda County				Form OUZ	
Division, Department, or Region (If Applicable	;)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
Amy Shrago					
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
(510) 272-6695 amy.shrago(@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
2. Function or Event Information	-·· <u></u>				
Does the agency have a ticket policy?	Yes ☐ No		f Each Ticket/Pass \$	42.00	
Event Description Ringling Bros. and Barn Provide Title/Expl.	um & Bailey	Cir Date(s) 08			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Golder	State Warriors Name of Sour	rce	
Was ticket distribution made at the behest	No ☐ Yes	☑ If yes: Carso	n, Keith		
of agency official?			Official's Name (La	est, First)	
8. Recipients	_				
Use Section A to identify the agency's department or	al. • Use Section C to identif	y an outside organization.			
A. Name of Agency, Department or Unit Tic Pa		Describe the public purpose made pursuant to the agency's policy			
BOS Dist 5	5	To reward a County employee for his or her exemplary ser the public or to encourage staff development			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin	g:	
			al Role" or "Other" describe below:	income	
		Ceremonial Role	Other all Role" or "Other" describe below:	Income 🗌	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	
. Verification	148040 15				
I have ' ' ' ' ' ' ' ' ' Regulations 18944.1 and			orth above, is in accordance with		
esignee	Amy Shr		Supervisor's Assistant	09/01/16	
· V	r un, ridii.	•) in C	(Month, Day, Year)	
Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

Ī.	Agency Name	_		Date Stamp	California Ono
	Alameda County				Form OUZ
	Division, Department, or Region (If Applicable	;)		1	For Official Use Only
	Board of Supervisors			•	
	Designated Agency Contact (Name, Title)	-			
	Amy Shrago				
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6695 amy.shrago(@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				(Month, Day, Tear)
	Does the agency have a ticket policy?	Yes ☐ No		of Each Ticket/Pass \$	42.00
	Event Description Ringling Bros. and Barn Provide Title/Expl.	um & Bailey	<u>/ Cir</u> Date(s)08	3 , 22 , 16	
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	If no: Golder	State Warriors Name of Sou	rce
	Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: Carso	on, Keith Official's Name (Li	ast, First)
	Recipients				
	Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
BOS Dist 5		4	To reward a County employee for his or her exemplary service to the public or to encourage staff development		
B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin	
			· -	ial Role" or "Other" describe below:	Income L
			Ceremonial Role [Other In Oth	Income
	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
-	Verification 2000 to 1000 to 1	100.10			
	I have r ² C Regulations 18944.1 and			orth above, is in accordance with	the requirements.
	Designes	Amy Shra		Supervisor's Assistant	09/01/16
	Designee Comment:	Print Nam	e	Title	(Month, Day, Year)
	Outside Landson				

Ceremonial Role Events and Ticket/Pass Distributions

I. Agency Name			Date Stamp	California Ong		
Alameda County			·	Form OUZ		
Division, Department, or Region (If Applicable	∍)			For Official Use Only		
Board of Supervisors				17		
Designated Agency Contact (Name, Title)						
Amy Shrago						
Area Code/Phone Number E-mail	<u> </u>		Amendment (Must pro	vide explanation in Part 3.)		
(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)		
. Function or Event Information				(Month, Day, Today		
Does the agency have a ticket policy?	Yes ☐ No		f Each Ticket/Pass \$	366.00		
Event Description Drake		Date(s)	, 13 , 16	09 , 14 , 16		
Provide Title/Exp.	lanation					
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Golder	State Warriors			
Was ticket distribution made at the behest		Careo	Name of Sour	се		
of agency official?	No ☐ Yes	If yes: Carso	Official's Name (La	est, First)		
Recipients						
Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's po				
BOS Dist 5	4	To reward a County employee for his or her exemplary service to the public or to encourage staff development				
BOS Dist 5	1 / To Toward a			nty employee for his or her exemplary service to accourage staff development		
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:		
		Ceremonial Role If checking "Ceremonia	Other all Role" or "Other" describe below:	Income 🗌		
		Ceremonial Role [Other all Role" or "Other" describe below:	Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy		
. Verification / have PC Regulations 18944 1 and	18942 I have un	rified that the distribution set to	rth above, is in accordance with			
= : · · · · · · · · · · · · · · · · · ·						
Designee	Amy Shra		Supervisor's Assistant	09/01/16		
1	, , , , , , , , , , , , , , , , , , , ,		HUG	(Month, Day, Year)		
Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

I. Agency Name			Date Stamp	California Ong
Alameda County				Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Amy Shrago				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6695 amy.shrago(@acgov.org		Date of Original Filing: _	(Month, Day, Year)
. Function or Event Information				(Moran, Day, Tear)
Does the agency have a ticket policy?	Yes ☐ No		f Each Ticket/Pass \$	205.00
Event Description Black Sabbath		Date(s)09	, 15 , 16	1 1
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes □ No	If no: Golder	State Warriors	
Was ticket distribution made at the behest	No 🗆 🖂	Careo	Name of Sou	rce
of agency official?	No ☐ Yes	If yes: Carso	Official's Name (La	ast, First)
. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ial. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy
	Pass(es)			
	İ			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	
(Last, First)	Pass(es)		Identify one of the followin	ig:
Bowerbank, Jon		Ceremonial Role	Other 🛮	Income
, 	8		ince at a County spons	sored event or event
		held at a County fac	cility in order to maximi	ze potential County rev
		Ceremonial Role	Other	Income 🗌
		If checking "Ceremonia	al Role" or "Other" describe below:	
C. Name of Outside Organization	Number of	D		
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
. Verification				
I have i Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
	Amy Shr		Supervisor's Assistant	09/01/16
⇒signee ' / ∪	Print Nam	ne	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name			Date Stamp	California Q02
Alameda County				Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Amy Shrago				
Area Code/Phone Number E-mail			Amendment (Must pre	ovide explanation in Part 3.)
(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information			<u> </u>	(мони, рау, теаг)
Does the agency have a ticket policy?	Yes ☐ No		of Each Ticket/Pass \$	275.00
Event Description Raiders vs. Titans		_		
Provide Title/Expl	anation	Date(s)8		
Ticket(s)/Pass(es) provided by agency?	Yes □ No	If no: Oaklar	nd Raiders	
	.00 🗀 140	_	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No ☐ Yes	If yes: Carso	on, Keith Official's Name (Li	ast First)
			Cincial a Mante (Le	uot, r not/
 Recipients Use Section A to identify the agency's department or 	unit. • Use Se	ction B to identify an individu	ial. • Use Section C to identi	fy an outside organization
A. Name of Agency, Department or Unit	Use Section A to identify the agency's department or unit. • Use Section B to identify an individend of Agency Department or Unit. • Use Section B to identify an individend of Agency Department or Unit.			
- 1 Adding of Agonoy, population of Onic	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	ue agency's policy
BOS Dist 5	4			er exemplary service to
	 -	the public or to enco	ourage staff developme	ent
				
	Number of			
Rame of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role	Other	Income
		If checking "Ceremonia	ial Role" or "Other" describe below:	
		Ceremonial Role	Othor 🗖	· · · · · · · · · · · · · · · · · · ·
		I -	☐ Other ☐ al Role" or "Other" describe below:	Income L
				·
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy
(Pass(es)			
\\ -6° \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\				
L Verification I have re Regulations 18944.1 and	18942 have ve	arified that the distribution set fo	orth above, is in accordance with	4h a va avvia v t
tegulations 10544.1 and				
Si ignee	Amy Shr		Supervisor's Assistant	09/01/16
-	, im radii		ine	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Ticket/Pass Distributions

I. Agency Name			Date Stamp	California Ono
Alameda County				Form 802
Division, Department, or Region (If Applicable	∍)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Amy Shrago				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes ☐ No	Face Value of	f Each Ticket/Pass \$	275.00
Event Description Raiders vs. Chargers		Date(s)10		
Piovide Hile/Expi	anation			
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	If no: Oaklar	Name of Sou	rce
Was ticket distribution made at the behest	No ☐ Yes	If yes: Carso	on, Keith	
of agency official?		,	Official's Name (L	ast, First)
. Recipients				
Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	1 433(53)			
	Nombouse			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
_	, , , ,	Ceremonial Role	Other 🛛	Income
Carson, Keith	4	_	al Role" or "Other" describe below:	
	,	To evaluate the abi	lity of a facility, its oper ness and contribute to	ator, or a local sports
		Ceremonial Role		
	1		al Role" or "Other" describe below:	Income L
	4			
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
	. 250(05)			
Verification				
I have read . gulations 18944.1 and	18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.
	Amy Shra	ago S	Supervisor's Assistant	10/13/16
Signal ee	Print Name	e	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Ticket/Pass Distributions

. Agency Name			Date Stamp	California O O O
Alameda County				Form 8UZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Amy Shrago				
Area Code/Phone Number E-mail	<u> </u>		Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6695 amy.shrago(@acgov.org		Date of Original Filing: _	(Month, Day, Year)
. Function or Event Information				(Workin, Day, Year)
Does the agency have a ticket policy?	Yes ☐ No		of Each Ticket/Pass \$	275.00
Event Description Raiders vs. Chiefs		Date(s)10	, 16 , 16	1
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	If no: Oaklar		
Was ticket distribution made at the behest	Na 🗀 🗸	☑ ∴ Careo	Name of Sou on Keith	rce
of agency official?	No ☐ Yes	If yes: Carso	Official's Name (La	ast, First)
. Recipients				
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to				fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policies) To reward a County employee for his or her exemplary se		
BOS Dist 5	4			
		the public or to enco	ourage staff developme	ent
B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	a:
least i sal	Pass(es)			
		Ceremonial Role L	☐ Other ☐ al Role" or "Other" describe below:	Income 🔲
		Ceremonial Role [Other all Role" or "Other" describe below:	Income 🔲
	Monet			
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
Verification				
Thave rε Regulations 18944.1 and	18942. I have vei	rified that the distribution set for	rth above, is in accordance with	the requirements.
	Amy Shra		Supervisor's Assistant	10/13/16
S ∌signee	Print Name	9	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Ticket/Pass Distributions

I. Agency Name			Date Stamp	California Ong
Alameda County			·	Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Amy Shrago				
Area Code/Phone Number E-mail			Amendment (Must pi	rovide explanation in Part 3.)
(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
. Function or Event Information		-0)1		(Month, Day, Year)
Does the agency have a ticket policy?	Yes □ No		of Each Ticket/Pass \$	275.00
Event Description Raiders vs. Bills		Deta(a) 12	. , 04 , 16	
Provide Title/Exp.	lanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	☑ If no: Oaklar	nd Raiders Name of Soci	urca
Was ticket distribution made at the behest	No 🗆 Voc	☑ If yes: Carso		ui 0 0
of agency official?	No ☐ Yes	□ IT yes:	Official's Name (L	_ast, First)
. Recipients	· · · -			
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
BOS Dist 5	4	To reward a County the public or to enco	v employee for his or h ourage staff developm	er exemplary service to ent.
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role	Other Lial Role" or "Other" describe below:	Income 🔲
		Ceremonial Role If checking "Ceremoni	Other In Other In Other or "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				515
. Verification				
	l 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.
	Amy Shr		Supervisor's Assistant	10/13/16
Signatur ;nee	Print Nam	е	Title	(Month, Day, Year)
Comment:				

4	Aganay			:-::::::::::::::::::::::::::::::::::		A Public Documer
Τ.	Agency Name				Date Stamp	California 805
	Alameda County					Form 002
	Division, Department, or Reg	IION (If Applicat	ole)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	-
	Lee Ann Fergerson, Superv	isor's Assista	ant			
	Area Code/Phone Number	E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6691	leeann.ferg	erson@acg	ov.org	Date of Original Filing: _	
2.	Function or Event Inform	nation				(Month, Day, Year)
	Does the agency have a ticker	policy?	Yes 🖾 No	¬ Face Value o	f Each Ticket/Pass \$ _4	690
	- Bus	01200	(a	22 1/2	
1	Event Description	Provide Title/Exp	olanation	Date(s)		
7	ficket(s)/Pass(es) provided by	agency?	Yes	□ If no: Ca	kland A	bletics
٧	Vas ticket distribution made a	the behest	No □ Yes	If yes: Alan	meda County Supervisor Sc	
	of agency official?		110 🗀 103	(Official's Name (La.	st, First)
. F	Recipients					
•	Use Section A to identify the agency	s department or	unit. • Use Se	ction B to identify an individua	al. • Use Section C to identify	an outside organization.
	A. Name of Agency, Departmen	10.0	Number of Ticket(s)/ Pass(es)		c purpose made pursuant to	the agency's policy
-	· · · · · · · · · · · · · · · · · · ·			10	MA CONTRACTOR	Marie Committee Committee
В	Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:	
Ą	Mark-Blocks	210			dance at a county spo	
- 17			7		maximize potential co	unty
F	Mark Blocks Micra Stefan	1	6	revenue for conce	sion and parking sale.	5.
				Ceremonial Role	Other .	Income
					Role" or "Other" describe below:	income [_]
-						
			N. 1			
C.	Name of Outside Organiza (include address and descri	tion ption)	Number of Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to th	e agency's policy
						140
1/0	rification					
شني ر		s 18944.1 and 1	8942. I have verit	fied that the distribution set forth	above, is in accordance with the i	
						equirements.
		- Le	ee Ann Ferge	erson Sur	pervisor's Assistant	7-66-10
	$\bigcup ()$				- Inie	(Month, Day, Year)
or	mment:					

1. Agency Name	vents and Ti				Data Ct		Docume
Alameda County				•	Date Stamp	Californ Form	1802
Division, Department, or	Region (If Applicab	le)			-		ial Use Only
Board of Supervisors							
Designated Agency Cont	tact (Name, Title)						
Lee Ann Fergerson, Su	pervisor's Assista	ant					
Area Code/Phone Number					Amendment (Must	provide explanatior	in Part 3.)
(510) 272-6691	leeann.ferg	erson@acg	ov.org]	Date of Original Filing:	-	
Function or Event In	formation					(Month, Day,	(ear)
Does the agency have a t	icket policy?	Yes 🖾 No		Face Value o	f Each Ticket/Pass \$ _	$\partial \mathcal{A}$	つし
Event Description	USUSCULL Provide Title/Exp	(. Date(s) <u> </u>	10/16	/_	
Ticket(s)/Pass(es) provide	,	Yes		If no: Co	kland D	thlet	<u>cs</u>
Was ticket distribution man	de at the behest	No □. Yes	A	If yes:Alar	meda County Supervisor S	Scott Haggerty,	District 1
Recipients • Use Section A to identify the ac A. Name of Agency, Depa		Number of Ticket(s)/	ction B		al. • Use Section C to ident		
B. Name of Indiv.	idual	Number of Ticket(s)/ Pass(es)			Identify one of the following	1 g:	
tom Houghi	ton	2		event in order to	endance at a county o maximize potential ncession and parking	l county	come
				Ceremonial Role	Other .)	.income
				Il checking "Ceremonial	Role" or "Other" describe below:	2	-

Verification

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

Lee Ann Fergerson	Supervisor's As
Print Name	Title

sistant Title

Comment:.

Ceremonial Role Events and Ticket/Pass Distributions		A F
1. Agency Name	Date Stamp	C

1.	Agency Name				Date Stamp ©	alifornia Q00
	Alameda County					Form OUZ
	Division, Department, or Regi	on (if Applicable	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				Î
	Lee Ann Fergerson, Superv	isor's Assista	int			
	Area Code/Phone Number	E-mail	,		Amendment (Must provide	explanation in Part 3.)
	(510) 272-6691	leeann.ferg	erson@acgov	.org	Date of Original Filing:	onlik Day, Year)
2,	Function or Event Infor	nation			\supset	32 VI)
	Does the agency have a ticke	, •	Yes 🖾 No 🛚	Face Value o	of Each Ticket/Pass \$ 🚄 =	20.00
	Event Description Kard			Date(s) <u> </u>	18,16	1 1
		Provide Title/Exp	olenațion	(00	\leq_{1}	•
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔼 No 🛚] If no:	Name of Source	
	Was ticket distribution made a	it the heheet	N- E N 5	Ala	meda County Supervisor	Scott Haggerty, D 1
	of agency official?	a ind penesi	No 🔲 Yes 🛭	I If yes:	Official's Name (Last, Fi	
3.	Recipients					
	• Use Section A to identify the agenc			ion B to identify an individ	ual. • Uso Section C to Identify an	cutside organization.
	A. Name or Agenty i Departing	dronunt	None (Describethe pu	despurped madelpurguant to the	ragency's policy.
			Page (68)			The state of the s
	•					
	R		The tender of the			
			NLTIPA (2)		identity cress the following: ttendance at a county sp	
	2 1 11 2		U,			· · · · · · · · · · · · · · · · · · ·
	Joe Bochella		1 1/. 1		aximize potential county	revenue for
			/ /	concession ar	nd parking sales	
		·		Ceremonial Role	Other 🔲	Income 🔲
				il checking *Commo	nial Rolo" or "Other" doscribe below:	
			-			
			E-Manual Control			
	C. Mamororomano, O. de	nication peription)	Number of Treketie) Pose (69)	Describe the pil	blic purpose made puraliant to th	spency e policy
	- 11 Cable and an appropriate property and an analysis of the			T- D	,	
					ol or nonprofit organization for to the community.	
	4	•			,,,,	
4.	Verification			3-1		
		ıs 18944.1 a	n d 16942. I have ve	rified that the distribution sat	forth above, is in accordance with the	requirements.
			Lee Ann Fer		Supervisor's Assistant	7-16-16
		-	Print Nam	o	Title	(Month, Day, Yoar)
	Comment:					
					Philip wall from University and the	FPPC Form 802 (4/12)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Starnp 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, Supervisor's Assistant ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number (510) 272-6691 leeann.fergerson@acgov.org Date of Origina | Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes 🖾 No 🗌 Face Value of Each Ticket/Pass **Event Description** Date(s) Ticket(s)/Pass(es) provided by agency? Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest If yes: of agency official? Official's Name (Last, First) 3. Recipients Use Section A to identify the agency's department or unit. • Use Section B to Identify an individual. • Use Section C to Identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of В. Name of individual Ticket(s)/ Identify one of the following: Pass(es) Matt, Jen, Austin Lillard To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and Scott & Alisa Hackbarth parking sales. John, Judy Trujillo Leslie, Luke Sanchez Verbnica & Michael Alexa To promote attendance at a county sponsored Jaramillo, Gra & Nolan & Brooklyn Story Rich & Cindy Puppione event in order to maximize potential county revenue for concession and parking sales Jason Stor-Name of Outside Organization Number of Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

Verification			
	ns 18944.1 and 18942. I have verified that the distrib	ution set forth above, is in accordance with th	e requirements.
	Lee Ann Fergerson	Supervisor's Assistant	9-110-110
Comment:	Print Name	Tille	(Month, Day, Year)
30/////Citi.			FPPC Form 802 (4/12

Comment:

1. Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title)	For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors	11/15-54/6/0
Board of Supervisors	For Official Use Only
Designated Agency Contact (Name, Title)	
Lee Ann Fergerson, Supervisor's Assistant	
Area Code/Phone Number E-mail	ide explenation in Pert 3.)
(510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing:	(Month, Day, Yesr)
2. Function or Event information	3(00.07)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	
Event Description Date(s) Date(s)	
Provide Title/Explenelion	
Ticket(s)/Pass(es) provided by agency? Yes No I if no:	to
Alameda County Supervise	or Scott Haggerty, D 1
Was ticket distribution made at the behast No 🗌 Yes 🕡 If yes:	st, First)
3. Recipients	
• Use Section A to identify the agency's department or unit. • Use Section B to identify an Individual. • Use Section C to identify	
A. Name of a graph transfer on the second state of the second stat	
多。一次,这个一种表现的形式的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	
B. Name of ingly country and of the following the state of the state of the following the state of the following the state of the state	
And Amesh ca To promote attendance at a count event in order to maximize potenti	ry sponsored
revenue for concession and parking	ng sales
Caremonial Role Other Other describe below:	Income 🔲
·	
C Name of Cuturite Circumstation Number of Cuturities of	odka zgencyla policy
C Name of Order and State of the Control of the Con	中华 (1985年)
·	
4. Verification 944.1 and 18942. I have verified that the distribution set forth above, is in accordance with	the requirements.
Lee Ann Fergerson Supervisor's Assistant	9-15-110
Sugneture of Appendy Hotal or Designoo Print Name Title	(Month, Day, Your)

	-							
C	ere	emonial	Role	Events	and Ti-	cket/Pass	Distribu	tions

1.	Agency Name	· · · · · · · · · · · · · · · · · · ·		<u></u>	Date Stamp	California Q02	
	Alameda County			Form OUZ			
	Division, Department, or Reg	on (If Applicable	†	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson, Superv	isor's Assista	nt		Amondment (Must provide explenation in Part 3.)		
	Area Code/Phone Number	E-mail					
	(510) 272-6691		erson@acgov	.org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event infor					266.00	
	Does the agency have a ticke	, ,	of Each Ticket/Pass \$	50000			
	Event Description Drake	Provide Title/Exp	ruture denation	Date(s)	1, 13,16		
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗹 No 🛭	if no:	5W		
			100 🖂 110 (Name of S meda County Super	Nisor Scott Haggerty, D 1	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes:	Official's Name		
_					Olin da e (total	· factor . nes	
3.	Recipients - Use Section A to Identify the agence	u'e donariment or	remit a Hoa Gas	tion A to identify an Individ	unt - Hen Section C to ide	nntifu an oudsida organization.	
	The second state of the se	er en en manne er e reigi	Name of the last o				
	A. Name of Agendy Daparun		Pass(69)		me Hulbese meest bridge	n) to the egency's policy.	
	•						
	•						
	In 40 modern a terrorisation and decide has a	i de este assemblador est.	HS or commence	neonación situate e con	arengen er endageretere utererie	Charles and the second second statement of the con-	
	B. Namberlielvon				lidently ane of the folia	Wing.	
	Heather Wh	1-11/10	1 1(·		nty sponsored even _{no}	
	Hearner Win	((((())			aximize potential co	ounty revenue for	
				concession an	d parking sales		
				Ceremonial Role		Income 🔲	
		1		li chacking "Caromo	nisi Role" er "Olher" describe belo		
	Named		Numberok	Alizada			
	(linclude address and de	ediblion;	Numberon Tickette) Foscios	The same of the sa	tile pirnose made pursu	nt to the agency a policy	
					•		
	• '						
					•	•	
4	Verification						
	[]pave latert and uniterational EPPC Ron	nisHene 18944.1 &				a 11. 11/a	
	_	-	Lee Ann Fer		Supervisor's Assista		
	,		Print Nan	50	Title	(Month, Day, Yazı)	
	Comment:	:					
						EPPC Form 802 (4/12)	

	Agency Name				Date Stamp	California 802		
	Alameda County					The state of the s		
ì	Division, Department, or Reg	ion (If Applicab	ile)	<u></u>		For Official Use Only		
	Board of Supervisors Designated Agency Contact	(Name Tille)		· · · · · · · · · · · · · · · · · · ·				
	Lee Ann Fergerson, Supen		ant					
	Area Code/Phone Number	E-mail	ai it		Amendment (Must	provide explanation in Part 3.)		
	(510) 272-6691	leeann.ferg	gerson@acgov	org.	Date of Original Filing	(Month, Day, Year)		
	Function or Event Infor	mation		5800				
	Does the agency have a ticke	et policy?	Yes\U No	Face Value	of Each Ticket/Pass \$ -	8800		
	Event Description Sonu N	igam and	LATIF ASI	im Liverate(s)	1,24,16			
i,	<u>.</u>	Provide Tille/Ex	planation		- 5W			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔼 No [Name of S	aurce		
1	Was ticket distribution made of agency official?	at the behest	No ☐ Yes{	Ala If yes:	meda County Super Official's Name	visor Scott Haggerty, D :		
•	Recipients							
	Use Section A to Identify the agent	y's department o		tion B to identify an individ	luci. • Use Section C to ide	ntiliy en outside organization.		
	A. Name of Anglipy, Doparty	on or unit	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Describante pu	elle kuje sa madoje vrsusi	nt to the agency's policy		
	The state of the s	Michael Belling	. A THE REPORT OF THE PARTY OF	ullotestare control of the fie	and the second of the second s	325-074 5 V - 206-076 W - 2753 V - 2		
	OL STREET, STR	r a kral halmaketa di	e de numberoul.	arandonina da kalenda a muli	ensus essenuis essentis es			
	B. Name of the true		Tevelle Paselon		defully one of the follo	Mind:		
	4 1		1	To promote a	ttendance at a cour	nty sponsored even _{ne} [
	Ann Nataja	rian	4	*	aximize potential co	unty revenue for		
	J			concession ar	nd parking sales			
				Ceremonial Rote	Other 🗆	Income L		
					_	· · · · · · · · · · · · · · · · · · ·		
					mini Rolp" or "Other" describe below	· · · · · · · · · · · · · · · · · · ·		
		· ·			_	· · · · · · · · · · · · · · · · · · ·		
	C Name of Cutation Cros	ni a lonia.	Name and the	II chocking 'Corona	nial Rolp" er "Other" describe belov	r.		
	Name of Outside Original Control of Control	n allon Bernoloni		II chocking 'Corona	_	r.		
	C Name of Cutarite Cros	mlælform Bernnysbl		II chocking 'Corona	nial Rolp" er "Other" describe belov	r.		
	C Name of outside circles in the circles and t		A Band (co.) ;	II chocking 'Corona	nial Rolp" er "Other" describe belov	r.		
	Name of Outside Orde (Includes address and st	ni zation Bernevert/	Nomina sent Tiekeroji Tanggan	II chocking 'Corona	nial Rolp" er "Other" describe belov	r.		
1.	A CONTRACTOR AND THE	n allon		II chocking 'Corona	nial Rolp" er "Other" describe belov	r.		
4.	C Name of Outside Circle Circl	·		II chocking 'Coronal Describe Unit pl	nial Rolp" er "Other" describe belov	nt to the agency and love		
.	A CONTRACTOR ACC	·		If chocking "Coronal Description of that the distribution se	ental Rolo er Other describe balov	with the requirements.		

١.	Agency Name			Date Stamp	California 802
	Alameda County				Form UUZ
	Division, Department, or Region (If App	licable)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			
	Lee Ann Fergerson, Supervisor's As	sistant		Amendment (Must pro	ovide explanation in Part 3.)
	Area Code/Phone Number E-mail				,
		fergerson@acgov.o	rg	Date of Orlginal Filing:	(Month, Day, Year)
2.	Function or Event Information		F	15 -1 T-1-15 A	332 00
	Does the agency have a ticket policy?	Yes No 🗆	race value o	of Each Ticket/Pass \$	0.00.00
	Event Description Saude Provide Til	tie/Explanation	Date(s)	1, 1,16	/
	Ticket(s)/Pass(es) provided by agency	? Yes 🔟 No 🔲	lf no:	Name of Sou	ma
	Was ticket distribution made at the beh	est No El Vos El	Ala		sor Scott Haggerty, D 1
	of agency official?	iest No 🗌 Yes 🙋	If yes:	Official's Name (L	ast, First)
3.	Recipients				
	Use Section A to Identify the agency's department	ent or unit. • Use Section	n B to identify an Individ	uel. • Use Section C to identification of the section C to identification of the section of the sec	fy an outside organization.
	A. Name of Agency, Department on Unit	Number of Tickotte)		olic purpose made purauant i	
	[20] [14] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	(Pass(es)	tenia Pilini	(中国等。) 的复数 (中国)	matte deliberation (personal as
			***************************************	* ***	
	B. Namelof (nd)violue)	Number of Tickeys)/ Passios)		Identify one of the following	ng:
	Naice III C. L.			attendance at a count	
	Alisa Hackbart	4 1 41	event in ord	er to maximize potenti	al county
	`		revenue for	concession and parkir	ig sales
		/	Ceremonial Role	Other	Income
			If checking "Ceremo	mial Role" or "Other" describe below:	
	A Name of Order Day Octobrillary	Number of	and the second s	plicibitbose made puravent	
	C. Name of Outside Organization (include address and description)	Tickat(s) Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	•				
	1			6.	•
4.	, Vérification -	44 4 4 10040 11	ad that the distribution as	forth above, is in accordance wit	th the manimments
	89	- Commence of			a 11-11
1	officiations on withouth want on thoughton /	Lee Ann Ferge	ELECTI	Supervisor's Assistant	(Month, Day, Year)
	Comment:		· · · · · · · · · · · · · · · · · · ·		FPPC Form 802 (4/12)

Δ	Pu	bl	ic	Docu	ment

Δ.	ency Name				Date Stamp	California OA2		
_	-		_oto otdinp	Form 802				
	ımeda County ision, Department, or Regi	on (If Applicable)				For Official Use Only		
		(" Applicable)						
	ard of Supervisors	· · · · ·						
Des	signated Agency Contact (Vame,Title)						
Na	ncy Sa				Amendment (Must r	provide explanation in Part 3.)		
Are	a Code/Phone Number	E-mail				, ,		
(51	10) 272-6692	nancy.sa@ad	cgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Fu	nction or Event Inforr	nation				00.00		
	es the agency have a ticket		Yes⊠ No[f Each Ticket/Pass \$ _			
E	ent Description Oakland A	's vs. Houston	Astros	Date(s) 09	, 21 , 16			
⊏v€	an Description	Provide Title/Expla	nation	Date(3)				
Ticl	ket(s)/Pass(es) provided by	/ agency?	Yes□ No[⊠ If no: Oaklar	nd A's			
			. 55 🛄 . 10					
	s ticket distribution made a	t the behest	No ☐ Yes [✓ If yes: Valle, Vall	Richard- Supervisor Official's Name (Ustrict Z		
ot	agency official?				Oniciai s ivame (Laci, i iicij		
	ecipients			Maria Bara Maria Maria	and the Constitution Office Con-	stif. on establish a		
• Us	se Section A to identify the agency	y's department or ι	nit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ider	ntiry an outside organization.		
Α.	Name of Agency, Departme	ent or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy		
_			Pass(es)					
	· · · · · · · · · · · · · · · · · · ·							
<u> —</u> В.	Name of Individua		Number of		Identify and of the first	4		
D.	(Last First)		Ticket(s)/ Pass(es)		Identify one of the following:			
_				Ceremonial Role		Income		
Ва	arry Kaminsky		6	l	oremonial Role" or "Other" describe below: mmunity volunteer for his service to the pu			
				i o reward a comm	unity volunteer for his	s service to the public.		
_				Ceremonial Role	Other 🛛	Income		
Jir	n O'Laughlin				nial Role" or "Other" describe below:			
	5		6	To reward a comm	unity volunteer for his	service to the public.		
						·		
C.	Name of Outside Organ		Number of Ticket(s)/	Describe the nut	olic purpose made pursuan	nt to the agency's policy		
_	(include address and des	scription)	Pass(es)	2030ine die put	parpood made parouen	trans against a bound!		
-			1					
A \/a	erification							
→. Vt		ulations 18944.1 and	l 18942. I have ve	erified that the distribution set	forth above, is in accordance и	vith the requirements.		
	•		Nancy:	_	Supervisor's Assistar			
-	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)		
				200				
Co	omment:	ng passes at ti	ne value of \$	520. ————————————————————————————————————		EPPC Form 802 (A/12)		

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



gency Name Alameda County								
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.								
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy						
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:						
Shirley Kaminsky	3	Ceremonial Role Other Important Incomplete Community Properties of the Public Community Volunteer for her service to the public Community Voluntee						
Pat O'Laughlin	3	Ceremonial Role Other In If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the publication.						
		Ceremonial Role Other Inco If checking "Ceremonial Role" or "Other" describe below:	me					
		Ceremonial Role Other Inco	me					
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy						
		,						

Ceremonial Role Events and Ticket/Pass Distributions

I. Agency Name				Date Stamp	California 802		
Alameda County					Form OUZ		
Division, Department, o	or Region (If Applicable)			For Official Use Only		
Board of Supervisors							
Designated Agency Co	ntact (Name, Title)						
Nancy Sa				—	and the second s		
Area Code/Phone Num	ber E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing:			
2. Function or Event	Information				20		
Does the agency have	a ticket policy?	Yes⊠ No[f Each Ticket/Pass \$	80		
Event Description Oak	land A's vs. Houstor		Date(s)09	, 19 , 16			
	Provide Title/Expl	anation					
Ticket(s)/Pass(es) prov	ided by agency?	Yes□ No[If no: Oakland Athletics Name of Source				
Was ticket distribution r	nade at the heheet	No III Var	العادية العالم العا				
of agency official?	at the Denest	No ☐ Yes [If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)				
3. Recipients							
•	e agency's department or	ual. • Use Section C to ident	ify an outside organization.				
A. Name of Agency, D	epartment or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
		Pass(es)					
		+					
B. Name of I	ndividual	Number of Ticket(s)/		Identify one of the follows	ng:		
(Last,		Pass(es)		Identify one of the followi	a.		
			Ceremonial Role	Other I	Income		
			п ыескілд "Сегетол	man Note of Other describe below:			
			Ceremonial Role		Income _		
			If checking "Ceremon	nial Role" or "Other" describe below:			
C Name of Outside	le Organization	Number of		. De anno	A. 4b		
	and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy		
Our Lady of the Rosa	ary	1,0	To reward a non-pi	rofit organization for its	contributions to the		
703 C Street Union (18	community.				
Supports local chariti fundraisers	es through						
4. Verification	<u> </u>	<u> </u>	L	·	• • • • • • • • • • • • • • • • • • • •		
	Regulations 18944.1 and	d 18942. I have ve	erified that the distribution set i	forth above, is in accordance wit	th the requirements.		
		Nancy S	Sa	Supervisor's Assistant	9/29/16		
Signature of Agency Head o	or Designee	Print Nam		Title	(Month, Day, Year)		
Includes 4	parking passes at t	he value of ¢	320 each				
Comment: Includes 4	harring hasses at t	iio value UI ֆ	AZV GAUIT.				

١.	Agency Name				Date Stamp	California Ong			
	Alameda County				·	Form 8UZ			
	Division, Department, or Regi	on (If Applicable)			For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact (Name, Title)							
	Nancy Sa								
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)			
	(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing:				
2.	Function or Event Infor	mation							
	Does the agency have a ticke	t policy?	Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$ _	38			
	Event Description Oakland A	angers	Date(s)09	, 23 , 16	09 , 24 , 16				
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No [☑ If no: Oaklar	nd Athletics Name of Si	ouroe			
	Was ticket distribution made a	at the beheet		valle					
	of agency official?	it the benest	No 🗌 Yes 🛚	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)					
<u> </u>	Recipients								
	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	at to the agency's policy			
			Pass(es)						
			1.			•			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:					
	- ton			Ceremonial Role		Income			
	Duprey Tom		1 2 1		onial Role" or "Other" describe below. nunity volunteer for his service to the public.				
				To reward a comm	unity volunteer for his	s service to the public.			
				Ceremonial Role	Other	Income			
			2	If checking "Ceremor	nial Role" or "Other" describe below	:			
	Name of Outside Organ	nization	Number of						
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy			
						<u>.</u>			
4.	Verification								
		ns 18944.1 and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance v	·			
			Nancy S		Supervisor's Assistar				
	Signature of Agency Head or Designee	•	Print Nam	е	Title	(Month, Day, Year)			
	Comment:								
	Comment.			 		EDDC Form 902 /4/42			

Α	Pu	ы	ia			1100	^-	. 4
А	ru	IJι	IC	υc)Cl	am	eı	RL

١.	Agency Name			-	Date Stamp	California 802		
	Alameda County					Form OUZ		
	Division, Department, or Region	on (If Applicable	;)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (/	Vame, Title)		.				
	Nancy Sa							
	•	E-mail		 .	Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	nation			<u> </u>			
	Does the agency have a ticket	policy?	Yes⊠ No[☐ Face Value o	f Each Ticket/Pass \$ _	38		
	Event Description Oakland A	Rangers Ianation	Date(s)09	, 25 , 16				
Ticket(s)/Pass(es) provided by agency?			Yes□ No[□ No ☑ If no: Oakland Athletics				
	Was ticket distribution made a	t the behest	No ☐ Yes [√ If yes. Valle,	Richard- Supervisor	District 2		
	of agency official?		140 🖂 163 E	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)				
3.	Recipients							
	Use Section A to identify the agency	's department or	ual. • Use Section C to iden	itify an outside organization.				
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy			
	B. Name of Individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
	Valle, Richard			Ceremonial Role	Other Anial Role" or "Other" describe below:	Income		
	valle, Monard		2			received County funding		
				Ceremonial Role	Other	income		
			2	If checking "Ceremor	nial Role" or "Other" describe below:			
		C. Name of Outside Organization (include address and description)		Describe the put	olic purpose made pursuan	it to the agency's policy		
				-				
_	N. J. 1911 41							
4.	Verification	lations 18944.1 an	d 18942. I have ve	rified that the distribution set	forth above, is in accordance w	vith the requirements.		
	/				Supervisor's Assistar	·		
	Signature of Agency Head or Designee		Nancy S		Title	(Month, Day, Year)		
	•					. ,		
	Comment:							

1.	Agency Name		Date Stamp	California 802					
	Alameda County					Form 002			
	Division, Department, or Regi	ion (If Applicable	<i>=)</i>			For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact (Name, Title)				·			
	Nancy Sa								
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)			
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Infor	mation							
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$ _	90			
	Event Description Oakland A	's vs Texas F	Rangers	Date(s) 09	, 23 , 16				
	Event Description	Provide Title/Exp							
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No l	Ⅺ If no: Oaklar	nd Athletics				
					Name of So				
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)					
_									
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.								
	A								
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:					
	(Last Firsi)		Pass(es)						
	Hernandez, Sergio			Ceremonial Role If checking "Ceremon	Other 🔀	Income L			
	,-		3	T T	dance at an event held at a County facility in				
					potential County rever				
				Ceremonial Role	Other	Income 🗌			
			3	If checking "Ceremon	ial Role" or "Other" describe below:				
	A Name of Outside Owner		Number of						
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy			
			+ ` '						
			 						
_	Verification		1						
4.	I he	ıs 18944.1 an	d 18942. I have ve	erified that the distribution set f	forth above, is in accordance w	ith the requirements.			
			Nancy :		Supervisor's Assistan	•			
	Signature of Agency Head of Designed	-	Print Nam		Title	(Month, Day, Year)			
	_					. ,			
	Comment:								

Ceremonial Role Events and Ticket/Pass Distributions

1	Agency Name				Date Stamp	California 802
	Alameda County		~ ~ ~	Form 002		
Ī	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Board of Supervisors					
1	Designated Agency Contact (Name, Title)				
	Nancy Sa				☐ Amendment (Must on	rovide explanation in Part 3.)
7	Area Code/Phone Number	E-mail				· ·
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				20
١	Does the agency have a ticke	t policy?	Yes⊠ No[Face Value o	f Each Ticket/Pass \$	30
ı	Event Description Oakland A	's vs. Housto Provide Title/Exp	, 19 , 16	9 , 21 , 16		
	Ticket(s)/Pass(es) provided by		Yes□ No[If no: Oaklar	nd Athletics	urce
,	Man tiplest distribution made a	t the beheat		- Valle		
,	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes	✓ If yes: ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	Richard- Supervisor I	ast, First)
ა.	Recipients • Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ual. ◆ Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
,						
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:		
				Ceremonial Role If checking "Ceremon	Other X ial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income 🗌
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	Hayward Demos 27287 Patrick Ave. Hayward CA 94544		2	To reward a non-profit organization for its contribution to the community.		s contribution to the
	To encourage people and v	olunteers to				_
	Verification I have read and understand FPPC Regu	ılations 18944.1 an	id 18942. I have ve	rified that the distribution set i	forth above, is in accordance wi	th the requirements.
-	_		Nancy S	Sa	Supervisor's Assistan	t 9/27/16
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
	Comment:					

I. Agency Name		<u>.</u>	Date Stamp	California On 2				
Alameda County			Form 8UZ					
Division, Department, or Region	(If Applicable)		For Official Use Only					
-	, , ,							
Board of Supervisors Designated Agency Contact (Nar	me Title)							
	ne, nue)							
Nancy Sa			Amendment (Must pr	ovide explanation in Part 3.)				
	mail		Date of Original Filing: _					
· '	ancy.sa@acgov.org		Dute of Original Fining.	(Month, Day, Year)				
2. Function or Event Informa		_ =	(E E (D A	30				
Does the agency have a ticket po		of Each Ticket/Pass \$						
Event Description	vs. Seattle Mariners	<u>, 11 , 16</u>						
Pr	ovide Title/Explanation							
Ticket(s)/Pass(es) provided by a	gency? Yes□ No	lf no: <u>Oaklaı</u>	Name of Sou	irce				
Was ticket distribution made at the	ne hehest Na 🗆 Vaa	. Valle	, Richard- Supervisor [
of agency official?	ne behest No ☐ Yes	If yes:	Official's Name (L	ast, First)				
3. 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.							
A. Name of Agency, Department	or Unit Number of	Describe the pub	olic purpose made pursuant	to the agency's policy				
nume of Agency, Department	Pass(es)	Dooring the par	mo parposo mado parodam	to the agency o pency				
			· · · · · · · · · · · · · · · ·					
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:				
(Last First)	Pass(es)							
Nate, Glenn		Ceremonial Role	Other Americal Market States of the Communication o	Income				
ridio, didini	2	To promote attendance at an event held at a County facility in						
			potential County reven					
		Ceremonial Role	Other	Income				
	2	If checking "Ceremor	nial Role" or "Other" describe below:					
C. Name of Outside Organiza (include address and descri	ntion) licket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy				
	Pass(es)							
4. Verification								
'io	ons 18944.1 and 18942. I have	verified that the distribution set	forth above, is in accordance wit	h the requirements.				
	Nancy	Sa	Supervisor's Assistant	9/27/16				
Signature of Agency Head or Designee	Print Na	nme	Title	(Month, Day, Year)				
Comment:								

Ceremonial Role Events and Ticket/Pass Distributions

I. Agency Name				Date Stamp	California Q02
				Date Stamp	Form 802
Alameda County Division, Department, or Region	on (If Annlinehla			C	For Official Use Only
Division, Department, or Region	и Аррисавіе,	,			
Board of Supervisors					
Designated Agency Contact (A	lame,Title)	-			
Nancy Sa				Amondment ////with	rovide explanation in Part 3.)
Area Code/Phone Number	E-mail			Amendment (wost p	rovide explanation in Part 3.)
(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inforn	nation				
Does the agency have a ticket	policy?	Yes⊠ No I	☐ Face Value o	f Each Ticket/Pass \$ _	30
Event Description Oakland A	s vs. Seattle l	Mariners	Date(s) 9	, 9 , 16	
Event Description Oakland A'	Provide Title/Expla	anation	Date(s)		
Ticket(s)/Pass(es) provided by	agency?	Yes □ No[If no: Oaklar	nd Athletics	
,		103 🗀 110 [<u> </u>	Name of So	
Was ticket distribution made at	t the behest	No ☐ Yes	⊠ If yes: <u>Valle,</u>	Richard- Supervisor	District 2
of agency official?				Oπiciai's Name (Last, First)
3. Recipients					
Use Section A to identify the agency	's department or i	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
B. Name of Individua	1	Number of Ticket(s)/		Identify one of the follow	ina:
(Last First)		Pass(es)			
Nate, Glenn			Ceremonial Role	Other 🔀	Income 📙
Nate, Genn		2		unity volunteer for his	service to the public
			70 TOWARA A COMMIS	army voidingor for mo	con vide to the public.
			Ceremonial Role	Other	Income
			If checking "Ceremon	nial Role" or "Other" describe below:	
		2			
C. Name of Outside Organi (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
(include address and desi		Pass(es)			
		ļ			
4. Verification		-	•		
Regul	lations 18944.1 and	i 18942. I have ve	erified that the distribution set i	forth above, is in accordance w	ith the requirements.
,		Nancy :	Sa	Supervisor's Assistan	nt
Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)
•					
Comment:					

1. /							
	Agency Name				Date Stamp	California 802	
/	Alameda County					Form 002	
Ī	Division, Department, or Regi	on (If Applicable)			For Official Use Only	
ſ	Board of Supervisors						
T	Designated Agency Contact (Vame,Title)			N V		
1	Nancy Sa				Amendment (Must	provide explanation in Part 3.)	
7	Area Code/Phone Number	E-mail					
((510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Inforr	nation	-			20	
	Does the agency have a ticket	policy?	Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ -	30	
E	Event Description Oakland A	s vs. Seattle	, 10 , 16				
_			nd Athletics				
	Ticket(s)/Pass(es) provided by	/ agency?	Name of S	Source			
١	Nas ticket distribution made a	t the behest	No □ Yes	Valle	Richard- Supervisor	District 2	
	of agency official?		MO 🗀 Test	ı∆ ıı yes	Richard- Supervisor	(Last, First)	
3	Recipients						
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization						
_	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the put	elic purpose made pursuar	nt to the agency's policy	
-			Pass(es)				
-							
					·		
-	D Name of Individua		Number of				
I	B. Name of Individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
-	(Last, First)	ıl	Ticket(s)/	Ceremonial Role		wing:	
-	B. Name of Individua (Last, First)	ıl	Ticket(s)/ Pass(es)	If checking "Ceremor	Other ial Role" or "Other" describe below	Income [
-	(Last, First)	ıl	Ticket(s)/	If checking "Ceremor	Other ial Role" or "Other" describe below	Income [
-	(Last, First)	ıl	Ticket(s)/ Pass(es)	If checking "Ceremor To reward a comm	Other ial Role" or "Other" describe below unity volunteer for his	Income [s service to the public.	
-	(Last, First)	ıl	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role	Other ial Role" or "Other" describe below	Income C s service to the public.	
-	(Last, First)	ıl	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role	Other Other Other Other Other Other	Income C s service to the public.	
-	Yau, Brandon		Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role	Other Other Other Other Other Other	Income C s service to the public.	
-	(Last, First)	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Other Other Other Other Other	Income C s service to the public. Income C	
-	Yau, Brandon Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Ot	Income C s service to the public. Income C	
-	Yau, Brandon Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Ot	Income C s service to the public. Income C	
-	Yau, Brandon Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Ot	Income of service to the public. Income of service to the public.	
-	Yau, Brandon Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Ot	Income C s service to the public. Income C	
- (Yau, Brandon C. Name of Outside Organ (include address and des	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other Ot	Income of service to the public. Income of service to the public.	
- (Yau, Brandon C. Name of Outside Organ (include address and des	ization cription)	2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon To the Checking "Cer	Other Ot	Income Construction in to the agency's policy	
- (Yau, Brandon C. Name of Outside Organ (include address and des	ization cription)	2 Number of Ticket(s)/ Pass(es)	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremor Describe the pul erified that the distribution set	Other Size of "Other" describe below unity volunteer for his Other Other or "Other" describe below blic purpose made pursual	Income Service to the public. Income Service to the public. Income Service to the public.	

Ceremonial Role Events and Ticket/Pass Distributions

1. /						The state of the s	
	Agency Name				Date Stamp	California 802	
/	Alameda County					Form COZ	
Ī	Division, Department, or Regi	on (If Applicable)			For Official Use Only	
ı	Board of Supervisors						
Ī	Designated Agency Contact (Name, Title)					
ļ	Nancy Sa						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
((510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Inforr	nation			I	(,,	
Γ	Does the agency have a ticket	t policy?	of Each Ticket/Pass \$.	205			
	- ·	-	. 15 . 16				
E	Event Description Black Sabbath Date(s) Date(s)						
_	Figlest(s)/Dess(ss) provided by		n State Warriors				
	Пcket(s)/Pass(es) provided by	y agency?	Yes No	X 11110	Name of S	Source	
١	Nas ticket distribution made a	t the behest	No ☐ Yes	⊠ If ves. Valle	Richard- Supervisor	District 2	
	of agency official?				Official's Name	(Last, First)	
3.	Recipients						
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
-	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursua	nt to the agency's policy	
-			1 483(63)				
-				i			
_			Number of				
ī	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follo	wing:	
- 1	B. Name of Individua	al		Caremonial Pole			
_	B. Name of Individua (Last. First) Young, Aaron	al	Ticket(s)/ Pass(es)		Identify one of the following of the following of the latest and the following of the follo	Income 🗌	
_	(Last, First)	al	Ticket(s)/	If checking "Ceremor	Other ial Role" or "Other" describe below	Income 🗌	
_	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremor	Other ial Role" or "Other" describe below	Income 🗖	
_	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremor	Other ial Role" or "Other" describe below	Income 🗆	
_	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremore To reward a comm Ceremonial Role	Other ial Role" or "Other" describe below unity volunteer for his	Income In	
_	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremore To reward a comm Ceremonial Role	Other Other Other Other Other Other Other	Income In	
_	Young, Aaron		Ticket(s)/ Pass(es)	If checking "Ceremore To reward a comm Ceremonial Role	Other Other Other Other Other Other Other	Income In	
_	Young, Aaron Name of Outside Organ	lization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremor	Other Other Other Other Other Other Other	Income In	
_	Young, Aaron	lization	Ticket(s)/ Pass(es) 4 4 Number of	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremor	Other Ot	Income In	
_	Young, Aaron Name of Outside Organ	lization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremor	Other Ot	Income In	
_	Young, Aaron Name of Outside Organ	lization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremor	Other Ot	Income In	
_	Young, Aaron Name of Outside Organ	lization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremor	Other Ot	Income In	
_	Young, Aaron Name of Outside Organ	lization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremor	Other Ot	Income In	
-	Young, Aaron Name of Outside Organ	lization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremor	Other Ot	Income In	
4.	Young, Aaron Name of Outside Organ (include address and des	sization scription)	A Vumber of Ticket(s)/ Pass(es)	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremor	Other ial Role" or "Other" describe below unity volunteer for his Other ial Role" or "Other" describe below blic purpose made pursual	Income In	
4.	Young, Aaron Name of Outside Organ (include address and des	sization scription)	A Vumber of Ticket(s)/ Pass(es)	If checking "Ceremor To reward a comm Ceremonial Role If checking "Ceremor Describe the put erified that the distribution set in	Other ial Role" or "Other" describe below unity volunteer for his Other ial Role" or "Other" describe below blic purpose made pursual	Income In	

Ceremonial Role Events and Ticket/Pass Distributions

. Agend	cy Name				Date Stamp	California 802
Alame	da County					Form OOZ
Divisio	n, Department, or Regi	on (If Applicable)			For Official Use Only
Board	of Supervisors					
Design	ated Agency Contact (Name, Title)	·			
Nancy					Amendment (Must p	provide explanation in Part 3.)
Area C	ode/Phone Number	E-mail			Detect Colored Fillians	·
(510) 2	272-6692	nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2. Funct	tion or Event Inforr	mation				00
Does th	ne agency have a ticket	t policy?	Yes⊠ No[Face Value o	of Each Ticket/Pass \$ _	88
Event [Description Sonu Niga	m and Atif As	lam	Date(s)9		
		,		Golder	n State Warriors	
Ticket(s)/Pass(es) provided by	y agency?	Yes No [If no:	Name of So	ource
\Mas tic	cket distribution made a	it the hehest	No ☐ Yes [Valle,	, Richard- Supervisor	District 2
	ency official?	it the benest	No ☐ Yes [△ If yes:	, Richard- Supervisor Official's Name ((Last, First)
3. Recip	PIETIS ection A to identify the agency	v's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
	Name of Agency, Departme		Number of Ticket(s)/		olic purpose made pursuan	
В.	Name of Individua	al	Number of			
В.	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Flores	s, Fidel				Other Amial Role" or "Other" describe below:	Income 🔲
			4	To reward a comm	unity volunteer for his	s service to the public.
				Ceremonial Role	Other	Income
			4	If checking "Ceremor	nial Role" or "Other" describe below:	:
			140			
C.	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
4. Verifi	ication					
	ead and understand FPPC Regu	ulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	vith the requirements.
-	-		Nancy S	Sa	Supervisor's Assistar	nt 9/27/16
Si	ignature of Agency Head or Designe		Print Nam		Title	(Month, Day, Year)
·	-					
Comn	nent [.]					

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California On 2
	Alameda County					Form OUZ
	Division, Department, or Region	on (If Applicable	·)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame. Title)				
		,				
	Nancy Sa Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	icaoy ora		Date of Original Filing	·
2.	Function or Event Inform		legov.org			(Month, Day, Year)
۷.	Does the agency have a ticket		V 53 N 6	□ Face Value o	of Each Ticket/Pass \$ ـ	80
		•	Yes⊠ No[
	Event Description Oakland A	s vs. LA Ang Provide Title/Expl		Date(s)9	7 16	
		·	anauun	☑ If no: Oaklaı	nd Athletics	
	Ticket(s)/Pass(es) provided by	agency?	Yes No [If no: Oakidi	Name of S	ource
	Was ticket distribution made a	t the behest	No ☐ Yes [Valle,	, Richard- Supervisor	District 2
	of agency official?	,	NO LI TEST	∆ 11 yes	Official's Name	(Last, First)
3.	Recipients					
•	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individ	ual. • 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	olic purpose made pursuar	nt to the agency's policy
	(6)		-			
	B. Name of Individua	il	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
					Other Other	Income
				Ceremonial Role If checking "Ceremor	Other Initial Role" or "Other" describe below	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
				To roward a non n	rofit organization for i	to contributions to the
	Hispanic Community Affairs P. O. Box 3151 Hayward, C		18	community		ts contributions to the
		A 94540	18			
4.	P. O. Box 3151 Hayward, C Promotes Latino/Hispanic c Verification	A 94540 ommunities		community		
4.	P. O. Box 3151 Hayward, C Promotes Latino/Hispanic c	A 94540 ommunities		community rified that the distribution set		vith the requirements.

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
Ī	Division, Department, or Regio	n (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (N	ame, Title)				
	Nancy Sa					
	·	E-mail				provide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation			·	20
	Does the agency have a ticket p		Yes 🗵 No [☐ Face Value o	of Each Ticket/Pass \$ _	30
	Event Description Oakland A's	vs. LA Ange Provide Title/Expl	els anation	Date(s)9	, 7 , 16	
	Ticket(s)/Pass(es) provided by	agency?	Yes□ No[If no: Oaklar	nd Athletics	
				_	Name of S	
	Was ticket distribution made at of agency official?	the behest	No ☐ Yes [If yes: Valle	, Richard- Supervisor	UISTRICL Z
						(Zaot, 1 not)
3.	Recipients • Use Section A to identify the agency's	s denartment or	unit allea Sac	tion R to identify an individu	ual • Use Section C to ide	ntify an outside organization
1	_		Number of			
	A. Name of Agency, Departmen	t or unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	it to the agency's policy
						
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
			Fa55(85)	Ceremonial Role	Other 🔀	Income
	Nate, Glenn		2		mial Role" or "Other" describe below	<u></u>
				To reward a comm	unity volunteer for his	s service to the public.
				Ceremonial Role If checking "Ceremor	L	Income ∐ r
			2			
	C. Name of Outside Organiz		Number of Ticket(s)/	Describe the pul	blic purpose made pursua	nt to the agency's policy
	(include address and desc	ription)	Pass(es)			
4.	Verification	ns 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.
	•		Nancy :	Sa	Supervisor's Assista	nt 9/27/16
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

١.	Agency Name				Date Stamp	California 802
	Alameda County				0	Form OOZ
	Division, Department, or Region	n (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)			1	
	Nancy Sa				Amendment (to to	The second section in Dark 2.1
	-	-mail		····	Amenament (Must p	provide explanation in Part 3.)
	(510) 272-6692 r	nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)
<u>.</u>	Function or Event Inform	ation				20
	Does the agency have a ticket p	-	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	30
	Event Description Oakland A's	vs. LA Ange	els	Date(s)9	, 6 , 16	
	F	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No [If no: Oaklaı	nd Athletics Name of So	DUTCE
	Was ticket distribution made at	the beheet		₩ Valle	, Richard- Supervisor	
	of agency official?	the benest	No 🗌 Yes	X If yes: Yame	Official's Name (Last, First)
_	Recipients					
•	Use Section A to identify the agency'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, Department	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuan	t to the agency's policy
	Community Development Age	ency	2	To reward a Count public.	y employee for his exe	emplary service to the
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ving:
				Ceremonial Role	nial Role" or "Other" describe below: Other nial Role" or "Other" describe below:	Income \Box
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
_	Verification					
т.		ins 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.
	-		Nancy :	Sa	Supervisor's Assistar	nt 9/27/16
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
	Comment:					

						The second that the second terms of
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ
	Division, Department, or Regi	on (If Applicable))			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	-	·		
	Nancy Sa				Amandmant (Mark	and the surface in Dad O.
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ -	275
	Event Description Raiders vs	s. Seahawks		Date(s)9	1	
		Provide Title/Expl	lanation	Oalda	ad Daidana	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	☑ If no: Oaklar	Name of S	Cource
	Was ticket distribution made a	t the hehest	No 🗆 Vaal	valle. Valle.	, Richard- Supervisor	District 2
	of agency official?	it the benest	No ☐ Yes	If yes:	, Richard- Supervisor Official's Name	(Last, First)
3.	Recipients					
•	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuar	nt to the agency's policy
			Pass(es)			
					······································	
	R Name of Individua		Number of		<u> </u>	
	B. Name of Individual (Last, First)	21	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role	Other 🛮	Income
	Avila, Gabriel		3		nial Role" or "Other" describe below	
				l o reward a comm	iunity volunteer for his	s service to the public.
				Ceremonial Role	Other 🗍	Income
					nial Role" or "Other" describe below	
			3			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursua	nt to the agency's policy
	American manipus mild Mac	,	Pass(es)			
_	h					
4.	Verification	·lations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.
			Nancy :		Supervisor's Assista	•
	Signature of Agency Head of Designed		Print Nam		Title	(Month, Day, Year)
	والمراجعة المساور المسا		walve effor	=		
	Commont: Includes 1 parkir	ig pass at the	value of \$35	D .		

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name	· - · ·			Date Stamp	California Q02
Alameda County					Form OUZ
Division, Department, or Reg	ion (If Applicable				For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Nancy Sa					
Area Code/Phone Number	E-mail			Amendment (Musi	t provide explanation in Part 3.)
(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing	3:(Month, Day, Year)
2. Function or Event Infor	mation			1	(Month, Bay, 18al)
Does the agency have a ticket		Yes⊠ No[Face Value o	of Each Ticket/Pass \$	275
Raiders v	s. Falcons			, 18 , 16	
Event Description Raiders v.	Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided b	y agency?	Yes □ No [If no: Oaklar	nd Raiders	
			_	Name of S	
Was ticket distribution made of agency official?	at the behest	No ☐ Yes [☑ If yes: Valle,	Richard- Superviso	r DISTRICT 2
RecipientsUse Section A to identify the agend	'v'e danartment or	unit allea Sac	tion B to identify an individu	ual a liee Section C to ide	entify an outside organization
		Number of	•		
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursua	int to the agency's policy
B. Name of Individu	ıal	Number of Ticket(s)/		Identify one of the follo	owing:
(Last, Filst)		Pass(es)			
Christy, Victor				Other itial Role" or "Other" describe below	Income ∐ w:
•		2	To reward a comm	unity volunteer for hi	is service to the public.
			Ceremonial Role	Other	Income
		2	If checking "Ceremor	ial Role" or "Other" describe belor	W:
Name of Outside Orga	nization	Number of			
(include address and de		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	ant to the agency's policy
4. Verification					
have reed and understand EDDC Dea	าปละบำกร 18944.1 an	d 18942. I have ve	rified that the distribution set i	forth above, is in accordance	with the requirements.
		Nancy S		Supervisor's Assista	
Signature of Agency Head or Designation		Print Nam		Title	(Month, Day, Year)
Carrant Includes 1 parki	na nase ot the	value of ¢25			
Comment: Includes I parki	ng pass at tile	value of \$30	7.		

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency					Date Stamp	California 802	
Alameda						Form For Official Use Only	
Division, D	epartment, or Regi	on (If Applicable)				
	Supervisors						
Designated	d Agency Contact (Name, Title)					
Nancy Sa	l				Amendment (Must r	provide explanation in Part 3.)	
	/Phone Number	E-mail			<u> </u>		
(510) 272		nancy.sa@a	cgov.org		Date of Original Filing:	(Month, Day, Year)	
	or Event Infor					366	
	igency have a ticke	•	Yes⊠ No	Face Value o	f Each Ticket/Pass \$ _		
Event Des	cription Drake: Sui	mmer Sixteen Provide Title/Expl	Tour anation	Date(s)9			
Ticket(s)/P	ass(es) provided by	y agency?	Yes ☐ No [If no: Golder	n State Warriors		
187 (* 1. 1	P 4 9 P			— Vallo	Name of So		
of agency	distribution made a	it the benest	No ☐ Yes	If yes: Valle,	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)		
 Recipier Use Section 		v's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.	
	ne of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuan		
<u></u>			Pass(es)		<u></u>		
<u> </u>							
B.	Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	01.55	•		Ceremonial Role		Income	
Ramirez,	Steffany		4		ial Role" or "Other" describe below:		
				To reward a community volunteer for her service to the publi		r service to the public.	
				Ceremonial Role	Other	Income \square	
			4	If checking "Ceremon	ial Role" or "Other" describe below:		
			"				
			Numberes				
	Name of Outside Orgar Iclude address and des		Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy	
			Pass(es)				
				-			
4 \/===!f" 4							
4. Verificat		''rtions 18944.1 and	1 18942. I have ve	erified that the distribution set t	orth above, is in accordance w	vith the requirements	
Signatur	re of Agency Head or Designee		Nancy S		Supervisor's Assistar	(Month, Day, Year)	
	5 2					(month, buy, rout)	
Common	L .						

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable	9)		For Official Use Onl	
	Board of Supervisors	Name Tible				
	Designated Agency Contact (ivarne, i rue)				
	Nancy Sa				Amendment (Must pr	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	• •			
	(510) 272-6692	nancy.sa@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				366
	Does the agency have a ticke	t policy?	Yes⊠ No[_	of Each Ticket/Pass \$	
	Event Description Drake: Sur	mmer Sixteer		Date(s)9	<u>, 13 , 16</u>	
	Ticket(s)/Pass(es) provided by	v agency2	Yes □ No [If no. Golder	n State Warriors	
	Ticket(a)/1 das(es/ provided b)	y agency:	res 🔲 No	_	Name of Sou	
	Was ticket distribution made a	t the behest	No ☐ Yes [⊠ If yes: Valle,	, Richard- Supervisor [District 2
	of agency official?			·	Official's Name (L	.ast, First)
3.	Recipients	,				
	Use Section A to identify the agency	y's department or		tion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
				·		
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followi	ing:
	(Last First)		Pass(es)			
	Anderson, Christy		4	Ĭ .	nial Role" or "Other" describe below:	Income
				l o reward a comm	unity volunteer for her	service to the public.
			4	Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
				·		
4.	Verification	ons 18944.1 an	d 18942. I have ve	erified that the distribution set t	forth above, is in accordance win	th the requirements.
-	•	-	Nancy S	Sa	Supervisor's Assistant	t 9/27/16
	Signature of Agency Head or Designee	-	Print Nam		Title	(Month, Day, Year)
	Comment:					

. Agency Name	397 53 8 W 53 C		Date Stamp	California 802
Alameda County			Į.	Form 002
Division, Department, or Region (If Application)	able)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)	-		•	
Sarah Oddie				
Area Code/Phone Number E-mail			Amendment (Must provi	de explanation in Part 3.)
(510) 272-6693 sarah.odd	die@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				фээ
Does the agency have a ticket policy?	Yes 🗵 No 🛭	☐ Face Value o	of Each Ticket/Pass \$	\$32
Event Description Baseball game		Date(s)	9 , 03 , 16	
Provide Title/	Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🏻	⊠ If no: Oakla	Name of Source	9
Was ticket distribution made at the behes	st No ☐ Yes I	⊠ If yes: Char	n, Wilma	
of agency official?	No 🗆 rest	⊠ II yes	Official's Name (Lasi	t, First)
. Recipients	2.1.0 2	70 g x	The state of the s	0.5 =
Use Section A to identify the agency's departmen		tion B to identify an individ	ual. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant to	the agency's policy
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	:
(Last, FISt)	Pass(es)	O	П оны П	Income 🔲
Hunt, Michael		Ceremonial Role If checking "Ceremo	Other Conial Role" or "Other" describe below:	income L
	2		lance at a(n) event held	
			potential County revenue	
		Ceremonial Role	Other Donial Role" or "Other" describe below:	Income
	2	" oncoming coronic	markers or sitter assume seem.	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant to	the agency's policy
(include address and description)	Pass(es)			
		,		
 Verification I have read and understand FPPC Regulations 18944. 	1 and 18942 I have ve	erified that the distribution set	forth above, is in accordance with t	he requirements
	Sarah O			09.06.2016
Signature of Agency Head or Designee	Saran O		Supervisor's Assistant	(Month, Day, Year)
Comment:			<u> </u>	

9 59 165 D 0 5 1 5 20 5	a central de central de la central	3 2 8 00 95 340 see 5 5	Par	
Agency Name			Date Stamp	California 802
Alameda County				Form OOZ
Division, Department, or Region (If Applicable	(e)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			1	
Sarah Oddie				
Area Code/Phone Number E-mail			Amendment (Must prov	vide explanation in Part 3.)
	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information	C 4. 1. CD 6. R			
Does the agency have a ticket policy?	Yes ⊠ No	Face Value of	of Each Ticket/Pass \$	\$32
Event Description Baseball game		Date(s) 09	9 , 04 , 16	
Provide Title/Exp	olanation			· · · · · · · · · · · · · · · · · · ·
Ficket(s)/Pass(es) provided by agency?	Yes ☐ No	✓ If no: Oakia	nd A's Name of Source	
Nas ticket distribution made at the behest		Char		<i>.</i> e
of agency official?	No ☐ Yes	☑ If yes: Char	Official's Name (La	st, First)
Recipients		ଓ ୧୯୩୯ - ୧.୦୧୯ ୧୯୯୯	ලක ගා ලංකා වන කි. කි. කි. කි.	5 S S 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
 Use Section A to identify the agency's department or 	r unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pul	olic purpose made pursuant to	o the agency's policy
	Pass(es)	•		
	4			
	Number of			
Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role	Other 🗌	Income
Boskovich, Alex	2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facili		
Boskovich, Alex				
·	-	order to maximize	potential County revenu	ıe
<u>. </u>		order to maximize Ceremonial Role	potential County revenu	ıe
•	2	order to maximize Ceremonial Role	potential County revenu	ie
·		order to maximize Ceremonial Role	potential County revenu	ıe
C. Name of Outside Organization		order to maximize Ceremonial Role If checking "Ceremo	potential County revenu	Income
C. Name of Outside Organization (include address and description)	2 Number of	order to maximize Ceremonial Role If checking "Ceremo	potential County revenu Other nial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	2 Number of Ticket(s)/	order to maximize Ceremonial Role If checking "Ceremo	potential County revenu Other nial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	2 Number of Ticket(s)/	order to maximize Ceremonial Role If checking "Ceremo	potential County revenu Other nial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	2 Number of Ticket(s)/	order to maximize Ceremonial Role If checking "Ceremo	potential County revenu Other nial Role" or "Other" describe below:	Income
(include address and description)	2 Number of Ticket(s)/	order to maximize Ceremonial Role If checking "Ceremo	potential County revenu Other nial Role" or "Other" describe below:	Income
(include address and description) Verification	2 Number of Ticket(s)/Pass(es)	Order to maximize Ceremonial Role If checking "Ceremo Describe the pu	potential County revenue Other nial Role" or "Other" describe below: blic purpose made pursuant to	o the agency's policy
(include address and description)	Number of Ticket(s)/ Pass(es)	Order to maximize Ceremonial Role If checking "Ceremo Describe the pu	potential County revenue Other nial Role" or "Other" describe below: blic purpose made pursuant to	o the agency's policy
(include address and description) Verification	2 Number of Ticket(s)/Pass(es)	Order to maximize Ceremonial Role If checking "Ceremo Describe the pu prified that the distribution set	potential County revenue Other nial Role" or "Other" describe below: blic purpose made pursuant to	o the agency's policy

Agency Name		-956	Date Stamp C	alifornia 802
Alameda County				For Official Use Only
Division, Department, or Region (If Applica	ble)			,
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Sarah Oddie			Amendment (Must provide	explanation in Part 3)
Area Code/Phone Number E-mail			-	oxplanation in Fall 6.7
	ie@acgov.org		Date of Original Filing:	onth, Day, Year)
Function or Event Information			002	ticket/\$20 parking
Does the agency have a ticket policy?	Yes 🗵 No		of Each Ticket/Pass \$ \$90	ticket/\$20 parking
Event Description Baseball game		Date(s)	9 , 05 , 16	
Flovide Ille/E	xplanation			
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	⊠ If no: Oakla	Name of Source	
Was ticket distribution made at the behes	t No⊡ Yesl	☑ If yes: Char	ı, Wilma	
of agency official?	· No 🖸 Test	M Hyes.	Official's Name (Last, Fi	rst)
Recipients				한 6 · 보고 (전) (100 · 100
Use Section A to identify the agency's department	or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identify an	outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	olic purpose made pursuant to the	agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
	L (co)(co)			
Gintert, Doak	F 855(65)	Ceremonial Role	Other D	income
Gintert, Doak	4+1p	If checking "Ceremo To promote attend	Other Inial Role" or "Other" describe below: ance at a(n) event held a potential County revenue	it a County facility in
Gintert, Doak		If checking "Ceremo To promote attend order to maximize Ceremonial Role	nial Role" or "Other" describe below: ance at a(n) event held a potential County revenue	it a County facility in
C. Name of Outside Organization (include address and description)	4+1p	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: ance at a(n) event held a potential County revenue Other	It a County facility in
C Name of Outside Organization	4+1p 4+1p Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: ance at a(n) event held a potential County revenue Other nial Role" or "Other" describe below:	It a County facility in
C Name of Outside Organization	4+1p 4+1p Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: ance at a(n) event held a potential County revenue Other nial Role" or "Other" describe below:	It a County facility in
C. Name of Outside Organization (include address and description)	4+1p A+1p Number of Ticket(s)/Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	mial Role" or "Other" describe below: ance at a(n) event held a potential County revenue Other nial Role" or "Other" describe below: blic purpose made pursuant to the	It a County facility in
C. Name of Outside Organization (include address and description)	4+1p A+1p Number of Ticket(s)/Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	mial Role" or "Other" describe below: ance at a(n) event held a potential County revenue Other nial Role" or "Other" describe below: blic purpose made pursuant to the	Income agency's policy

•	Agency Name Alameda County		21 < 20.07 53 5	0 0 1 12 3	Date Stamp	California 802
	Division, Department, or Regio	n (If Applicabl	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)			1	
	Sarah Oddie				Amendment (Must pro	ovide explanation in Part 3)
		-mail				vido expranation non discon
		A 00 B 00 B	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform				•	690 ticket/\$20 parking
	Does the agency have a ticket p	oolicy?	Yes 🗵 No	_	JI Lacii ilokevi ass w	JOO HERCE WZO PAIRING
	Event Description Baseball ga			Date(s)	9 , 05 , 16	
		Provide Title/Exp	nanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No	If no: Oakla	Name of Sour	rce
	Was ticket distribution made at	the behest	No ☐ Yes	⊠ If yes: Char	n, Wilma	
	of agency official?		110 🗀 1001	ii yes	Official's Name (La	est, First)
3.	Recipients					a bill gas sommas s
	Use Section A to identify the agency's	department o		tion B to identify an individ	lual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Department	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant t	o the agency's policy
	B. Name of Individual		Number of			
	D. Haine of marriaga		Ticket(s)/		Identify one of the following	ig:
	(Last First)		Pass(es)			
	Ikeda, Roy		Pass(es)	Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income _
	(Last First)			If checking "Ceremo	nial Role" or "Other" describe below:	eld at a County facility in
	(Last First)		Pass(es)	If checking "Ceremon To promote attended order to maximize Ceremonial Role	nial Role" or "Other" describe below: lance at a(n) event he potential County revenu	eld at a County facility in ue
	(Last First)		Pass(es) 5+1p	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: ance at a(n) event he potential County revent	eld at a County facility in ue
	Ikeda, Roy Name of Outside Organiz		5+1p Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: lance at a(n) event he potential County revenu Other nial Role" or "Other" describe below:	eld at a County facility in ue
	Ikeda, Roy Name of Outside Organiz		5+1p Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: lance at a(n) event he potential County revenu Other nial Role" or "Other" describe below:	eld at a County facility in ue
4.	Ikeda, Roy Name of Outside Organiz	ription)	Pass(es) 5+1p Number of Ticket(s)/Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon Describe the pure the checking the pure the checking the pure the checking the pure the checking the check	what Role" or "Other" describe below: ance at a(n) event he potential County revent Other white or "Other" describe below: blic purpose made pursuant to	eld at a County facility in ue Income
4.	Ikeda, Roy C. Name of Outside Organiz (include address and desc	ription)	Pass(es) 5+1p Number of Ticket(s)/Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon Ceremon	what Role" or "Other" describe below: ance at a(n) event he potential County revent Other white or "Other" describe below: blic purpose made pursuant to	eld at a County facility in ue Income

	# # ### # ### # ## # # # # # # # # # #	-40-0 4 G C 3				abilo Bodalliene
	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Regi	on (If Applicable)			FOI Official OSE Offing
	Board of Supervisors	Name Title				
	Designated Agency Contact (Name, I Itle)				
	Sarah Oddie				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	_			
z me	(510) 272-6693	sarah.oddie	@acgov.org	- N 1 1 1 1 L	Date of Original Filing	(Month, Day, Year)
	Function or Event Inform					\$90 ticket/\$20 parking
	Does the agency have a ticker		Yes⊠ No			\$90 ticket/\$20 parking
	Event Description Baseball g	ame		Date(s)09	05 , 16	
		Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	✓ If no: Oaklar	nd A's Name of S	Pauma
	NATION COLUMN SCHOOL CONTRACTOR	4.41		_ Chan		source
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes	☑ If yes: Chan	Official's Name	(Last, First)
j.,	Recipients • Use Section A to identify the agency	/'s denartment or	unit • Use Sec	tion B to identify an individu	ual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departme	- 40	Number of Ticket(s)/		olic purpose made pursua	THE RESERVE TO SERVE
			Pass(es)			n n i n i n i n i n i n i n i n i n i n
	B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	Wirts, Amy Elaine		9+2p	To promote attend	ial Role" or "Other" describe belov	held at a County facility in
			9+2p	ľ	Other Diel Role" or "Other" describe below	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy
		Ac 2 a				
1.	Verification	60 62 0 0 04 0		e sericular e u a a e e e e		
	I have read and understand EPPC Real	lations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.
	.	•	Sarah O	ddie	Supervisor's Assista	int 09.07.2016
_	Signature of Agency Head or Designee		Print Nan	пе	Title	(Month, Day, Year)
	Comment:					

	Agency Name	2 00 10 10		2 - 1 12 - 0 - 0 - 0	Date Stamp	California 802
F	Alameda County					Form 002
D	Division, Department, or Regi	on (If Applicable	e)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		For Official Use Only
F	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	@acdov ord		Date of Original Filing:	
-	Function or Event Inform		wacgov.org			(Month, Day, Year)
	Does the agency have a ticket		of Each Ticket/Pass \$ _	\$32		
		-	Yes⊠ No [_		
E	Event Description Baseball g	ame Provide Title/Exp	lanation	Date(s)	05 , 16	
		r rovide rille/Exp	iariatiori	Oakla	ad Ale	
T	Ficket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No 🛭	If no: Oakla	Name of Se	ource
٧	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Chan,			, Wilma		
	of agency official?		NO L. 163 F	△ II yes	Official's Name	(Last, First)
	Recipients					
	• Use Section A to identify the agency	/'s department or	unit. • Use Sect	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
7			Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's po		at to the agency's policy
_			Pass(es)			
			1 1			
Ī	R Name of Individua	ai	Number of		Identify one of the follow	Mag.
	B. Name of Individua (Lest, First)	ai	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
_	(Last, First)	aí	Ticket(s)/	Ceremonial Role	Other	Income
_	B. Name of Individua (Lest, First) Metz, Samara	al	Ticket(s)/	If checking "Ceremon	Other Inial Role" or "Other" describe below.	Income [
_	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremoi To promote attend	Other or "Other" describe below. ance at a(n) event	Income [
_	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize	Other Other or "Other" describe below. ance at a(n) event l potential County reve	Income In
_	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role	Other or "Other" describe below. ance at a(n) event	Income Income Income Income Income Income Income I
_	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role	Other Other or "Other" describe below. ance at a(n) event potential County reve	Income Income Income Income Income Income Income I
_	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role	Other Other or "Other" describe below. ance at a(n) event potential County reve	Income Income Income Income Income Income Income I
-	Metz, Samara Name of Outside Organ	ization	Ticket(s)/ Pass(es)	If checking "Ceremoi To promote attend order to maximize Ceremonial Role If checking "Ceremoi	Other Other or "Other" describe below. ance at a(n) event potential County reve	Income [held at a County facility in nue
-	Metz, Samara	ization	Ticket(s)/ Pass(es) 2 2 Number of	If checking "Ceremoi To promote attend order to maximize Ceremonial Role If checking "Ceremoi	Other Other on "Other" describe below ance at a(n) event potential County reve	Income In
-	Metz, Samara Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoi To promote attend order to maximize Ceremonial Role If checking "Ceremoi	Other Other on "Other" describe below ance at a(n) event potential County reve	Income In
-	Metz, Samara Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoi To promote attend order to maximize Ceremonial Role If checking "Ceremoi	Other Other on "Other" describe below ance at a(n) event potential County reve	Income In
-	Metz, Samara Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoi To promote attend order to maximize Ceremonial Role If checking "Ceremoi	Other Other on "Other" describe below ance at a(n) event potential County reve	Income [held at a County facility in nue
-	Metz, Samara Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoi To promote attend order to maximize Ceremonial Role If checking "Ceremoi	Other Other on "Other" describe below ance at a(n) event potential County reve	Income [held at a County facility in nue
-	Metz, Samara Name of Outside Organ	ization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremoi To promote attend order to maximize Ceremonial Role If checking "Ceremoi	Other Other on "Other" describe below ance at a(n) event potential County reve	Income (held at a County facility inue
	Metz, Samara Name of Outside Organ (include address and des	ization eription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon Describe the pul	Other Data Role" or "Other" describe below. ance at a(n) event legotential County reve Other Data Role" or "Other" describe below. Other Data Role" or "Other" describe below.	Income [held at a County facility in income [Income [ht to the agency's policy
	Metz, Samara C. Name of Outside Organ (include address and des	nization ecription) ulations 18944.1 ar	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon Describe the pul crified that the distribution set	Other Data Role" or "Other" describe below. ance at a(n) event legotential County reve Other Data Role" or "Other" describe below. Other Data Role" or "Other" describe below.	Income [held at a County facility in nue Income [ht to the agency's policy

	Agency Name			Date Stamp	California 802
	Alameda County	Form OU			
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Sarah Oddie			Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number E-mail				vide explanation in Fart 5.)
	(510) 272-6693 sarah.oddie@	acgov.org		Date of Original Filing:	(Month, Day, Year)
	Function or Event Information				\$27
	, , , , , , , , , , , , , , , , , , , ,			of Each Ticket/Pass \$	
	Event Description Baseball game Date(s) 09			07 , 16	
	Provide Title/Explanation				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oaklar			Name of Sour	ce
	Was ticket distribution made at the behest	No ☐ Yes [☑ If yes: Chan	, Wilma	
	of agency official?	NO LI TEST	△ 11 yes	Official's Name (La	st, First)
3.	Recipients			A CONTRACTOR OF THE PROPERTY OF THE	
	• Use Section A to identify the agency's department or u		tion B to identify an individe	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
		Pass(es)	-,	** P** _ ##* _ ## ## ## ## _ ##	
			· · · · · · · · · · · · · · · · · · ·		
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	
	(Last First)	Pass(es)		identity one of the fellowin	9.
			Ceremonial Role	Other	Income
	·		ii checking ceremoi	nial Role" or "Other" describe below:	
			Ceremonial Role		Income
			If checking "Ceremor	nial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant t	o the agency's policy
	SOS/Meals on Wheels, 2235 Polvorosa		To promote attend	ance at a(n) event he	ld at a County facility in
	Ave, San Leandro, CA 94577			potential County revenu	
	Deliver nutritious, balanced meals to				
	homebound seniors				
1.	Verification	- 1949 1949 - S			
	I have 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance with	the requirements.
		Sarah Od	ddie	Supervisor's Assistant	09.06.2016
	Signature of Agency Mead or Designee	Print Nam	e	Title	(Month, Day, Year)
	Commant Hart (1/2				
	Comment: Au Cas	·	" -		EPPC Form 802 (4/12)

	Agency Name	100 0 0.0	an.e en	·	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						
	Area Code/Phone Number	E-mail			Amenament (Must p	provide explanation in Part 3.)	
	(510) 272-6693	sarah.oddie	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation	3 02 250-0-000		.4]	¢27	
	Does the agency have a ticket		of Each Ticket/Pass \$ _	\$27			
	Event Description Baseball g	ame	9 , 09 , 16				
		Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No	If no: Oaklar	Name of So	ource	
	Was ticket distribution made a	t the behest	No □ Yes i	If yes: Chan	ı, Wilma		
	of agency official?		140 🖂 1631	М II уез	Official's Name (Last, First)	
3.	Recipients				2 5 5 H	100 100 100 100 100 100 100 100 100 100	
	Use Section A to identify the agency	r's department or	7	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit Number o			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 following:				
	(Ecos) / Holy		Pass(es)	Ceremonial Role	Other	Income	
	Elliott, Laura			ľ	nial Role" or "Other" describe below:		
			2	To promote attendance at a(n) event held at a County fac			
				order to maximize potential County rev			
				Ceremonial Role	Other Initial Role" or "Other" describe below:	Income	
			2				
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy	
	(include address and des	scription)	Pass(es)				
				-			
			-				
4	V-20		1-1- 1-F .		5- X-	245543.5.	
4.	Verification		nd 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.	
			Sarah O		Supervisor's Assistan		
,	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)	
•							
	Comment:	· · · · · · · · · · · · · · · · · · ·				FPPC Form 802 (4/12)	

	707 G III O II 396	100			
. Agency Name	Date Stamp	California 802			
Alameda County				Form For Official Use Only	
Division, Department, or Region (If Applicable)			Tor Simolar 555 Siny	
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Sarah Oddie					
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(510) 272-6693 sarah.oddie(@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information	to the state of th				
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	\$27	
Event Description Baseball game		Date(s) 09	10 16		
Provide Title/Expl	anation				
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	If no: Oaklar	nd A's Name of So.		
AAA - Airline dii delle dii oo oo oo oo oo daa baabaa baabaa da		— Chan		urce	
Was ticket distribution made at the behest of agency official?	No ☐ Yes	⊠ If yes: Chan	Official's Name (I	Last, First)	
		र इसे । -			
B. Recipients • Use Section A to identify the agency'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, Department or Unit	Number of			to the agency's policy	
Traine of Agency, Department of Orac	Ticket(s)/ Pass(es)	boothbo ino pai	no parpose made pare	and a good of point,	
Nowa of Ladiciana	Number of				
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
		Ceremonial Role	Other	Income	
Ramirez, Emma	2	1	niel Role" or "Other" describe below:		
			ance at a(n) event h potential County rever	neld at a County facility in	
-		Ceremonial Role		Income	
			nial Role" or "Other" describe below:	meome _	
	2				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pul	Describe the public purpose made pursuant to the agency's policy		
(metade address and description)	Pass(es)				
THE THE STATE OF T	a (0) (3 e) (5 ° (5 °) + (6				
 Verification I have read and understand EPPC Regulations 18944.1 an 	d 18042 have w	arified that the distribution set	forth ahove is in accordance we	ith the requirements	
г прук теаш анн иниевлани FFFU Retinantijis (1994. I Mi					
Signature of Agency Head or Designee	Sarah O		Supervisor's Assistan	09.07.2016 (Month, Day, Year)	
- Signature St. Igorio, Frode of Dodgrido	i inc ivan		1100	(month, Day, Total)	
Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

. Agency Name	-		Date Stamp	California 802		
Alameda County				Form For Official Use Only		
Division, Department, or Region (If Applicab	rision, Department, or Region (If Applicable)					
Board of Supervisors						
Designated Agency Contact (Name, Title)			1			
Sarah Oddie			Amendment (Must prov	ide explanation in Part 3.)		
Area Code/Phone Number E-mail			Date of Original Filing: —			
Let Y	@acgov.org	*	Date of Original Filling.	(Month, Day, Year)		
2. Function or Event Information		T Food Value o	of Each Ticket/Pass \$	\$27		
Does the agency have a ticket policy?	Yes⊠ No	_				
Event Description Baseball game Provide Title/Ex.	olanation	Date(s)) 11 16			
Ticket(s)/Pass(es) provided by agency?		☑ If no: Oaklar	nd A's			
Hokel(3)/1 ass(cs) provided by agency:	Yes ☐ No[_	Name of Source	re		
Was ticket distribution made at the behest of agency official?	No 🗌 Yes l	☑ If yes: Chan	, Wilma Official's Name (Las	t Eiroti		
	7		Onicial's Warne (Las	ii, i nsij		
 Recipients Use Section A to identify the agency's department or 	runit • Use Sec	tion B to identify an individu	ual. • Use Section C to identify	an outside organization.		
A. Name of Agency, Department or Unit	Number of		1			
Name of Agency, Department of Onit	Pass(es)		blic purpose made pursuant to the agency's policy			
		-				
B. Name of Individual Number of Ticket(s)			Line of the Collection			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following):		
Damiroz Sagarra		***************************************	Other	Income		
Ramirez, Socorro	2	_	nial Role" or "Other" describe below: ance at a(n) event hel	d at a County facility in		
			potential County revenu			
		Ceremonial Role	Other	Income		
	2	If checking "Ceremor	nial Role" or "Other" describe below:			
Name of Outside Organization	Number of					
(include address and description)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to	the agency's policy		
a						
		:				
4. Verification	Υ.					
I have read and understand FPPC Reculations 18944.1 a						
Visionatura of Advantage Land	Sarah Od		Supervisor's Assistant	09.07.2016		
V Signature of Agency Head or Designee	Print Nam	e e	riue	(Month, Day, Year)		
Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

			100	5. WALL X E 25 12 12 12 12 12 12 12 12 12 12 12 12 12	
Agency Name		V	Date Stamp	California 802	
Alameda County				For Official Use Only	
Division, Department, or Region (If Applicab	le)			, 0. 0	
Board of Supervisors					
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
Sarah Oddie					
Area Code/Phone Number E-mail			Amendment (Must provid	ie explanation in Part 3.)	
(510) 272-6693 sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)	
Function or Event Information		A		407	
Does the agency have a ticket policy?	of Each Ticket/Pass \$				
Event Description Baseball game		Date(s)09	9 , 19 , 16		
Provide Title/Ex					
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	☑ If no: Oakla	nd A's Name of Source		
Was tisket distribution made at the behast	🗖 🗸	Chan			
Was ticket distribution made at the behest of agency official?	No ☐ Yes i	☑ If yes: Chan	Official's Name (Last,	First)	
Recipients				4	
 Use Section A to identify the agency's department of 	r unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identify a	ап outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	public purpose made pursuant to the agency's policy		
	Pass(es)	sp			
_					
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	1,000(00)	Ceremonial Role	Other	Income	
Waage, Randy	2	If checking "Ceremonial Role" or "Other" describe below:			
			ance at a(n) event held potential County revenue		
		Ceremonial Role		Income 🔲	
			nial Role" or "Other" describe below:	income	
	2				
				111	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	oublic purpose made pursuant to the agency's policy		
(metude address and description)	Pass(es)				
				A Company of the Comp	
. Verification	and 18042 I have	orified that the distribution and	forth above is in accordance with #	na requirements	
I have read and understand FPPC Regulations 18944.1 a					
Signature of Agency Head or Designee	Sarah O	 	Supervisor's Assistant	09.23.2016 (Month, Day, Year)	
Organization of Agency Freed of Designee	r-nn nan		1700	(Moonth, Day, 16al)	
Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name Alameda County			Date Stamp	Form 802
	Division, Department, or Region (If Applica	able)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Sarah Oddie			Amendment (Must provide	ovelanation in Part 2.1
	Area Code/Phone Number E-mail			T	explanation in Part 3.)
		die@acgov.org	1-1-2-11	Date of Original Filing:	onth, Day, Year)
2.	Function or Event Information			\$80	ticket/\$20 parking
	Does the agency have a ticket policy?	Yes⊠ No.		of Each Ticket/Pass \$\$80	nonovyzo parmig
	Event Description Baseball game Provide Title/		Date(s)	9 , 20 , 16	
	Trovide Haes		⊠ If no: Oakla	nd A's	
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	If no:	Name of Source	· · · · · · · · · · · · · · · · · · ·
	Was ticket distribution made at the behes of agency official?	st No ☐ Yes [⊠ If yes: Char	n, Wilma Official's Name (Last, F	irst)
3.	Recipients			-	41 1 - 3 - 1
	Use Section A to identify the agency's department		tion B to identify an individ	ual. • Use Section C to identify an	outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's polic		
		1 435(60)			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Keener, Paul		Ceremonial Role	-	Income 🔲
	Reener, Faui	3+1p	To promote attend	nial Role" or "Other" describe below: lance at a(n) event held a potential County revenue	
			Ceremonial Role	Other	income
		3+1p	If checking "Ceremo	nial Role" or "Other" describe below:	
		4			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to th	e agency's policy
A	Verification			P	
4.	They read and understand EPPC Regulations 18944;	1 and 18942. I have ve	erified that the distribution set	forth above, is in accordance with the	requirements.
		Sarah O		Supervisor's Assistant	09.13.2016
	VSignature of Agency Head or Designee	Print Nam	пе	Title	(Month, Day, Year)
	October				
	Comment:				

Agency Name	5 , 1000			Date Stamp	California Ong
Alameda County					Form OUZ
Division, Department, or	Region (If Applicable)		For Official Use Only	
Board of Supervisors					
Designated Agency Con	tact (Name, Title)				
Sarah Oddie					
Area Code/Phone Number	er E-mail			Amendment (Must provid	•
(510) 272-6693	sarah.oddie			Date of Original Filing:	(Month. Day, Year)
Function or Event In	nformation	01400 - 0 04	8 8 8 6 5 · 0 D · 5 > 2 8	<u> </u>	
Does the agency have a ticket policy? Yes ⊠ No ☐ Face Value o			of Each Ticket/Pass \$	\$80/\$20 parking	
Event Description Basel	ball game		Date(s)	9 , 20 , 16	
Provide Tital Explanation					
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oaklar			nd A's Name of Source		
Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Char					
of agency official?	ado at the benest	NO LI TEST	∆ı ır yes:	Official's Name (Last	t, First)
Recipients			2 84 C		
	agency's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy		
		Pass(es)			-4
B. Name of Individual Number of Ticket(s)/			Identify one of the following:		
(Last First)		Pass(es)			
Lum, Arlene			Ceremonial Role If checking "Ceremo	inial Role" or "Other" describe below:	!ncome
Lam, Anomo		9+2p	To promote attendance at a(n) event held at a County fa order to maximize potential County revenue		d at a County facility in
					e
			Ceremonial Role		Income
		9+2p	іг спескілд "Сегето	nial Role" or "Other" describe below:	
C. Name of Outside	Organization	Number of	Describe the nu	public purpose made pursuant to the agency's policy	
(include address a	(include address and description) Ticket		Describe the pu	one purpose made pursuant to	the agency a policy
. 4					
4					
14					
. Verification	- 1				ar
	C Regulations 18944.1 an	d 18942. I have ve Sarah Oo		forth above, is in accordance with to Supervisor's Assistant	he requirements. 09.07.2016

Comment: ___

	**	S 2 . (2 - 12 t)	07 51 7 68 5 61 CO 1	0. 00 00 1 00 1 0	The state of the state of the
1. A	gency Name			Date Stamp	California 802
	ameda County				Form For Official Use Only
Div	vision, Department, or Region (If Applicable	2)			, cr omale out only
В	pard of Supervisors				
De	signated Agency Contact (Name, Title)			†	
S	arah Oddie				
	ea Code/Phone Number E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	10) 272-6693 sarah.oddie	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
	unction or Event Information	430 0 65 430			(Monar, Bay, Your)
	pes the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	\$80
		163 🖸 110	_		
Ev	rent Description Baseball game Provide Title/Exp.	lanation	Date(s))	
т:	elect(e)/Dece(ee) provided by egopoy?	·	⊠ If no: Oakla	nd A's	
116	cket(s)/Pass(es) provided by agency?	Yes No	X 11 110.	Name of Soi	urce
	as ticket distribution made at the behest	No ☐ Yes	☑ If yes: Char	ı, Wilma	
C	f agency official?			Official's Name (L	Last, First)
	eciplents Jse Section A to identify the agency's department or Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ident	
_				11219	
В	Name of Individual (Last, Firsi)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
	Last, Firsi)	Number of Ticket(s)/	Ceremonial Role	Other	ring:
		Number of Ticket(s)/	If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income [
	Last, Firsi)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role	Other Inial Role" or "Other" describe below: ance at a(n) event h	Income [
	Last, Firsi)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below: ance at a(n) event h potential County rever	Income [neld at a County facility inue
	(Last, First) anders, Linda Name of Outside Organization	Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below: ance at a(n) event h potential County rever Other nial Role" or "Other" describe below:	Income [neld at a County facility in Income [
	(Last, First) anders, Linda Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below: ance at a(n) event h potential County rever Other nial Role" or "Other" describe below:	Income [neld at a County facility inde
	Anders, Linda Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	Other Inial Role" or "Other" describe below: ance at a(n) event h potential County rever Other Inial Role" or "Other" describe below: blic purpose made pursuant	Income In
	(Last, First) anders, Linda Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo Describe the pu	Other Inial Role" or "Other" describe below: ance at a(n) event h potential County rever Other Inial Role" or "Other" describe below: blic purpose made pursuant	Income [neld at a County facility in nue Income [t to the agency's policy

	Agency Name		414 - 2	Date Stamp	California 202
	Alameda County				Form 002
	Division, Department, or Region (If Applicable	le)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Sarah Oddie				
	Area Code/Phone Number E-mail			Amendment (Must provi	ide explanation in Part 3.)
	(510) 272-6693 sarah.oddie	e@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	· + - +	1		
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			of Each Ticket/Pass \$	30 ticket/\$20 parking
	Event Description Baseball game		Date(s)	9 , 20 , 16	
	Provide Title/Ex				
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No [☑ If no: Oakla	nd A's Name of Source	
	Was ticket distribution made at the behest	No ☐ Yes [⊠ If yes: Chan		
	of agency official?	NO 🗀 Test	il yes.	Official's Name (Las	t, First)
3.	Recipients		101		1-1
	Use Section A to identify the agency's department or	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant to	the agency's policy
		Pass(es)	-4-		
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	1
			Ceremonial Role	Other	Income
	Carter, Denisha	2+p		nial Role" or "Other" describe below:	
				ance at a(n) event heli potential County revenue	
			Ceremonial Role	<u> </u>	Income \(\square\)
		0.1-		nial Role" or "Other" describe below:	
		2+p			
		New			
	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant to	the agency's policy
		1 433(63)		handa dan dan dan dan dan dan dan dan dan	
4	Verification		l	- TAPE - TAPE	
۲.	I have read and understand FPPC Reculations 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance with	the requirements.
		Sarah O	ddie	Supervisor's Assistant	09.23.2016
	Signature of Agency-Kead or Designee	Print Nam	ne	Title	(Month, Day, Year)
	Comment:	 			EDDC Form 802 (4/12)

				AT abile becament
. 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 (Nan	ne, Title)			
Sarah Oddie				1
Area Code/Phone Number E-r	mail	· · · · · · · · · · · · · · · · · · ·	Amendment (Must pi	rovide explanation in Part 3.)
(510) 272-6693 sa	rah.oddie@acgov.org		Date of Original Filing: .	(Month, Day, Year)
. Function or Event Informa	tion		î L-L	1 12 1 14 -
Does the agency have a ticket po	olicy? Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	\$27
Event Description Baseball gam	е	Date(s)09	9 , 20 , 16	
Pro	ovide Title/Explanation			
Ticket(s)/Pass(es) provided by ag	gency? Yes□ No	If no: Oaklar	nd A's Name of Soi	
		— Chan		urce
Was ticket distribution made at th of agency official?	e behest No 🗌 Yes	If yes: Chan	Official's Name (L	Last, First)
 Recipients Use Section A to identify the agency's d 	epartment or unit. 🧓 Use Se	ction B to identify an individ	ual. ⊚ Use Section C to ident	tify an outside organization.
A. Name of Agency, Department of	Number of			- 08
Tame of Agency, Doparament	Pass(es)		blic purpose made pursuant to the agency's policy	
	Number of			
Name of Individual (Last, First)	Ticket(s)/ Pass(es)	_	Identify one of the follow	ing:
		Ceremonial Role	Other	Income
Desseaux, Tess	2		nial Role" or "Other" describe below:	
			ance at a(n) event h potential County rever	eld at a County facility in
				Income
			Other Inial Role" or "Other" describe below:	Income L
	2	ľ		
Name of Outside Organization	tion Number of Ticket(s)/	Describe the nu	public purpose made pursuant to the agency's policy	
(include address and descrip	otion) Pass(es)			
	1			
. Verification				
I have read any understand FPPC Regulation	ons 18944.1 and 18942. I have v	verified that the distribution set	forth above, is in accordance wi	ith the requirements.
	Sarah C	Oddie	Supervisor's Assistan	
Signature of Agency mead of Designee	Print Na.	me	Title	(Month, Day, Year)
Comment:				
COMMENT.				EDDO E

I. Agency Name	<u> </u>		Date Stamp	California 802	
Alameda County			0.0	Form For Official Use Only	
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)				
Board of Supervisors					
Designated Agency Contact (Name, Title)			1		
Sarah Oddie					
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
(510) 272-6693 sarah.oddie	Date of Original Filing:				
2. Function or Event Information	<u>) (8-1-4 6 .</u>			3 · □ · □ · □ · □ · □ · □ · □ · □ · □ ·	
Does the agency have a ticket policy?	of Each Ticket/Pass \$ _	\$27			
Event Description Baseball game	21 , 16				
Provide Title/Exp					
Ticket(s)/Pass(es) provided by agency?	Ticket(s)/Pass(es) provided by agency? Yes No No If no: Oaklar				
		Chan	Name of So	ource	
Was ticket distribution made at the behest of agency official?	No ☐ Yes 🏻	If yes: Chan	Official's Name	(Last, First)	
		engues a , t	I Ba bes to the Company to the	五 处于2010年 1917年 1918年 19	
 Recipients Use Section A to identify the agency's department or 	runit. • Use Section	on B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
A. Name of Agency, Department or Unit	Number of				
A. Name of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe the put	public purpose made pursuant to the agency's policy		
		1	<u> </u>		
B. Name of Individual	Number of Ticket(s)/	Identify one of the following:			
	Pass(es)	Ceremonial Role	Other	Income	
			nial Role" or "Other" describe below.		
				part	
		Ceremonial Role	Other D	Income	
		I checking determo	mention of other account books.	•	
C Name of Outside Organization	Number of	Describe the nu	blic purpose made pursuar	nt to the agency's policy	
(include address and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's		nt to the agency a policy	
Alameda Meals on Wheels		To promote attend	lance at a(n) event	held at a County facility in	
516 Willow St., Alameda, CA 94501		order to maximize	potential County reve	nue	
Deliver nutritious, balanced meals to					
homebound seniors			a'		
4. Verification		NACTOR COLOR OF SEC.	77.5		
I have read and understand FPPC Regulations 18944.1 a	nd 18942. I have veri	ified that the distribution set	t forth above, is in accordance v	with the requirements.	
	Sarah Od	die	Supervisor's Assista	nt 09.07.2016	
Signature of Agency flead of Designee	Print Name		Title	(Month, Day, Year)	
Comment					

Δ	Ρı	ıЫ	ic	Docu	ıme	nt
\sim	гυ	31/21			JIIIC	

				- r rwgs wat 165 mg			
. Agency Name	- 2 - 5			Date Stamp	California 802		
Alameda County					For Official Use Only		
Division, Department, or Region	on (If Applicable)			Poi Official Use Offiy		
Board of Supervisors							
Designated Agency Contact (/	Vame, Title)						
Sarah Oddie							
	E-mail			Amendment (Must provide explanation in Part 3.)			
(510) 272-6693	sarah.oddie(@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Inform	nation	<u> </u>	9 ************************************		9 993 • 4 <u>6 9 90 0 • 19 19</u>		
					\$32		
<u> </u>							
Event Description Baseball ga	Provide Title/Expl	anation	Date(s)				
Ticket(s)/Pass(es) provided by	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oaklar				nd A's		
monetal, according provided by	agonoj.	ies 🗀 IVU		Name of S	ource		
Was ticket distribution made a	t the behest	No 🗌 Yes	⊠ lf yes: <u>Chan</u>	ı, Wilma Official's Name	(Lank Cimb)		
of agency official?			No. 13 Hills	Omciai s Name	(Last, First)		
3. Recipients							
Use Section A to identify the agency	's department or	ual. • Use Section C to ide	ntify an outside organization.				
A. Name of Agency, Departme	nt or Unit			blic purpose made pursuant to the agency's policy			
	······································	Pass(es)	- www <u>- www - ww</u>	. PV 00 (10 10 10 10 10 10 10 10 10 10 10 10 10 1			
Nome of Individue	Name of Individual			Identificance of the following			
B. Name of Individua		Ticket(s)/ Pass(es)	Identify one of the following:				
	· · · · · · · · · · · · · · · · · · ·		Ceremonial Role		Income		
Orput, Jennifer			It checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in				
				ance at a(n) event potential County reve			
	-	 	Ceremonial Role	<u></u>	Income 🗌		
				nial Role" or "Other" describe below			
		2					
C Name of Outside Organ	ization	Number of	Describe the nu	blic nurnose made nursua	nt to the agency's policy		
(include address and des	cription)	Pass(es) Describe the pu		ublic purpose made pursuant to the agency's policy			
-							
4. Verification							
I have read and understand FPPC Regu	ılations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.		
		Sarah O		Supervisor's Assista			
Signature of Agency Head or Designed		Print Nan		Title	(Month, Day, Year)		
•							
Comment:							

Ceremonial	Role Events	and Ticket/Pass	Distributions

. Agency Name			Date Stamp	California 802
Alameda County			Form For Official Use Only	
Division, Department, or Region (f Applicable)		TO Official OSC Offig	
Board of Supervisors				
Designated Agency Contact (Name	e, Title)	1		
Sarah Oddie				
Area Code/Phone Number E-m	ail		Amendment (Must provide explanation in Part 3.)	
(510) 272-6693 sar	ah.oddie@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Informat	ion	re force		TALL E
Does the agency have a ticket poli	icy? Yes⊠ No[of Each Ticket/Pass \$	\$90	
Event Description Baseball game	-	9 , 23 , 16	1 1	
Event Description Prov	ride Title/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by age	ency? Yes □ No[nd A's		
110.00.(0)/1 400(00) p. 01.404 by ago	ies 🗆 Not	Name of Sour	ce	
Was ticket distribution made at the	e behest No ☐ Yes l	☑ If yes: Char	n, Wilma Official's Name (Last, First)	
of agency official?			Omciai s ivame (La	.st, First)
. Recipients				
Use Section A to identify the agency's de		ual. • Use Section C to identif	y an outside organization.	
A. Name of Agency, Department or	1101104(0)	Describe the pul	ublic purpose made pursuant to the agency's policy	
	Pass(es)			
B. Name of Individual	Number of		Identify one of the followin	
(Last First)	Ticket(s)/ Pass(es)		Identify one of the following	ig:
		Ceremonial Role		Income
Geisner, Ben	3	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a(n) event held at a County facility in		
		order to maximize potential County revenue		
		Ceremonial Role	<u> </u>	Income
		1	onial Role" or "Other" describe below:	
	3			
C. Name of Outside Organizati	on Number of Ticket(s)/	Describe the pu	ublic purpose made pursuant to the agency's policy	
(include address and descript	ion) Pass(es)			
4. Verification			20-4-	
I have read and understand FPPC Regulation	ns 18944.1 and 18942. I have ve	erified that the distribution set	t forth above, is in accordance with	the requirements.
	Sarah O	ddie	Supervisor's Assistant	09.23.2016
/ -	Print Nar	те	Title	(Month, Day, Year)
Comment:				

	Agency Name		3 (-1) 7 (-1)		Date Stamp	California 802			
	Alameda County					Form For Official Use Only			
Ì	Division, Department, or Regi	on (If Applicable,)			For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact (Name, Title)							
	Sarah Oddie				Amendment (Must p	orovide explanation in Part 3.)			
	Area Code/Phone Number	E-mail							
enter.	(510) 272-6693	sarah.oddie(@acgov.org	, a la la g	Date of Original Filing: (Month, Day, Year)				
2.	Function or Event Inform	mation				\$32			
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	Ψ02					
	Event Description Baseball g	ame Provide Title/Expl	anation	Date(s)09	9 , 24 , 16				
	Ticket(s)/Pass(es) provided by	·	nd A's						
	Ticket(3)// ass(es) provided b	y agency:	Yes No [-	Name of Source				
	Was ticket distribution made a	it the behest	No ☐ Yes [☑ If yes: Chan	, Wilma	4 (F: 0			
	of agency official?				Official's Name	(Last, First)			
	Recipients	. 6. A4 L1 6 6.							
	Use Section A to identify the agenc	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, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:					
	Gardner, Linda			Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income			
		2	To promote attendance at a(n) event held at a County facility in order to maximize potential County revenue						
				Ceremonial Role	Other	Income 🔲			
			2	If checking "Ceremo	nial Role" or "Other" describe below				
	C. Name of Outside Orga	nization scription)	Number of Ticket(s)/ Describe the pu		blic purpose made pursuant to the agency's policy				
4 .	Verification	63 95 NG 0 7 C G		G George I was seen					
	I have read and understand FPPC Red	ulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance v				
	_	<u> </u>	Sarah O	ddie	Supervisor's Assista				
	V Signature of Agency Head or Designe	е	Print Nan	ne	Title	(Month, Day, Year)			
	0								
	Comment:								

				Service of the servic	
. Agency Name			Date Stamp	California 802	
Alameda County			·	Form For Official Use Only	
Division, Department, or Region (If Applicable	=)			FOI Official Use Offig	
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:		
. Function or Event Information		152	4	1. 1	
Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	\$32	
Event Description Baseball game		09	9 , 25 , 16		
Provide Title/Exp	lanation	Date(s)			
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	Ⅺ If no: Oakla	Name of Source		
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	☑ If yes: Chan	Official's Name (Last,)	First)	
3. Recipients	unit - Hea San	tion B to identify an individ	ual . • Use Section C to identify a	n outside organization	
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual 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		
	<u> </u>				
			· · · · · · · · · · · · · · · · · · ·		
	·				
B. Name of Individual	Number of Ticket(s)/		Identify one of the following:		
(Leag, Frey	Pass(es)			. —	
Winefield, Richard		Ceremonial Role If checking "Ceremon	inal Role" or "Other" describe below:	Income	
,	2	_	ance at a(n) event held	at a County facility in	
		order to maximize	potential County revenue.	••	
		Ceremonial Role	Other	Income	
	2	If checking "Ceremo	nial Role" or "Other" describe below:		
	Number of				
C. Name of Outside Organization (include address and description)			ublic purpose made pursuant to the agency's policy		
	1 200(00)				
	-				
		4 112	24 7 4		
1. Verification I have read and understand APPC Regulations 18944.1 ar	nd 18942. I have vi	erified that the distribution set	forth above, is in accordance with the	e requirements.	
	Sarah O				
Signature of Agency Head or Designee	Saran O		Supervisor's Assistant	09.30.2016 (Month, Day, Year)	
	, ,,,,,,			(
Comment:					