A Public Document 1. Agency Name Date Stamp California 0 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 5 discount Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description Alameda County Fair 19 13 7 7 6 / 13 Date(s) ____ Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Maes, CJ	4	Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below:
	4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	4	Ceremonial Role Other Income Income Income It checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

	Alex Boskovich	Senior Legislative Aide	07/1/13
Signature of Agency Head or Designee	Print Name	Title	(Month. Day, Year)
Comment:			

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 5 discount Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes X No Event Description Alameda County Fair Date(s) 6 / 19 13 7, 7 13 1 Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
0		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Hemenway, Sharon	A3 5 4	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	-4	Ceremonial Role Other Income Income Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

and	Alex Boskovich	Senior Legislative Aide	07/1/13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)
Comment:			

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 5 discount Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes X No Event Description Alameda County Fair Date(s) <u>6</u> / 19 7 7 13 13 Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: (Last, First) Pass(es)

Placencia, Serina		A13 2 #	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
<i></i>		47	Ceremonial Role Other I Income Income I Income II checking "Ceremonial Role" or "Other" describe below:
c.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
<u></u>			

4. Verification

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

Vel	Alex Boskovich	Senior Legislative Aide	07/1/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County			<i></i>	T CHIII
	Division, Department, or Region (If Applicable	e)		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	2.1
	Alex Boskovich				
	Area Code/Phone Number E-mail			Amendment (Must p.	rovide explanation in Part 3.)
		vich@acgov.o	ora	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	0.0	2 7 4		(monut, buy, roury
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	30
					//
	Event Description A's vs. Rangers	planation	Date(s)		//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Oaklar	nd Athletics	
	Horeitan assies provided by agency r			Name of So	
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name (I	r Wilma Chan
_	of agency official?			Omicial s Name (I	ast, First)
3.	Recipients				uter an entertate announcementers.
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu				
	A. Name of Agency, Department or Unit Ticket(s)/ Describe the pu Pass(es)		olic purpose made pursuant	to the agency's policy	
		Number of			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Youngdahl, Andrea	2	If checking "Ceremor		Income
		2	Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
4.	Verification I have read and understand PPC Regulations 18944.1 a.	nd 18942. I have ve	arified that the distribution set	forth above, is in accordance wi	th the requirements
	ritere read and understand FFC Regulations 18944, 1 a.				07/04/40

	Alex Boskovich	Senior Legislative Aide	07/31/13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: _

A Public Document 1. Agency Name Date Stamp California 0 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ alex.boskovich@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information 30 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description A's vs. Mariners Date(s) 8 / 19 13 1 Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🖾 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official?

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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:
Taylor, Deborah	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	2	Ceremonial Role Other Income I
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944	and 18942. I have verified that the distribution set	forth above, is in accordance with the requirements
---	--	---

	Alex Boskovich	Senior Legislative Aide	07/31/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
/			
Comment:			

Ģ 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: alex.boskovich@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information 5 discount Face Value of Each Ticket/Pass \$ ___ Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description Alameda County Fair Date(s) ______/ 13 7 , 7 , 13 Provide Title/Explanation If no: <u>Alameda County Fair Association</u> Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Alameda County Supervisor Wilma Chan</u> Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es)

В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Unity Council, 41900 Fruitvale Ave, land, CA 94601	N3 100	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	ial service & economic development vider in the Fruitvale neighborhood.		

4. Verification

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

ung	Alex Boskovich	Senior Legislative Aide	07/1/13
Signature of Agency Head of Designee	Print Name	Title	(Month, Day, Year)

Comment: .

A Public Document

					A Public Document
Agency Name				Date Stamp	California Form 802
Alameda County					
Division, Department, or Regi	on (If Applicable)				For Official Use Only
Board of Supervisors					
•	Name, Title)				
Alex Boskovich					
	F-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6693		ch@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation				5 discount
	•	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	5 discount
Event Description Alameda C	County Fair		Date(s) <u>6</u>	<u>, 19 , 13 </u>	<u>7,7,13</u>
	Provide Title/Expla	nation			
Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 🛛 No	If no: Alame	da County Fair Associ	
	4 4 h - 1 - 1 4				
	t the benest	No 🗌 Yes	If yes: Alama	Official's Name (I	ast, First)
Use Section A to identify the agency		Number of Ticket(s)/	-		
		Number of			
B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
					Income
					Income
		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Mastick Senior Center, 1155 Ave, Alameda, CA 94501	5 Santa Clara	50			
Provides social recreation a to seniors living in the City of					
	Agency Name Alameda County Division, Department, or Regi Board of Supervisors Designated Agency Contact (A Alex Boskovich Area Code/Phone Number (510) 272-6693 Function or Event Inform Does the agency have a ticket Event Description Alameda C Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Departme B. Name of Individua (Last, First) C. Name of Outside Organ (Include address and des) Mastick Senior Center, 1155 Ave, Alameda, CA 94501 Provides social recreation a	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number (510) 272-6693 Event Description Alameda County Fair Provide Title/Explat Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit B. Name of Individual (Last, First)	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number [510] 272-6693 Function or Event Information Does the agency have a ticket policy? Yes X No Event Description Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or Unit Ticket(s)/ Pass(es) Origination (include address and description) Reagency Mastick Seni	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number [510] 272-6693 Function or Event Information Does the agency have a ticket policy? Yes 🛛 No 🗌 Function or Event Information Does the agency have a ticket policy? Yes 🔄 No 🗌 Function or Event Information Does the agency have a ticket policy? Yes 🔄 No 🔄 Function or Event Information Date(s) / Pass(es) provided by agency? Yes 🔄 No 🖾 If no: Alame of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to Identify an individual (isst Frm) Mumber of Ticket(s) Describe the pub Pass(es) Ceremonial Role If checking "Ceremon If checking "Ceremon (include address and description) Number of Ticket(s) Describe the pub Past(ek) Describe the pub <t< td=""><td>Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number [G10] 272-6693 alex, boskovich@acgov.org Does the agency have a ticket policy? Yes No Function or Event Information Does the agency have a ticket policy? Yes No FixetColon of Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes No If yes: Alameda County Fair Associ Name of Agency Official? No Vas ticket distribution made at the behest No Yes Alameda County Sair Associ Official? Name of Agency, Department or unit. •Use Section 8 to identify an individual. •Use Section A to identify the agency's department or unit. •Use Section A to identify one of the follow B. Name of Individual Number of Ticket(y) Describe the public purpose made pursuant I thereway "Germonial Role Other It</td></t<>	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number [G10] 272-6693 alex, boskovich@acgov.org Does the agency have a ticket policy? Yes No Function or Event Information Does the agency have a ticket policy? Yes No FixetColon of Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes No If yes: Alameda County Fair Associ Name of Agency Official? No Vas ticket distribution made at the behest No Yes Alameda County Sair Associ Official? Name of Agency, Department or unit. •Use Section 8 to identify an individual. •Use Section A to identify the agency's department or unit. •Use Section A to identify one of the follow B. Name of Individual Number of Ticket(y) Describe the public purpose made pursuant I thereway "Germonial Role Other It

Alex Boskovich Senior Legislative Aide 07/1/13 Signature of Agency Head or Designee Print Name Title (Month, Day, Year) Comment: ,

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Agency Report of: С

С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name	********	атаалынан колталыктар ке каратын караларуулыруу кулыруу кур	Date Stamp	California 802	
	Alameda County				Form 002	
	Division, Department, or Region (If Applicable	9)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-		
	Alex Boskovich					
	Area Code/Phone Number E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must p.	rovide explanation in Part 3.)	
		ich@acgov.c	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information				(monin, Edg, rodi)	
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	5 discount	
				<u>, 19 , 13 </u>	7 , 7 , 13	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Alar			da County Fair Associ Name of So	urce	
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: _ of agency official?			eda County Superviso Official's Name (I	r Wilma Chan 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 iden	ify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Other Dial Role" or "Other" describe below:	Income	
			Ceremonial Role If checking "Ceremon	Other in a contract of the con	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
	San Leandro Boys & Girls Club, 401 Marina Blvd, San Leandro, CA 94577	100		ance at an event held potential County rever		
	Provides youth development programs and recreation to San Leandro youth					
4.	Verification				an a	

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

In	Alex Boskovich	Senior Legislative Aide	07/1/13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)
Comment:	· _ · · · · · · · · · · · · · · · · · ·		
			FPPC Form 802 (4/12
l		FPPC Toll-Free Helpline: 866/A	SK-FPPC (866/275-7772

A Public Document

1.	Agency Name	nan an ann an			Date Stamp	California 802
	Alameda County Division, Department, or Region (If Applicable)					Form
						For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Títle)				
	Alex Boskovich					
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6693	alex.boskovi	ch@acgov.oi	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform					(monin, bay, rear)
	Does the agency have a ticke		Yes 🗵 No 🛛	T Face Value o	f Each Ticket/Pass \$ _	35 (ticket) /17 (parking)
	Event Description <u>A's vs. Rec</u>	Provide Title/Expla	anation	Date(s)		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakla			nd Athletics		
	Tickel(s)/1 ass(es) provided by	y agency :	Yes 🗌 No 🛛	3	Name of So	
	Was ticket distribution made a	it the behest	No 🗌 Yes 🛛	If yes: Alame	eda County Superviso	r Wilma Chan
	of agency official?				Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or ι		ion B to identify an individu	al. • Use Section C to iden	tify 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)			
		-	Number of			
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	
				Ceremonial Role	ial Role" or "Other" describe below:	Income
			i	In checking Ceremon	la Role of Other describe below.	
	C. Name of Outside Organ	vization	Number of			2200200-20000-10000-200-00-00-00-00-00-00-00-00-00-00-0
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
	Alameda Health System Fo	undation 350		To promote attend	ance at an event held	at a County facility in
	Frank Ogawa Plaza, Ste. 90	00, Oakland	20 + 4		potential County rever	
			+ +	· · · · · · · · · · · · · · · · · · ·		
	501(c)3 non profit to cultivate community support for AHS		parking			
						an a
4.	Verification I have read and upderstand FPPC Regu	lations 18944.1 and	18942. have ver	ified that the distribution set f	orth above, is in accordance wi	th the requirements.
		/			Senior Legislative Aid	
	Signature of Agency Head or Designee	······································	Alex Bosko			(Month, Day, Year)
						(
	Comment:					

Agency Report of: C

Ceremonial Role Events and Ticket/Pass Distributions					A Public Document	
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable	9)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Alex Boskovich					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	and water was	ich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2	Function or Event Infor	and the second second second				(monut, buy, rout)
<i>6</i>	Does the agency have a ticke		Yes 🛛 No [Face Value	of Each Ticket/Pass \$ _	56
	anne an an ann an ann an an an an an an an a	NUMERAL STREET,	Second Sec. Second Second	(a) Venezione relationationali (a) Venezione relatione relationatione relationali (a) Venezione relatione relationali (a) Venezione relationali (a) Venezione relatione relatio relatione relatione relatione rel		
	Event Description Ringling E	Provide Title/Exp	lanation	Date(s)	<u>, 15 , 13 </u>	//
	Ticket(s)/Pass(es) provided t	w agency2		M If no. Oakla	nd Athletics	
	nokel(s)/Fass(es) provided i	y agency !	Yes 🗌 🛛 No [Name of So	
	Was ticket distribution made	at the behest	No 🗌 Yes	⊠ If yes: Alam	eda County Superviso	r Wilma Chan
	of agency official?	9	and and a second		Official's Name (I	.ast, First)
3.	• Use Section A to identify the agend	cy'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, Departm	N. Name of Agency, Department or Unit		Describe the pu	public purpose made pursuant to the agency's policy	
	B. Name of Individu	ial	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role		Income
	Baria, Peter		4		nial Role" or "Other" describe below:	et a Caustu facilitu in
			121		ance at an event held potential County rever	
			4	Ceremonial Role If checking *Ceremo	D Other nial Role" or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
	Verification					

I have read and understa I have verified that the distribution set forth above, is in accordance with the eg

U A	Alex Boskovich	Senior Legislative Aide	07/29/13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)
Comment:			

A Public Document

					A Fublic Document
1. Agency Name				Date Stamp	California 802
Alameda County				T CHIII	
Division, Department, or R	egion (If Applicable	e)			For Official Use Only
Board of Supervisors					
Designated Agency Conta	ct (Name, Title)				
Alex Boskovich					
Area Code/Phone Number	E-mail			. C Amendment (Must pi	rovide explanation in Part 3.)
(510) 272-6693	2.5.19.5% 0.60.60.60.60.60.60.60.60.60.60.60.60.60	rich@acgov.o	rg	Date of Original Filing: .	(Month, Day, Year)
2. Function or Event Inf	and the second second second	<u> </u>			(month, buy, rody
Does the agency have a tid		Yes 🛛 No [Face Value o	f Each Ticket/Pass \$ _	106.40
	Contract of the Action of the Contract				
Event Description One Dir	Provide Title/Exp	lanation	Date(s)		
			M If no: Oaklar	nd Athletics	
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 🛛 No [Name of So	
Was ticket distribution mad	e at the behest	No 🗌 Yes [If yes: Alam	eda County Superviso	r Wilma Chan
of agency official?		ana m aranja		Official's Name (l	.ast, First)
A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Indiv (Lost, First)	idual	Number of Ticket(s)/ Pass(es)	к. Г	Identify one of the follow	ing:
			Ceremonial Role	Other	Income
Murphy, Fiona		4	To promote attend	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County fa order to maximize potential County revenue from sales.	
		4		Other D nial Role" or "Other" describe below:	Income
C. Name of Outside Ou (include address and	ganization	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy
A Verification			i i		2

4

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

and	Alex Boskovich	Senior Legislative Aide	07/29/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 106.40 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ -Yes X No Event Description One Direction concert Date(s) 7 , 31 , 13 Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual B. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role Other Income Murphy, Fiona If checking "Ceremonial Role" or "Other" describe below. 4 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. 4 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

Verification. Δ

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

00 -	Alex Boskovich	Senior Legislative Aide	07/29/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

seremental resis Events and me	1001 000	Distributiono		A Fublic Document	
. Agency Name			Date Stamp	California 802	
Alameda County				A STRACTIC CONTRACTOR	
Division, Department, or Region (If Applicable)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Alex Boskovich					
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
(510) 272-6693 alex.boskovi	ch@acgov.o	irg	Date of Original Filing: _	(Month, Day, Year)	
2. Function or Event Information					
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	30	
Event Description <u>A's vs. Rangers</u>		Data(a) 8	<u>, 3 , 13</u>	1 1	
Event Description	anation	Date(s)	/		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Oakla	nd Athletics		
			Name of Sou		
Was ticket distribution made at the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor	Wilma Chan	
of agency official?			Unicial s Warne (L	ast, riistj	
 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 ident	ify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	the second second	blic purpose made pursuant to the agency's policy		
B. Name of Individual	Number of		Identify one of the followi	nar	
(Lost, First)	Ticket(s)/ Pass(es)		Identity one of the following		
Canada Susan		Ceremonial Role		Income	
Canada, Susan	2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in			
		order to maximize potential County revenue from sales.			
	22	- 김 영상은 방법을 받았는 것을 얻을 것 같아.	Other in the contract of the c	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy	
	Pass(es)				
 Verification I have read and understand FPPC Regulations 18944.1 and 	d 18942. I have ve	arified that the distribution set	forth above, is in accordance wit	h the requirements.	
(e)	Alex Bosk		Senior Legislative Aide		
Signature of Agency Head or Designee	Print Nan		Tille	(Month, Day, Year)	

2	eremonial Kole Even	ts and no	neur ass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Alex Boskovich						
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)	
	(510) 272-6693	alex.boskov	rich@acgov.c	org	Date of Original Filing: .	(Month. Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value o				of Each Ticket/Pass \$	30	
				, 14 , 13			
	Event Description Date(s) Date(s)			/	/		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oakla	nd Athletics		
				Name of Sou			
	Was ticket distribution made at the behest No I Yes I If yes: Alame			eda County Superviso Official's Name (I	ast First)		
_					emetars itanie (c		
3.	Recipients	v's department or	unit a lleo Soc	tion B to identify an individ	usi a Lise Section C to ident	ify an outside organization	
	Use Section A to identify the agency's department or unit. Use Section B to identify an individ						
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the put	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
					Other	Income	
	Cravahlo, Brian		2		nial Role" or "Other" describe below:	at a County faaility in	
			598.0		ance at an event held a potential County reven		
				Ceremonial Role		Income	
			2		nial Role" or "Other" describe below:		
			e				
			Number of				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
			Pass(es)			A STATE OF THE CONTRACT	
4.	Verification	ilations 18944.1 an	d 18942. I have ve	arified that the distribution set	forth above, is in accordance wit	h the requirements.	

a Alex Boskovich Senior Legislative Aide 07/12/13 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions	<u>+</u>	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				555	roim
	Division, Department, or Reg	ion (If Applicable	9)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			-	
	Alex Boskovich			ξ.		11.6 S 50 575 (10-5
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	alex.boskov	ich@acgov.o	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 of	of Each Ticket/Pass \$ _	30
	Event Description A's vs. Re	d Sox		Date(s) 7	, 13 , 13	//
	Event Description	Provide Title/Expl	lanation			//
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [If no: Oakla	nd Athletics	
			1	TELEVISION CONTRACTOR CONTRACTOR	Name of Sc	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes [If yes: Alam	eda County Superviso Official's Name (Last, First)
3.	• Use Section A to identify the agenc	u's department or	unit a llea Sac	tion B to identify an individ	ual a lise Section C to iden	tify an outside organization
		Number of			-	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ing
	(Last, First)		Pass(es)		Identity one of the follow	ing.
	Hausman, Richard		1	Ceremonial Role	D Other nial Role" or "Other" describe below:	Income
	nausman, Richard		2		at a County facility in nue from sales.	
			2	Ceremonial Role If checking "Ceremon	Other Diniel Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
					*	
_		>				
4.	Verification	dellare con i i i	1 10010 11	10-11-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1	6	What we are the second s
	I have read and understand FPPC Regu	iations 18944.1 and				
	- Discolution of Account in a first second		Alex Bosko		Senior Legislative Aid	
	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)

Comment: _

Geremonial Kole Lver	no ana mo	1001 033	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802		
Alameda County						
Division, Department, or Reg	jion (If Applicable	-	For Official Use Only			
Board of Supervisors						
Designated Agency Contact	(Name, Title)			1		
Alex Boskovich						
Area Code/Phone Number	E-mail			Amendment (Must pro		
(510) 272-6693	alex.boskov	rich@acgov.c	org	Date of Original Filing: _	(Month, Day, Year)	
2. Function or Event Info	mation					
Does the agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	30	
Event Description A's vs. Re	ed Sox		Date(s) 7	<u>, 13 , 13</u>	1 1	
Event Description	Provide Title/Exp	lanation	2.0		/	
Ticket(s)/Pass(es) provided I	by agency?	Yes 🗌 No	If no: Oakla	nd Athletics		
		an and a s		Name of Sou		
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor Official's Name (L	ast. First)	
3. Recipients • Use Section A to identify the agen	cv's department or	∙unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	ify an outside organization.	
A. Name of Agency, Departm		Number of		olic purpose made pursuant		
A. Name of Agency, Departin	and of onic	Ticket(s)/ Pass(es)	Describe the put	Sie purpose made pursuant	to the agency's policy	
1						
		Number				
B. Name of Individu	Jal	Number of Ticket(s)/		Identify one of the following	ng:	
		Pass(es)	Ceremonial Role	Other D	Income	
McCormick, Joseph Micha	el			nial Role" or "Other" describe below:	income L	
		2		ance at an event held a		
	: 4			potential County reven		
				Other D	Income	
		2	If checking "Ceremonial Role" or "Other" describe below:			
C Name of Outside Organization		Number of				
(include address and de		Ticket(s)/ Pass(es)	Describe the pul	Describe the public purpose made pursuant to the agency's policy		
			2			
4. Verification						
I have read and understand FPPC Reg	ulations 18944.1 an	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance with	h the requirements.	
and		Alex Bosk	ovich	Senior Legislative Aide	07/12/13	
Signature of Agency Head or Designe	30	Print Nam		Tille	(Month, Day, Year)	
1 and the second se						

A Public Document

100	an shuthan an na Alexan i a bann	2015 - 2010/07/28 - 2020/24	annoosone conserve i			itt ashe Booamone	
1.	Agency Name		Date Stamp	California 802			
	Alameda County		× .	Form OOZ			
	Division, Department, or Reg	ion (If Applicable	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Alex Boskovich						
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6693	alex.boskov	ich@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	petter services and services an				(monin, buy, rour)	
1,797(374)	Does the agency have a ticke		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	30	
	Event Description A's vs. An	aels			<u>, 25 , 13 </u>		
	Event Description	Provide Title/Exp	lanation	Date(s)		//	
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🔲 No [If no: Oakla	nd Athletics		
	nokel(s)/r ass(es) provided b	y agonoy :			Name of Sou		
	Was ticket distribution made a	at the behest	No 🗌 Yes	⊠ If yes: <u>Alam</u>	eda County Supervisor	Wilma Chan	
_	of agency official?				Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agence	y's department or	unit. • Use Sec Number of	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
			Fa35(83)				
			_				
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:			
	(Last, First)		Pass(es)				
	Summers, Jim				Other D	Income	
			2	To promote attendance at an event held at a County facility in			
			order to maximize potential County revenue from sales.				
				Ceremonial Role	Other	Income	
			2	If checking "Ceremor	nial Role" or "Other" describe below:		
	C. Name of Outside Organization		Number of	Describe the public purpose made pursuant to the agency's policy			
	(include address and dea	scription)	Ticket(s)/ Pass(es)	Describe die put	ne purpose made pursuant	to the agency a policy	
4.	Verification						
	I have read and understand FPPC Regu	dations 18944.1 an	d 18942. I have ve	rified that the distribution set i	forth above, is in accordance with	h the requirements.	
	P		Alex Bosk	ovich	Senior Legislative Aide	07/12/13	
	Signature of Agency Head or Designed		Print Nam		Title	(Month, Day, Year)	

Comment: ____

A Public Document

Date Stamp California Form 802 For Official Use Only For Official Use Only Image: Construction of the second s
For Official Use Only For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year) Io Face Value of Each Ticket/Pass \$ Date(s) 7 Jo If no: Oakland Athletics Name of Source If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)
Image: Constraint of the second state of the second sta
v.org Date of Original Filing:
Io Face Value of Each Ticket/Pass \$30 30 Date(s) 7 30 13 / Date(s) 7 30 13 / Io X If no: Oakland Athletics Name of Source Name of Source Name of Source If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)
Io I Face value of Each ficket/Fass \$
Io I Face value of Each ficket/Fass \$
If no: Oakland Athletics Name of Source If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)
If no: Oakland Athletics Name of Source If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)
Name of Source Name of Source Alameda County Supervisor Wilma Chan Official's Name (Last, First)
es If yes: <u>Alameda County Supervisor Wilma Chan</u> Official's Name (Last, First)
Official's Name (Last, First)
Section B to identify an individual. • Use Section C to identify an outside organization.
Section B to identify an individual. • Use Section C to identify an outside organization.
f Describe the public purpose made pursuant to the agency's policy
of / Identify one of the following:
Ceremonial Role Other Income
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
Ceremonial Role Other Income Income
of / Describe the public purpose made pursuant to the agency's policy
e verified that the distribution set forth above, is in accordance with the requirements.
skovich Senior Legislative Aide 07/10/13
Varne Title (Month, Day, Year)

Α	Puk	olic	Document

1.	Agency Name						Date Stamp California			202
	County of Alameda						For		002	
	Division, Department, or Region (if applicable)						For	Official C	Jse Only	
	Board of Supervisors									
	Street Address									
	1221 Oak Street, Suite 536 Designated Agency Contact	(Name Title)		-						
	Cheryl Perkins, Clerk, Interi	1092 27 43	Supervisore				Amendment (A	Must provide explan	ation in	Part 3.)
	Area Code/Phone Number	E-mail	Supervisors	2			Date of Original Fil	ling:		-1
	(510) 272-3882	chervl.pe	rkins@acgov.c	ora				(month, d	ay, year	0
	Function, Event, or Cere	sector of the sector sector is a sector way to be	AND INCOMENTS IN COMPANY OF A DESCRIPTION OF A DESCRIPANTA DESCRIPTION OF A DESCRIPTION OF A DESCRIPTION OF	CONTRACTOR OF THE OWNER						
								¢.	20	
	Title				-		/alue of Each Ad			
	Description A's vs. Astros				-	Date(s	s) <u>8 / 15 / 1</u>	13		
	Tisks (/s)/Ashestssian (s) www	and Athletics								
	Ticket(s)/Admission(s) pro	wided by t	agency r res		Ticket(s)/Admission(s) provided by agency? Yes D No I If no: Oak					
	Was the distribution to pe	rsons iden	tified below n	nade a	at the	e behest of	f an agency offic	me of Source ial?		
	Was the distribution to pe	rsons iden es: <u>Supervi</u>	sor Wilma Chan Official's	nade a _{Name (L}	at the	e behest of	f an agency offic			
	Was the distribution to pe Yes ☑ No ロ If y	rsons iden res: <u>Supervi</u> : (s) and th	sor Wilma Chan Official's	nade a _{Name (L}	at the	 behest of First) and Title Check the taxable in also prov If not inc 	e income box if the age ncome. If the agency of vide a description. ome, describe the publi ial roles, performed by	ial? ency official claims fficial performed a ic purpose, includi	ceremo ng	onial role,
	Was the distribution to pe Yes ☑ No ☐ If y The identity of recipient Name (Last, First) or Organization	rsons iden res: <u>Supervi</u> : (s) and th	tified below n sor Wilma Chan Official's ne explanatic Number of Admission(s)/	nade a Name (L on: Ager Offic Yes	at the .ast, F	 behest of First) and Title Check the taxable is also provide the second sec	e income box if the age ncome. If the agency of vide a description. ome, describe the publi ial roles, performed by	ial? mcy official claims fficial performed a ic purpose, includi an agency official, n event held a	ceremo ng individ at a	onial role,
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervi</u> : (s) and th	tified below n sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes	at the ast, F	 behest of First) and Title Check the taxable is also provide to the second second	e income box if the age ncome. If the agency of vide a description. ome, describe the publi ial roles, performed by tion. e attendance at a	ial? ency official claims fficial performed a ic purpose, includi an agency official, in event held a aximize poten	ceremo ng individ at a	ual, or
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervi</u> : (s) and th	tified below n sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No Yes	at the	 behest of First) and Title Check the taxable is also provide to the second second	e income box if the age ncome. If the agency of vide a description. ome, describe the publi lat roles, performed by tion. e attendance at a cility in order to ma	ial? ency official claims fficial performed a ic purpose, includi an agency official, in event held a aximize poten	ceremo ng individ at a	Income
	Was the distribution to pe Yes ☑ No □ If y The identity of recipient (Last, First) or Organization (Name, Address, Descrip	rsons iden res: <u>Supervi</u> : (s) and th	tified below n sor Wilma Chan Official's ne explanation Number of Admission(s)/ Ticket(s)	nade a Name (L on: Ager Offic Yes No Yes No Yes No	at the	 behest of First) and Title Check the taxable is also provide to the second second	e income box if the age ncome. If the agency of vide a description. ome, describe the publi lat roles, performed by tion. e attendance at a cility in order to ma	ial? ency official claims fficial performed a ic purpose, includi an agency official, in event held a aximize poten	ceremo ng individ at a	Income

Un /	Alexandra Boskovich	Ticket Administrator	7/2/2013
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ceremonial Role Events an	d Ticket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				Form UUZ
Division, Department, or Region (If A	pplicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, 7	ïtle)			
Lee Ann Fergerson, Supervisor's A	Assistant			
Area Code/Phone Number E-mai	I		Amendment (Must	provide explanation in Part 3.)
(510) 272-6691 leear	n.fergerson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informatio	n			
Does the agency have a ticket policy	? 🕴 Yes 🗖 No	Face Value o	f Each Ticket/Pass \$ _	
Event Description Dire	ction	Date(s)	31,13	1 1
Provide	Title/Explanation			
Ticket(s)/Pass(es) provided by agen	cy? Yes 🗌 No	□ If no:	Name of S	
		_		ource
Was ticket distribution made at the b of agency official?	ehest No 🗌 Yes	□ If yes:	Official's Name	(Last, First)
3. Recipients		-	· ···	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Use Section A to identify the agency's departure	rtment or unit. ● Use Se	ction B to identify an individu	al. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Ur	nit Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	nt to the agency's policy
	Pass(es)			
				r
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below.	:
		Ceremonial Role	Other	Income
			ial Role" or "Other" describe below.	_
C. Name of Outside Organization (include address and description	Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	nt to the agency's policy
	Pass(es)			
Jim Ahrens	4		dance at a county spor naximize potential cou	
		revenue for conce	ssion and parking sale	es. —
4. Verification	8944 1 and 18042 I have w	erified that the distribution set f	orth above is in accordance w	vith the requirements
TIOTANA				7 79 17
Signature of Agency Head of Designee	Lee Ann Fe	·	Supervisor's Assistar	(Month, Day, Year)
, , , , , , , , , , , , , , , , , , , ,				
Comment:				

eremonial Role Ever	ns anu no				A Public Docume
Agency Name				Date Stamp	California 80
Alameda County Division, Department, or Reg	nion // Applicable	-1			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Super	visor's Assista	nt			provide explanation in Part 3.)
Area Code/Phone Number	E-mail				
(510) 272-6691	leeann.ferge	erson@acgo	ov.org	Date of Original Filing	(Month, Day, Year)
Function or Event Info		\mathbf{v}			2,00
Does the agency have a tick	et policy?	·Yes) 🖄 No	Face Valu	e of Each Ticket/Pass \$.	\mathcal{D}
Event Description <u>A5</u>	BASEB	al	Date(s)	8,2,13	/
	Provide Title/Expl	anation	D.	111 N 22 1-	
Ticket(s)/Pass(es) provided b	by agency?	Yes 😡 No		Name of S	Source
Was ticket distribution made	at the behest	No 🗌 Yes	IF VOS MA	meda Count Sheer	usor Scott Haggerty.
of agency official?				Official's Name	(Last, First)
Recipients					
• Use Section A to identify the agend	y's department or		ection B to identify an indi	vidual. • Use Section C to ide	ntify an outside organization.
The second se		Number of		ublic purposo mado purpuo	nt to the agency's policy
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)			
	ent or Unit	Pass(es)			
				Identify one of the follow	
A. Name of Agency, Departm		Pass(es)	Ceremonial Rol	Identify one of the follow	ving:
A. Name of Agency, Departm		Pass(es)	Ceremonial Rol	Identify one of the follow	ving:
A. Name of Agency, Departm		Pass(es)	Ceremonial Rol If checking "Cerent Ceremonial Rol	Identify one of the follow	ving:
A. Name of Agency, Departm B. Name of Individu (Lest, First)	al	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Rol Il checking "Cerer Ceremonial Rol Il checking "Cerer	Identify one of the follow	ving: Income
A. Name of Agency, Departm B. Name of Individu (Lest, First)	al	Pass(es) Number of Ticket(s)/ Pass(es) Number of	Ceremonial Rol If checking "Cerent Ceremonial Rol If checking "Cerent Describe the p	Identify one of the follow e D Other D nonial Role" or "Other" describe below: e D Other D nonial Role" or "Other" describe below: ublic purpose made pursuan	ving: Income Income
A. Name of Agency, Departm B. Name of Individu (Lest, First) C. Name of Outside Organ	al	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Rol If checking "Cerent Ceremonial Rol If checking "Cerent Describe the p	Identify one of the follow e Other nonial Role" or "Other" describe below: e Other nonial Role" or "Other" describe below: ublic purpose made pursuan ttendance at a county sport	ving: Income Income
A. Name of Agency, Departm B. Name of Individu (Lest, First) C. Name of Outside Organ	al	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Rol If checking "Ceren Ceremonial Rol If checking "Ceren Describe the p To promote at event in order	Identify one of the follow e D Other D nonial Role" or "Other" describe below: e D Other D nonial Role" or "Other" describe below: ublic purpose made pursuan	ving: Income Income t to the agency's policy onsored unty
A. Name of Agency, Departm B. Name of Individu (Lest, First) C. Name of Outside Organ	al	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Rol If checking "Ceren Ceremonial Rol If checking "Ceren Describe the p To promote at event in order	Identify one of the follow e Other nonial Role" or "Other" describe below: e Other nonial Role" or "Other" describe below: ublic purpose made pursuan ttendance at a county spot to maximize potential co	ving: Income Income Income
A. Name of Agency, Departm B. Name of Individu (Lest, First) C. Name of Outside Organ (include address and des HMMA Wood	al	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/	Ceremonial Rol If checking "Ceren Ceremonial Rol If checking "Ceren Describe the p To promote at event in order	Identify one of the follow e Other nonial Role" or "Other" describe below: e Other nonial Role" or "Other" describe below: ublic purpose made pursuan ttendance at a county spot to maximize potential co	ving: Income Income Income
A. Name of Agency, Departm B. Name of Individu (Lest, First) C. Name of Outside Organ	al ization cription)	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Ceremonial Rol If checking "Cerent Ceremonial Rol If checking "Cerent Describe the p To promote at event in order revenue for co	Identify one of the follow e Other nonial Role" or "Other" describe below: e Other nonial Role" or "Other" describe below: ublic purpose made pursuan ttendance at a county spot to maximize potential cooncession and parking sa	ving: Income Inc
A. Name of Agency, Departm B. Name of Individu (Lest, First) C. Name of Outside Organ (include address and des HUMM Wood	al Ization cription)	Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2	Ceremonial Rol Il checking "Cerer Ceremonial Rol Il checking "Cerer Describe the p To promote at event in order revenue for co	Identify one of the follow e Other nonial Role" or "Other" describe below: e Other nonial Role" or "Other" describe below: ublic purpose made pursuan ttendance at a county spot to maximize potential cooncession and parking sa	ving: Income Income Income t to the agency's policy onsored unty les. Income th the requirements.

Agency Report of:

Cere	monial Role Ever	its and Ho	cket/Pass	Distributions		A Public Documen
1. Ag	ency Name				Date Stamp	California
Ala	meda County					Form OUZ
Divi	sion, Department, or Reg	gion (If Applicabl	le)	ii.		For Official Use Only
Boa	ard of Supervisors					
	ignated Agency Contact	(Name, Title)				
1.00	Ann Fergerson, Super	vicor'e Accieta	nt			A
	a Code/Phone Number	E-mail			Amendment (Must pi	ovide explanation in Part 3.)
	0) 272-6691	a state of the second stat	erson@acgo\	(org	Date of Original Filing: .	
And and and and and and	nction or Event Infor		croon@acgov			(Month, Day, Year)
	s the agency have a ticke		Yes PNo [T Eace Value (of Each Ticket/Pass \$	3000
DUE	s the agency have a lick	Break	Yes LI-NOI		• • • •	0
Ever	nt Description	Provide Title/Exp	Vanation	Date(s)		//
-		17. 	9958 - 1005 - 10 - 10 - 10	" Oal	keans helde	, ic
LICK	et(s)/Pass(es) provided b	by agency?	Yes P No [IT page	Name of Sou	irce
	ticket distribution made	at the behest	No 🗌 Yes 🛛	D If ves: An	Name of Sou	ASON Scottblaggetty
ofa	agency official?			T ² , 55	Official's Name (L	ast, First) District 1
3. Red	cipients					
• Use	Section A to identify the agence	y's department or	T Provide the Provide	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.
Α.	Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)			
D	Name of Individu	al	Number of			
в.	Name of Individu (Last, First)	aı	Ticket(s)/ Pass(es)		Identify one of the followir	ng:
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role If checking "Ceremon	l Other ial Role" or "Other" describe below:	Income
C.	Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
	(include address and des	scription)	Pass(es)	Describe the pub	ne purpose made pursuant t	o the agency's policy
An	gela Ramirez-	HALDADE	2		nity volunteer for his or her s	ervice to the
Par	geen Rummee	1 Journes	L	public		
				-		
4. Veri	fication					
		lations 18944.1 and	d 18942. I have ven	ified that the distribution set f	orth above, is in accordance with	the requirements.
You	lin Jula	/	Lee Ann Ferg	gerson	Supervisor's Assistant	7-30-13
Yas	Signature of Agency Head or Designee	· · · · · ·	Print Name		Title	(Month, Day, Year)
V	() ()					
0	manufa I					

ceremonial Role Even	to and nekevr	435 L	Istributions		A Public Document
. Agency Name				Date Stamp	California 802
Alameda County			TOTIL COL		
Division, Department, or Reg	ion (If Applicable)		For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Superv	visor's Assistant				
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@	acgov.	org	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation				
Does the agency have a ticke	et policy? Yes 🕅] Face Value o	f Each Ticket/Pass \$ _	3000
Event Description	Provide Title/Explanation		Date(s)	,3,13	9,2,13
Ticket(s)/Pass(es) provided b		No 🗌	I IMOS DC	ekland by	hletics
Was ticket distribution made a of agency official?	at the behest No \Box	Yes 🖄	If yes: <u>SU</u>	PENSON SCO Official's Name	of Haggerty [
• Use Section A to identify the agency	y's department or unit. • I	Jse Sectio	on B to identify an individu	al. • Use Section C to iden	tify an outside organization
A. Name of Agency, Departme	Numb	er of et(s)/	and the second se	lic purpose made pursuan	
B. Name of Individua	HCKe	t(s)/		Identify one of the follow	ing:
lease, reall	Pass	(es)	Commented Parts	the state of the s	
а́			이가 방법을 가 못 한 것 같아요. 것 같아요. 것	Other al Role" or "Olher" describe below:	Income
5 - C				Other D al Role" or "Other" describe below:	Income
C. Name of Outside Organi (include address and des	ization Numb cription) Ticke Pass	t(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
American High	School 4	t	contribution	e school for	its
Verification					1 - 1 -
Signature of Agency Read or Designee	Lee Anr Pr	n Ferge ^{int Name}	rson S	Supervisor's Assistant Title	
Comment:					

С	eremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County			1.043	
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Supervisor's Assistan	t		-	
	Area Code/Phone Number E-mail			. C Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6691 leeann.ferger	son@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				2
	Does the agency have a ticket policy?	Yes 🔛 No	Face Value of	of Each Ticket/Pass \$ _	3000
	Event Description A'S Basebal	4	Date(s)	14,13	1 1
	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by agency?	Yes		kland Att Name of So	
	Was ticket distribution made at the behest	No 🗌 Yes	P If ves: Ala	meda County	Supervisor
	of agency official?		Seo	() () () () () () () () () () () () () (Last First) trict
3.	Recipients				
	Use Section A to identify the agency's department or u	r	ction B to identify an individ	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 put	olic purpose made pursuant	t to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other	Income
	- 101	-	To promote atte	endance at a county spo o maximize potential co	onsored
	Fred Martin	L	revenue for cor	cession and parking sa	ales.
					ome
			If checking "Ceremo	nial Role" or "Other" describe below:	
	C Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
4.	Verification				
	I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.
	yuun / Xus	_ee Ann Fe	rgerson	Supervisor's Assistan	nt 1-15-13
	Signature of Agency Heed or thesignee	Print Nan	ne	Title	(Month, Day, Year)
	Comment:				

С	eremonial Role Events and Tic	ket/Pass	Distributions	•	A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form
	Division, Department, or Region (If Applicable	e)			For Official Use Only
	Board of Supervisors	3			
	Designated Agency Contact (Name, Title)		<i>K</i> .		
	Lee Ann Fergerson, Supervisor's Assista	int			1
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
		erson@acgov	/.org	Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🔂 No	Face Value of	of Each Ticket/Pass \$.	3000
	As Baceh			1,12,12	
	Event Description Provide Title/Exp	planation	Date(s)		//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	□ If ray <u>00</u>	Iland Af	bletics
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: A	ameda Coun official's Name	
3.	Recipients • Use Section A to identify the agency's department or	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursua	nt to the agency's policy
	B. Name of Individual	Number of	T. LEWIS CO.	ldentify one of the follo	
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	Nicholas Stevens	4	event in order	tendance at a county s to maximize potential oncession and parking	county
			Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
4.	Verification	ad 18942 have us	arified that the distribution sol	forth should be in accordance	with the requirements
	Signature of Agency Head or Designee	Lee Ann Fer	rgerson	Supervisor's Assista	7 17 17
	Comment:				

С	eremonial Role Ever	nts and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	gion (If Applicable))		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Lee Ann Fergerson, Super	visor's Assistar	nt			
	Area Code/Phone Number	E-mail	hð:		Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgo	v.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Info	rmation		9 (1995) (1996) -		aron
	Does the agency have a tick	et policy?	Yes 🖄 No	Face Value of	of Each Ticket/Pass \$.	8300
	Event Description AS	Daceba	10	Data(a)	7,13,13	1 1
	Event Description	Provide Title/Expla	anation	Date(s)		//
	Ticket(s)/Pass(es) provided I	by agency?	Yes	If not O	akland Ath Name of S	letics
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes:	ameda Comti	Supervisor
_	of agency official?			5001	Hageun	Pistrict)
3.					00 1	
	Use Section A to identify the agen	Contraction of the	Number of		and the second second	
	A. Name of Agency, Departm	ient or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
				1		
	B. Name of Individe	ual	Number of Ticket(s)/		Identify one of the follow	wing:
			Pass(es)	Commercial Date	Other D	
				Ceremonial Role If checking "Ceremo	nial Role" or "Other" L	Income
	Mel Luna			Ceremonial Role		Income
	me Lune		6	event in order to	endance at a county sp o maximize potential co	punty
			X		ncession and parking sa	
	C Name of Outside Orga	inization	Number of	Describe the set	L.P.	
	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
4.	Verification	4	-			
	have read and understand FPPC Reg	gulations 18944.1 and	l 18942. I have ve	erified that the distribution set	forth above, is in accordance v	vith the requirements.
4	Mutul	5	Lee Ann Fei	rgerson	Supervisor's Assista	nt 7-15-13
	Signature of Agency Head or Design	66	Print Nan	ne	Tille	(Month, Day, Year)
	Comment					
	Comment:					

A dono boodinen	Α	Public	Document
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1. Agency Name Date Sta	the second se
	amp California
County of Alameda	California 80 Form
Division, Department, or Region (if applicable)	For Official Use Only
Board of Supervisors	
Street Address	
1221 Oak Street, Suite 536	*
Designated Agency Contact (Name, Title)	
Cheryl Perkins, Clerk, Board of Supervisors	nt (Must provide explanation in Part 3.)
Area Code/Phone Number E-mail Date of Origina	al Filing:
(510) 272-3882 cheryl.perkins@acgov.org	(month, day, year)
. Function, Event, or Ceremonial Role Information	
Are ils cula	
Title <u>A:s Vs cubs</u> Face Value of Each	Admission \$ _ <u>30</u>
Description BASEBALL Date(s) 7,3	
Description <u>BASESAU</u> Date(s) <u>7</u> 3	13
Ticket(s)/Admission(s) provided by agency? Yes 🗗 No 🔲 If no: Oahland	
Was the distribution to persons identified below made at the behest of an agency of	fficial?
	fficial?
Was the distribution to persons identified below made at the behest of an agency of Yes P No I If yes: Maneda County Supervisor Scoff- Official's Name (Last, First) and Title	fficial?
Was the distribution to persons identified below made at the behest of an agency of Yes P No I If yes: Maneda County Supervisor Scoff- Official's Name (Last, First) and Title The identity of recipient(s) and the explanation:	fficial? Haggerty
Was the distribution to persons identified below made at the behest of an agency of Yes No If yes: Mameda Country Supervisor Scoff-Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) or Organization Number of Admission(s)/ Disclet(s)	fficial? Haggerty
Was the distribution to persons identified below made at the behest of an agency of Yes I No I If yes: Mameda County Supervisor Scoff-Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) and Title Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official If not income, describe the portion or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official	fficial? Haggerty agency official claims admission as cy official performed a ceremonial role, public purpose, including I by an agency official, individual, or
Was the distribution to persons identified below made at the behest of an agency of Yes No Yes No If yes: Mameda County Supervisor Scoff-Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) and Title Name (Last, First) or Number of Admission(s)/Ticket(s) Agency Official Organization (Name, Address, Description) Number of Admission(s)/Ticket(s) Agency Official Yes Yes To reward a County Supervision	fficial? Haggerty agency official claims admission as cy official performed a ceremonial role, public purpose, including I by an agency official, individual, or
Was the distribution to persons identified below made at the behest of an agency of Yes I No I If yes: Mameda County Supervisor Scoff-Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) and Title Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/Ticket(s) Agency Official • Check the income box if the agence also provide a description. Mame, Address, Description) Yes I No P County Official • Check the income describe the p ceremonial roles, performed organization. Mame, Address, Description) Yes I No P County Official • Doreward a county County Official Mame, Address, Description) • Yes I No P County Official • Doreward a county County Official	fficial? Haggerty agency official claims admission as cy official performed a ceremonial role, bublic purpose, including by an agency official, individual, or unty emp (oyee Income to the public I
Was the distribution to persons identified below made at the behest of an agency of Yes I No I If yes: Mameda County Supervisor Scoff-Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Number of (Last, First) and Title Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Ves I Yes I Yes I	fficial? Haggerty agency official claims admission as cy official performed a ceremonial role, sublic purpose, including by an agency official, individual, or unty emp (oyee Income to the public Income Income
Was the distribution to persons identified below made at the behest of an agency of Yes I No I If yes: Mameda County Supervisor Scoff- Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Check the income box if the taxable income. If the agency or Organization (Name, Address, Description) Mumber of (Name, Address, Description) Number of organization. If not income, describe the performed organization. If not income, describe the performed organization. Mumber of Address, Description) Yes I To reward a Count organization. Yes I No I Yes I No I 	fficial? Haggerty agency official claims admission as cy official performed a ceremonial role, bublic purpose, including by an agency official, individual, or unty emp (oyee Income to the public Income Income
Was the distribution to persons identified below made at the behest of an agency of Yes No Yes No If yes: Mameda County Supervisor Scoff-Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Mame (Last, First) or or	fficial? Haggerty agency official claims admission as cy official performed a ceremonial role, public purpose, including by an agency official, individual, or unty emp (oyee Income to the public Income Income
Was the distribution to persons identified below made at the behest of an agency of Yes No If yes: Mameda County Supervisor Scoff-Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Name (Last, First) or Organization (Name, Address, Description) Number of Admission(s)/ Ticket(s) Agency Official Check the income box if the agency also provide a description. If not income, describe the p ceremonial roles, performed organization. Mumber of Admission(s)/ No Yes To reward a County also provide a description. Mame, Address, Description) Yes To reward a County Admission. Mumber of Admission(s)/ Yes No Yes	fficial? Haggerty agency official claims admission as cy official performed a ceremonial role, bublic purpose, including I by an agency official, individual, or unty employee Income to the public Income Income
Was the distribution to persons identified below made at the behest of an agency of Yes I Yes I No I If yes: Maneda County Supervisor Suff-Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Official's Name (Last, First) and Title Check the income box if the taxable income. If the agency of Admission(s)/ Official Organization (Name, Address, Description) Mumber of Admission(s)/ Ticket(s) If not income, describe the posterior of organization. If not income, describe the posterior of organization. If not income, describe the posterior of organization. If not income, describe the posterior of posterior. If not income, describe the posterior of organization. John Dualph Yes I No I Yes I No I Yes I No I Yes I Yes I 	fficial? Haggerty agency official claims admission as cy official performed a ceremonial role, public purpose, including by an agency official, individual, or unty emp (oyee Income to the public Income Income

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

Jeen Dro	Lee Ann Fergerson	2	Ticket Administrator	7-3-13
Signature of Agency Head of Designee	Print Name		Title	(month, day, year)

A Fublic Document		Α	Public	Document
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	ckeu/Aumission Distri										
1.	Agency Name						Date	e Stamp		Californi	* 802
	County of Alameda								Form		
	Division, Department, or Region (if applicable)								For Offici	al Use Only	
	Board of Supervisors										
	Street Address								- 1		
	1221 Oak Street, Suite 536										
	Designated Agency Contact (A						Ameno	dment (Mi	ust prov	ide explanation	in Part 3.)
	Crystal Hishida Graff, Clerk,	Board of S E-mail	Supervisors				Date of Or	icipal Fili	na		
							Date of Of	iginari in	ng. <u> </u>	(month, day, y	ear)
	CONTRACTOR OF A DESCRIPTION OF A DESCRIP		shida@acgov.	ACCURATION OF THE OWNER	_						
. .	Function, Event, or Cere	monial R	ole Informat	lion							
	Title Alameda County Fair				_	Face V	/alue of Ea	ach Adn	nissio	on \$ _5.00	
											07 40
	Description County Fair				-	Date(s	a) <u>06</u> //	19 / 1.	3		07
	Ticket(s)/Admission(s) prov	vided by a	gency? Yes		0 🗹	If no: Alam	eda County	Fair			
		sons iden es: <u>Valle, Ri</u>	tified below n ichard- Supervis Official's	nade a or Distr Name (L	at the			, van	al?	burce	ŝ
	Was the distribution to pers	sons iden es: <u>Valle, Ri</u> s) and th	tified below n ichard- Supervis Official's	nade a or Distr Name (L	at the ict 2 Last, f	 behest of First) and Title Check the taxable in also provise If not inc 	e income box ncome. If the vide a descrip ome, describe ial roles, perfo	if the agen agency off tion.	al? ney offic icial pe : purpos	ial claims adr formed a cere	monial role,
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization	sons iden es: <u>Valle, Ri</u> s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/	nade a or Distr Name (L on: Agei	ict 2 Last, /	 behest of First) and Title Check the taxable in also provide the second organization organizatio organization organization organization	e income box ncome. If the vide a descrip ome, describe ial roles, perfo tion. altendance a	if the agen agency off tion. e the public ormed by a t an event	al? ney offic icial pe n agend held a	ial claims adr formed a cere se, including sy official, ind t a County	monial role, vidual, or Income
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript	sons iden es: <u>Valle, Ri</u> s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/	nade a or Distr Name (L on: Ager Offic	ict 2 Last, /	 behest of First) and Title Check the taxable in also provoid if not inc ceremon organization 	e income box ncome. If the vide a descrip ome, describe ial roles, perfo tion. altendance a	if the agen agency off tion. e the public ormed by a t an event	al? ney offic icial pe n agend held a	ial claims adr formed a cere se, including sy official, ind t a County	monial role, vidual, or Income
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript	sons iden es: <u>Valle, Ri</u> s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (L On: Ager Offic Yes No Yes	ict 2 Last, / ncy Cial	 behest of First) and Title Check the taxable in also provide the second organization organizatio organization organization organization	e income box ncome. If the vide a descrip ome, describe ial roles, perfo tion. altendance a	if the agen agency off tion. e the public ormed by a t an event	al? ney offic icial pe n agend held a	ial claims adr formed a cere se, including sy official, ind t a County	monial role, vidual, or Income s. Income
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript	sons iden es: <u>Valle, Ri</u> s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (L on: Agen Offic Yes No	ict 2 Last, / ncy Cial	 behest of First) and Title Check the taxable in also provide the second organization organizatio organization organization organization	e income box ncome. If the vide a descrip ome, describe ial roles, perfo tion. altendance a	if the agen agency off tion. e the public ormed by a t an event	al? ney offic icial pe n agend held a	ial claims adr formed a cere se, including sy official, ind t a County	monial role, vidual, or Income s.
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript	sons iden es: <u>Valle, Ri</u> s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (L On: Ager Offic Yes No Yes No Yes	ict 2 Last, / cial	 behest of First) and Title Check the taxable in also provide the second organization organizatio organization organization organization	e income box ncome. If the vide a descrip ome, describe ial roles, perfo tion. altendance a	if the agen agency off tion. e the public ormed by a t an event	al? ney offic icial pe n agend held a	ial claims adr formed a cere se, including sy official, ind t a County	monial role, vidual, or Income S. Income Income
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript	sons iden es: <u>Valle, Ri</u> s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (L on: Ager Offic Yes No Yes No Yes No	ict 2 .ast, / ncy cial	 behest of First) and Title Check the taxable in also provide the second organization organizatio organization organization organization	e income box ncome. If the vide a descrip ome, describe ial roles, perfo tion. altendance a	if the agen agency off tion. e the public ormed by a t an event	al? ney offic icial pe n agend held a	ial claims adr formed a cere se, including sy official, ind t a County	monial role, vidual, or Income S. Income
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript	sons iden es: <u>Valle, Ri</u> s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (L on: Ager Offic Yes No Yes No Yes No Yes	ict 2 Cast, / ncy Cial	 behest of First) and Title Check the taxable in also provide the second organization organizatio organization organization organization	e income box ncome. If the vide a descrip ome, describe ial roles, perfo tion. altendance a	if the agen agency off tion. e the public ormed by a t an event	al? ney offic icial pe n agend held a	ial claims adr formed a cere se, including sy official, ind t a County	vidual, or Income S. Income Income Income
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript	sons iden es: <u>Valle, Ri</u> s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (L on: Ager Offic Yes No Yes No Yes No Yes No	at the ict 2 cast, / cial	 behest of First) and Title Check the taxable in also provide the second organization organizatio organization organization organization	e income box ncome. If the vide a descrip ome, describe ial roles, perfo tion. altendance a	if the agen agency off tion. e the public ormed by a t an event	al? ney offic icial pe n agend held a	ial claims adr formed a cere se, including sy official, ind t a County	vidual, or Income s. Income Income Income
	Was the distribution to pers Yes ☑ No □ If ye The identity of recipient(Name (Last, First) or Organization (Name, Address, Descript	sons iden es: <u>Valle, Ri</u> s) and th	tified below n ichard- Supervis Official's e explanatic Number of Admission(s)/ Ticket(s)	nade a or Distr Name (L on: Ager Offic Yes No Yes No Yes No Yes	at the ict 2 cast, / cial	 behest of First) and Title Check the taxable in also provide the second organization organizatio organization organization organization	e income box ncome. If the vide a descrip ome, describe ial roles, perfo tion. altendance a	if the agen agency off tion. e the public ormed by a t an event	al? ney offic icial pe n agend held a	ial claims adr formed a cere se, including sy official, ind t a County	vidual, or Income S. Income Income Income

MAL	MICHELLE DIANDA	Ticket Administrator	7/1/13
V Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Ti	cket/Admission Distributi	ions					A Public Do	cument
1.	Agency Name					Date Stamp	California	802
	County of Alameda		Form	North Contraction				
	Division, Department, or Region (if a		For Official U	Jse Only				
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536 Designated Agency Contact (Name, 7	Tille)	_					
		т. и русти на				Amendment (Mus	t provide explanation in	Part 3.)
	Crystal Hishida Graff, Clerk, Board Area Code/Phone Number E-mai		_	_		Date of Original Filing	a.	
	1.4 And Address of the second s Second second seco second second sec		250				(month, day, yea	9
2	(510) 272-3882 cryst Function, Event, or Ceremon	al.hishida@acgov.o	CONTRACTOR OF THE OWNER					
An .	runction, Event, or deremon							
	Title Alameda County Fair			-	Face \	/alue of Each Adm	ission \$ <u>10.00</u>	
	Coupty Foir					s) 07 / 05 / 13		
	Description County Fair			-	Date(s	s)	/	/
		0 N			Alan	neda County Fair		
	Ticket(s)/Admission(s) provided	by agency? Yes		0 🗹	If no:	Name	of Source	
			22	1 12				
	Was the distribution to persons	identified below n	nade a	at th	e behest of	f an agency official	17	
	Yes 🗹 No 🗖 If yes: 🗸	alle, Richard- Supervis Official's	or Distr	rict 2	-			
		Official's	Name (I	Last, I	⊑irst) and Title	4		
	The identity of recipient(s) an							
	Name					e income box if the agenc		
	(Last, First) or	Number of Admission(s)/	Official also pro			ncome. If the agency offic vide a description.	ial performed a ceremo	onial role,
	Organization (Name, Address, Description)	Ticket(s)			 If not inc ceremon 	not income, describe the public purpose, including premonial roles, performed by an agency official, individual, o		
					organiza	tion.		
	Dunckel, Jon	4	Yes No		Press and and a second of	attendance at an event h er to maximize potential	ana ana ana ang ang ang ang ang ang ang	Income
	3		253883557					
			Yes No					Income
	27		Yes	10-112				Income
			No					
	1 		Yes	-				Income
			No					
			Yes		1			Income
			No					
3.	Verification							
	I have read and understand FPPC Re	gulations 18944.1 an	d 1894	2. I h	ave verified i	that the distribution of	admissions, set for	th above,
	is in accordance with the provisions.							1
	MALL	MICHELLE DIANI	DA		Ticke	et Administrator	71	1/12
	Signature of Agency Head or Designee	Print Na	me			Title	(monti	n, day, year)

Ceremonial Role	Events and Tic	ket/Pass	Distributions	1	A Public Document
. Agency Name				Date Stamp	California 802
Alameda County					T OT M
Division, Department,	or Region (If Applicable	e)		1	For Official Use Only
Board of Supervisors					
Designated Agency Co				-	
Michelle Dianda					Tan. IS N. I. M. Yawar
Area Code/Phone Nun	nber E-mail			Amendment (Must µ	provide explanation in Part 3.)
(510) 272-6692		inda@acgov.d	org	Date of Original Filing:	(Month, Day, Year)
. Function or Event	Information				
Does the agency have		Yes 🗵 No [Face Value	of Each Ticket/Pass \$ _	22.00
E I Bas	seball Game	1855-1955-1955-1955-1955-1955-1955-1955-		7 , 26 , 13	//
Event Description Bas	Provide Title/Exp	blanation	Date(s)		//
Ticket(s)/Pass(es) pro	vided by agency?	Yes 🗌 No 🛙	If no: Oakla	and A's	
	naou by agonoy.			Name of Sc	
Was ticket distribution	made at the behest	No 🗌 Yes [If yes: Valle	e, Richard- Supervisor	District 2
of agency official?				Official's Name	(Last, First)
. Recipients					
Use Section A to identify t		Number of		dual. • Use Section C to ider	
A. Name of Agency, I	Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
B. Name of	Individual	Number of		Identify one of the follow	dia mi
D. (Las	t, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role		Income
			If checking "Ceremo	onial Role" or "Other" describe below:	
			Ceremonial Role	Other	Income
				onial Role" or "Other" describe below:	1010000000
	de Organization	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuar	nt to the agency's policy
(include address	s and description)	Pass(es)			
Union City Apostolic		2		profit organization for it	ts contributions to the
33700 Alvarado-Nile	es Rd, Union City	<u></u>	community	n 20040	
Provides services to	low income				
residents and the ho					
I. Verification					
I have read and understand F	PPC Regulations 18944.1 ai	nd 18942. I have ve	rified that the distribution se	t forth above, is in accordance w	vith the requirements.
In	\rightarrow	Michelle Di	anda	Supervisor's Aide	//0/ [-
Signature of Agency Head	or Designee	Print Nam	e	Title	(Month, Day, Year)
					2
Comment:					

1. Agency Name			Date Stamp	California 000
Alameda County		Form OUZ		
Division, Department, or Region (If Applicable	le)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Michelle Dianda				
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6692 michelle.dia	anda@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				00.00
Does the agency have a ticket policy?	of Each Ticket/Pass \$ _	22.00		
Event Description Baseball Game	3 <u>, 02 , 13</u>	//		
Ticket(s)/Pass(es) provided by agency?	If no: Oakla	nd A's Name of S	ource	
Was ticket distribution made at the behest		v Valle	, Richard- Supervisor	
of agency official?	No 🗌 Yes [If yes:	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department o	r unit. 🔹 Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuar	t to the agency's policy
-	Pass(es)			
		x		
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	vina:
(Last, First)	Pass(es)			
			Other D nial Role" or "Other" describe below.	Income
		in critering coremon		
				2
		Ceremonial Role		Income
		If checking "Ceremor	nial Role" or "Other" describe below.	
C Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
Union City Apostolic Church		To reward a non-p	rofit organization for i	ts contributions to the
33700 Alvarado-Niles Rd, Union City	2	community	<u> </u>	
Provides services to low income				
residents and the homeless				
4. Verification	_			
Inhave read and understand FPPC Regulations 18944.1 a	nd 18942. I have ve	rified that the distribution set	forth above, is in accordance w	vith the requirements.
And -	Michelle Di	ianda	Supervisor's Aide	_//0//-
Signature of Agency Head or Designee	Print Nam	e	Title	(Morfih, Day, Year)
Comment:				
Comment.				FPPC Form 802 (4/12

A Public Document

C	eremonial Role Even	ts and fic	ReuPass	Distributions		A Public Document
1. Agency Name					Date Stamp	California 802
	Alameda County					r onn
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			8	
	Michelle Dianda				Amondmont (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	\$ 752			
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				22.00
	Does the agency have a ticke		f Each Ticket/Pass \$ _	22.00		
	Event Description Baseball	Game		Date(s)7	<u>, 12 , 13</u>	
		Provide Title/Exp.	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklar	Name of Sc	ource
3	Was ticket distribution made	at the behest	No 🗌 Yes	X If yes. Valle,	Richard- Supervisor	District 2
	of agency official?			n yes	Official's Name	(Last, First)
3.	Recipients					
	• Use Section A to identify the agence	y's department or		ction B to identify an individe	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Describe the p Pass(es)		olic purpose made pursuan	t to the agency's policy
	5					
						2
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Nate, Glenn		2	If checking "Ceremor	Other Other other other other other other other other of "Other" describe below:	
			0	community.	unity volunteer for the	
				Ceremonial Role	Other 🛛	Income
	Nate, Glenn		2	and the assessment and a second se	nial Role" or "Other" describe below: unity volunteer for his	
				community.	unity volunteer for ms	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
		5				
	3					
-						
4.	Verification I have read and understand FPPC Reg	ulations 18944 1 an	id 18942. I have vi	erified that the distribution set	forth above, is in accordance w	vith the requirements.
		~	Michelle D		Supervisor's Aide	7/11/12
	Sighature of Agency Head or Designe	0	Print Nan		Title	(Month, Day, Year)
	· ·					
	Comment:			¥		

0	eremonial Role Events and The	Keur ass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County	· · · · · ·				
	Division, Department, or Region (If Applicable))		1	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Michelle Dianda					
	Area Code/Phone Number E-mail	Date of Original Filing:				
	(510) 272-6692 michelle.dianda@acgov.org					
2.	Function or Event Information		PL/MIX Plan			
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	106.40	
	Event Description One Direction Concert	2011 <i>1. 1</i> . 1 1 1 1		7 <u>, 31 , 13</u>	7 7	
	Event Description Provide Title/Expl	anation	Date(s)		//	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors		
				Name of Sou		
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor District 2 Official's Name (Last, First)		
_	of agency official?			Official s Name (L		
3.	e 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 Number of					
	A. Name of Agency, Department or Unit Ticket(s)/ Describe th Pass(es)		Describe the put	public purpose made pursuant to the agency's policy		
		,				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:	
	(Last, First)	Pass(es)				
	Briones, Elizabeth		Ceremonial Role If checking "Ceremon	D Other Annual Role" or "Other" describe below:	Income	
		4	· · · · · · · · · · · · · · · · · · ·	ance at an event held a	at a County facility in	
			order to maximize	potential revenue from	sales.	
			Ceremonial Role	Other	Income	
		- 4	If checking "Ceremo	nial Role" or "Other" describe below:		
	C. Name of Outside Organization	Number of				
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy	
4.	Verification	1				
	I have read and understand FPPC Regulations 18944.1 an	d 18942. I have ve	nified that the distribution set	forth above, is in accordance wit	h the requirements.	
		Michelle D	ianda	Supervisor's Aide	7/19/13	
	Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)	

Agency Report of: C

eremonial Role Ever	its and fic	ket/Pass	Distributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County					Form
Division, Department, or Region (If Applicable)			1	For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)				-	
Michelle Dianda					
	E-mail		Amendment (Must provide explanation in Part 3.)		
(510) 272-6692	C. Military Const	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
(monut, buy, rear)					
			of Each Ticket/Pass \$ _	85.00	
			7 , 31 , 13	1 1	
Event Description Date(s) Date(s)			//	//	
Ticket(s)/Pass(es) provided by agency? Yes D No X If no: Oakla		nd A's			
		Name of So			
Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Valle,			, Richard- Supervisor,	DISTRICT Z	
7 8					
	cv'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 Amount Department of Units Number of Department of Units			-		
A. Name of Agency, Department of Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
		Number of			
B. Name of Individu (Last, First)	lai	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other 🛛	Income
Mott, Gilbert		1			
			전영한 위험 집에 가 집에 있는 것이 없는 것이 없다.	New 2007 10 10 10 10 10 10 10 10 10 10 10 10 10	
		S.			
		Number of			
		Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		to the agency's policy
	Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact Michelle Dianda Area Code/Phone Number (510) 272-6692 Function or Event Infor Does the agency have a tick Event Description Oakland Ticket(s)/Pass(es) provided I Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen A. Name of Agency, Departm B. Name of Individu (Last, First) Mott, Gilbert C. Name of Outside Orga	Agency Name Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number E-mail (510) 272-6692 michelle.dia Function or Event Information Does the agency have a ticket policy? Event Description Oakland A's vs. Toronto Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number (510) 272-6692 Function or Event Information Does the agency have a ticket policy? Yes ⊠ No Event Description Oakland A's vs. Toronto Blue Jays Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. R. Name of Individual (Last, Frest) Mott, Gilbert 1 1	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number E-mail (510) 272-6692 michelle.dianda@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Event Description Oakland A's vs. Toronto Blue Jays Date(s)	Agency Name Date Stamp Alameda County Division, Department, or Region (// Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda

	,			
4				
4.	Verification		÷	
	I have read and understand FPPC Regulations 1894-	4.1 and 18942. I have verified that the distr	ibution set forth above, is in accordance with the i	requirements.
	MAD	Michelle Dianda	Supervisor's Aide	7/22/13
	Signature of Agency Head or Designee	Print Name	Title	(Month Day Year)

Comment: Includes 1 parking pass at the value of \$17

seremonial Role Events and	IICKeur ass	Distributions		A Public Document
I. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applied	Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Michelle Dianda			—	
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)	
(510) 272-6692 michelle	.dianda@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 \$ _	85.00
Event Description Oakland A's vs. Toronto Blue Jays Date(s) Date(s)			<u>, 31 , 13</u>	//
		冈 If no: Oaklai	nd A's	
		Name of Source		
Was ticket distribution made at the behest No Ves Verset If ves: Valle		, Richard- Supervisor, District 2		
of agency official?	of agency official?		Official's Name (Last, First)
 B. Recipients • Use Section A to identify the agency's department 	ntorunit. ∘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 Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
8				
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
	Pass(es)	Ceremonial Role	Other X	Income
Collett, Cheryl	4		ial Role" or "Other" describe below:	
	4		ance at an event held potential revenue from	
8	4		Other D nial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
-				
4. Venification	1 and 18042 have	rified that the distribution and	forth above is in accordance w	its the requirements
I have read and understand FPPC Regulations 18944.1 and 18942. I have ver Michelle Dia		ianda	Supervisor's Aide	7/22/1
V Signature of Agency Head or Designee	Print Nam	10	Title	(Month, Day, Year)
Comment:	the value of \$17	7.		

A Public Document 1. Agency Name Date Stamp California 8 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 85.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Oakland A's vs. Toronto Blue Jays 31 13 07 1 Date(s) _ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor, District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official?

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
Valle, Raul	4	Ceremonial Role Other Income Income Income To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
	4	Ceremonial Role Other Income Income Income Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
Verification				
	and 18942. I have ve Michelle D	ianda Supervisor's Aide 7/22/15		

 Michelle Dianda
 Supervisor's Aide

 Signature of AgenCy Head or Designee
 Print Name
 Title
 (Month, Day, Year)

Comment: _
A Public Document 1. Agency Name Date Stamp California 8 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 85.00 Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$ Event Description Oakland A's vs. Toronto Blue Jays Date(s) _____ 31 13 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor, District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other X Income O'Brien, Cindy If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. 2 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

Verification			
have read and understand FPPC Regulations 18	944.1 and 18942. I have verified that the distribu	ution set forth above, is in accordance with the i	requirements.
			the second se
Int	Michelle Dianda	Supervisor's Aide	7122/1

Comment: Includes 1 parking pass at the value of \$17

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 85.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description Oakland A's vs. Toronto Blue Jays Date(s) ____/ 31 13 Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor, District 2 Was ticket distribution made at the behest No 🗌 Yes 🔀 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other X Income Garcia, Susie If checking "Ceremonial Role" or "Other" describe below: 3 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. 3 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4. I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement Michelle Dianda Supervisor's Aide Signature of Agency Head or Designee Print Name Tille Comment: ______ Parking pass at the value of \$17

	Ionial Role Even	to and no	1001 000	Distributions		A Public Document			
. Age	ncy Name				Date Stamp	California 802			
Alan	neda County					rom			
Divis	ion, Department, or Reg	ion (If Applicable	e)			For Official Use Only			
Boar	d of Supervisors								
	nated Agency Contact	(Name, Title)			-				
Mich	elle Dianda								
Area	Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)				
(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)			
. Fun	ction or Event Infor	mation				Dette ander			
Does	the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	22.00			
Even	Description Oakland A	s vs. Toronto	Blue Jays	Data(a) 07	7 , 31 , 13	//			
Even	Provide Title/Explanation				/				
Ticke	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oaklan			nd A's					
				Name of Sol					
	ticket distribution made a gency official?	at the behest	No 🗌 Yes	If yes: Valle,	, Richard- Supervisor, Official's Name (I	District 2			
					omotare rame (-931, 1 11317			
	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						
А.	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
-									
В.	Name of Individu	al	Number of Ticket(s)/		Identify one of the followi	ina:			
	(Last, First)	ž.	Pass(es)			nig.			
Hick	s, Ronald			Ceremonial Role		Income			
HICK	s, Ronaiu		2		ilal Role" or "Other" describe below: ance at an event held a	at a County facility in			
					potential revenue from				
				Ceremonial Role	Other	Income			
					ial Role" or "Other" describe below:				
			2						
C.	Name of Outside Orgar (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy			
-			Pass(es)						
-									
	fication		8059 (1 M.S.						
Tha∨e i	read and understand FPPC Regu	llations 18944.1 and				th the requirements.			
	INGE		Michelle D		Supervisor's Aide				
0	Signature of Agency Head or Designed	,	Print Nam	e	Title	(Month, Day, Year)			

A Public Document

1.	Agency Name				Date Stamp	California	802
	Alameda County		101111				
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact						
	Michelle Dianda	Amondmont (Muster	Ded 21				
	Area Code/Phone Number	r E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6692 michelle.dianda@acgov.org			Date of Original Filing:(Month, Day, Yea		ir)	
2.	Function or Event Info						
	Does the agency have a tick	Face Value of Each Ticket/Pass \$ 22.00					
	Event Description Oakland	Date(s)	<u>, 27 , 13</u>	07 <u>/</u> 28	13		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: Oakland A's			
		2 6.2 23		Name of Source			
	Was ticket distribution made at the behest No I Yes I If yes: Vall of agency official?				e, 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			o identify an individ	ual. • Use Section C to identi	fy an outside orga	nization.
	A Number of				lic purpose made pursuant t	o the agency's p	olicy

Number of Ticket(s)/	Identify one of the following:
Pass(es) 2	Ceremonial Role Other Other Income Income It checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his contributions to the community.
2	Ceremonial Role Other Other Income Income If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his contributions to the community.
Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	Ticket(s)/ Pass(es) 2 2 Number of Ticket(s)/

4. Verification

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

Signature of Agency Head or Designee

Michelle Dianda Print Name

Supervisor's Aide

Title

(Month, Day

	Agency Name				Date Stamp	California 000
	Alameda County				Bute etamp	Form 802
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name. Title)				
	Michelle Dianda					
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing: .	(Month, Day, Year)
	Function or Event Inform	nation				
	1. 가장 2. 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이 이			of Each Ticket/Pass \$	22.00	
	Event DescriptionOakland A's vs. Los Angeles Angels Date(s)			<u>,</u> 29 , 13	//	
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oaklan			nd A's Name of Sou	IICe	
	Was ticket distribution made a	Was ticket distribution made at the behest No □ Yes ☑ If yes: Valle,			, Richard- Supervisor [
	of agency official?	seriest		ත ii yes:	Official's Name (L	.ast, First)
	Recipients					
	• Use Section A to identify the agency	/'s department or	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					.4	
			Number of			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		(* ,		Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
			20	If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy	
	Soulciety 22304 City Center Dr. #341	7, Hayward	2	To reward a nonpro	ofit organization for its	contributions to the
	Provides mentoring services to at-risk youth					
I. Verification						
	have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set for				forth above, is in accordance wit	h the requirements.
	nave read and understand FFFC Regu	Michelle Dia				
	MAND				Supervisor's Aide	1241
	Signature of Agency Head or Designee		Michelle Di Print Name		Supervisor's Aide	(Month, Day, Year)

Agoney Namo				Data Olama	
. Agency Name		Date Stamp	California 802		
Alameda County			For Official Use Only		
Division, Department, or Reg	ion (If Applicable		ander Later Alexandra en secondo 70		
Board of Supervisors					
Designated Agency Contact	(Name, Title)	1			
Michelle Dianda					
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692	michelle.dia	nda@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation				26.22
Does the agency have a ticke		Yes 🔲 No 🛛	Face Value o	f Each Ticket/Pass \$ _	22.00
Provide Title/Explanation			<u>, 30 , 13</u>	//	
Ticket(s)/Pass(es) provided b	v agency?	Yes 🔲 No 🛛	d If no: Oaklar	nd A's	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			3	Name of So	
Was ticket distribution made a of agency official?	Was ticket distribution made at the behest No		If yes: Valle,	Richard- Supervisor	District 2
				Official's Name (Last, First)
Recipients					
• Use Section A to identify the agend	A CONTRACTOR OF A CONTRACTOR	Number of	on B to identify an individu	ial. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
,				Other Die Other Die	Income
			Ceremonial Role If checking "Ceremon	Other Diher describe below:	Income
C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Soulciety 22304 City Center Dr. #341	7, Hayward	2	To reward a nonpro	ofit organization for its	contributions to the
Provides mentoring service youth	s to at-risk				
Verification I have read and understand FPPC Regi Signature of Agency Read or Designed	~	1 18942. I have veri Michelle Dia Print Name	anda	orth above, is in accordance wi Supervisor's Aide _{Title}	th the requirements. <u>7/24/1</u> (Mdnth, Day, Yefar)
Comment:	- V				

Comment: _

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 1768.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🛛 Event Description Oakland A's vs. Houston Astros 07 13 09 Date(s). Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Hayward Firefighters Local 1909 To reward community volunteers for their service to the public 20 22734 Main St. Hayward, CA 94541 Provide volunteer assistance to local charities and events Verification 4. whave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Michelle Dianda Supervisor's Aide Signature of Agency Head or Designee Print Name Title

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 60.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description WWE Live Date(s) 08 / 11 / 13 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual в. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other X Ceremonial Role Income Mejia, Manuel If checking "Ceremonial Role" or "Other" describe below: 4 To promote an event held at a County facility in order to maximize potential revenue from sales. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4. I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Michelle Dianda Supervisor's Aide Signature of Agancy Head or Designee Print Name Title

A Public Document 1. Agency Name Date Stamp California 8 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description Oakland A's vs. Texas Rangers 08 04 13 1 Date(s) _ Provide Title/Explanation If no: Oakland A's Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Valle, Richard- Supervisor, District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) Recipients 3. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other X Ceremonial Role Income Briones, Mario If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4. ave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Michelle Dianda Supervisor's Aide Signature of Agency Head or Designee Print Name Title Comment: _

			the second s			
•	Agency Name				Date Stamp	California 802
1	Alameda County			101111		
Ī	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Michelle Dianda		18.19			
	Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6692	E-mail michelle.dia	nda@acgov.o	ora	Date of Original Filing:	(Month Day Year)
_	Function or Event Infor	SCALL	0.0	- 5		(wonur, Day, rear)
	가는 가슴가 잘 사람하는 것이 같다. 이는 것이 같은 것이 같이 같이 같이 같이 같이 같이 같이 같이 많이				f Each Ticket/Pass \$ _	22.00
1	Event Description Oakland A's vs. Texas Rangers Date(s)			Date(s)		//
,	Laterature de la constante de l Constante de la constante de la			M If no: Oaklar	nd A's	
	nekel(s)/Fass(es) provided by agency?		Yes 🗌 No [Name of S	
1	Was ticket distribution made a	at the behest	No 🗌 Yes [If yes: Valle,	Richard- Supervisor	, District 2
	of agency official?				Official's Name	(Last, First)
	Recipients			1 AV 0.5 A 24 90		ana yan yan
1	 Use Section A to identify the agenc 	y's department or	1 1	tion B to identify an individu	al. • Use Section C to ide	ntify an outside organization.
8	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
,	B. Name of Individual					
	B. Name of Individu	al	Number of Ticket(s)/	1	Identify one of the follow	wing:
	B. Name of Individu	al		Ceremonial Role		
	B. Name of Individu (Last, First)	al	Ticket(s)/ Pass(es)	Ceremonial Role		Income
	(Last, First)	al	Ticket(s)/	If checking "Ceremon	Other 🛛	
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm	Other of the other	Income
	(Last, First)	al	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm community. Ceremonial Role	Other of the other	s service to the
	(Last, First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm community. Ceremonial Role If checking "Ceremon	Other Other Unity volunteer for his Other Other Other	Income
	(Last, First) Chavez, Arnold	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To reward a comm community. Ceremonial Role If checking "Ceremon	Other Other In Pale or "Other" describe below Unity volunteer for his Other Other In Other In Other In Other In Other In Pale or "Other" describe below	Income
	(Last, First) Chavez, Arnold C. Name of Outside Organ (include address and des	nization	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	If checking "Ceremon To reward a comm community. Ceremonial Role If checking "Ceremon	Other Other In Pale or "Other" describe below Unity volunteer for his Other Other In Other In Other In Other In Other In Pale or "Other" describe below	Income
	(Last, First) Chavez, Arnold C. Name of Outside Organ (include address and det	nization scription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm community. Ceremonial Role If checking "Ceremon Describe the pub	Other Other Unity volunteer for his Other	Income
	(Last, First) Chavez, Arnold C. Name of Outside Organ (include address and des	nization scription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm community. Ceremonial Role If checking "Ceremon Describe the pub	Other Other Unity volunteer for his Other	Income
	(Last, First) Chavez, Arnold C. Name of Outside Organ (include address and det	nization scription)	Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm community. Ceremonial Role If checking "Ceremon Describe the pub	Other Other Unity volunteer for his Other	Income

C	eremonial Role Even	ts and Ticl	ket/Pass D	istributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					10/111	
	Division, Department, or Region (If Applicable)				For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Michelle Dianda						
	Area Code/Phone Number	E-mail			. Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6692	michelle.diar	nda@acgov.or	g	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information						
	Does the agency have a ticke	et policy?	Yes 🛛 No 🗆	Face Value o	of Each Ticket/Pass \$ _	22.00	
	Event Description Oakland A	A's vs. Clevela	nd Indians	Date(s)08	<u>, 16 , 13</u>	//	
		Provide Title/Expla	anation	Oaklar	ad Ala		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Oaklar	Name of So	urce	
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: <u>Valle</u> ,	Richard- Supervisor, Official's Name (District 2 Last, First)	
3.	• Use Section A to identify the agence	y's department or i	unit. 🔹 Use Sectio	n 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	cribe the public purpose made pursuant to the agency's policy		
	R Name of Individu	Number of					
	B. Name of Individu	aı	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Chavez, Arnold				Other Ital Role" or "Other" describe below: Unity volunteer for his	Income	
					Other Dia Role" or "Other" describe below:	Income	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuan	t to the agency's policy	
4.	Verification	ulations 190414	18040 have a f	od that the dialsky day and	ladh abava la la accordance	the the requirements	
	I have read and understand FPPC Reg		Michelle Dia		orth above, is in accordance wi Supervisor's Aide	7/30/12	
	Signature of Agency Head or Designe	e	Print Name		Title	(Month, Day, Year)	

Comment: _

Ce	eremonial Role Even	ts and Tic	ket/Pass I	Distributions		A Public Document
١.	Agency Name				Date Stamp	California 802
	Alameda County					roiiii
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Alex Boskovich					
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6693		ich@acgov.or	g	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	5 discount
	Event Description Alameda County Fair Date(s)6			<u>, 19 , 13 </u>	<u>7,7,13</u>	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Alame			da County Fair Associ	ation	
				Name of Sou	urce	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Alame	eda County Superviso Official's Name (L	r Wilma Chan .ast, First)
3.	Recipients • Use Section A to identify the agend	y's department or	unit. • Use Sect	ion B to identify an individu	al. ● Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	Number of					-
	B. Name of Individu	a	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	deBrussel, Sylvia		4	If checking "Ceremon To promote attenda	Other D ial Role" or "Other" describe below: ance at an event held a potential County reven	
			-	Ceremonial Role		
			4		ial Role" or "Other" describe below:	_
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy	
	Verification	ulations 18944.1 an	d 18942. I have ver	ified that the distribution set f	orth above, is in accordance wit	h the requirements.
	V	1	Alex Bosko	vich	Senior Legislative Aide	e 07/1/13
	Signature of Agency Head or Designe	Print Name	· ·	Title	(Month, Day, Year)	

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 5 discount Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description Alameda County Fair 7 7 6 ___ 19 13 13 Date(s) Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual в. Ticket(s)/ Identify one of the following: (Last, First, Pass(es) Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Herrera, Linda 4 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) Verification 4. I have read and unperstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

C	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County				rom	
	Division, Department, or Region (If Applicable,)		1	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Alex Boskovich					
	Area Code/Phone Number E-mail				rovide explanation in Part 3.)	
	(510) 272-6693 alex.boskovi	ch@acgov.o	rg	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Information				5 discount	
	Does the agency have a ticket policy?					
	Event Description Alameda County Fair		<u>, 19 , 13 </u>	<u>7,7,13</u>		
	Ticket(s)/Pass(es) provided by agency?		da County Fair Associ Name of Sol	urce		
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes [If yes: Alam	eda County Superviso Official's Name (I	r Wilma Chan .ast, First)	
3.	Recipients • Use Section A to identify the agency's department or t	ual. • Use Section C to idem	tify an outside organization.			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	t(s)/ Describe the public purpose made pursuant to the agency's p		to the agency's policy	
	B. Name of Individual (Lost, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Other	Income	
	Herrera, Vince	4		nial Role" or "Other" describe below:	at a Oassats faailite in	
				o promote attendance at an event held at a County facility in rder to maximize potential County revenue from sales.		
		4	Ceremonial Role If checking "Ceremon			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	plic purpose made pursuant	to the agency's policy	
4.	Verification					

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

and	Alex Boskovich	Senior Legislative Aide	07/1/13
Signature of Agency Head or Designee	Print Name	Title	(Month. Day, Year)
Comment			

1.	Agency Name				Date Stamp	California 802	
	Alameda County	25	5 C.M. 5 2014 5 2014 2014	Form OUZ			
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	-				
		, runno, rino,					
	Alex Boskovich	1	Amendment (Must p	rovide explanation in Part 3.)			
	Area Code/Phone Number	E-mail		1117	Date of Original Filing:		
	(510) 272-6693	170000	ich@acgov.o	rg		(Month, Day, Year)	
2.	Function or Event Infor		(Each Ticket/Dees #	5 discount			
	Does the agency have a ticke		of Each Ticket/Pass \$ _				
	Event Description Alameda County Fair Date(s)				<u>, 19 , 13 </u>	<u>7,7,13</u>	
	Flovide Interexplanation				de County Foir Assoc	iction	
	Ticket(s)/Pass(es) provided b	y agency?	eda County Fair Assoc Name of So				
	Meeticket distribution mode	at the hebest		Alam	eda County Superviso		
	Was ticket distribution made at the behest No Yes If yes: <u>Ala</u> of agency official?				Official's Name (Last, First)	
_							
3.	• Use Section A to identify the agence	v'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 Ticket(s)/				Describe the public purpose made pursuant to the agency's policy		
			Pass(es)				
			_				
			Number of				
	B. Name of Individu	al	Ticket(s)/ Pass(es)	1	Identify one of the follow	ing:	
				Ceremonial Role	Other	Income	
	Pangilinan, Elvie		4	If checking "Ceremo	nial Role" or "Other" describe below:		
			4	To promote attend	ance at an event held	at a County facility in	
				and the second sec	potential County rever		
				Ceremonial Role	nial Role" or "Other" describe below:	Income	
			4	ir checking Ceremo	mar Role of Office describe below.		
	C Name of Outside Organization Num		Number of				
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
	P						

4. Verification

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

and	Alex Boskovich	Senior Legislative Aide	07/1/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			FPPC Form 802 (4/12)

eremonial Role Event	s and fic	ket/Pass	Distributions		A Public Document
Agency Name		Date Stamp	California 802		
Alameda County			A CONTRACTOR OF A CONTRACTOR O		
	on (If Applicable	-	For Official Use Only		
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and the second secon	lame Title)				
	ame, me,				
				Amendment (Must p	provide explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing:		
		icn@acgov.o	irg	Late et engine i migi	(Month, Day, Year)
					5 discount
	A States a	Yes 🛛 No 🛛			2 A 722 238
Event Description Alameda C		lanation	Date(s) <u>6</u>		<u>7,7,13</u>
			- Alame	da County Fair Assoc	iation
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No [Name of Sc	ource
Was ticket distribution made at the behest No □ Yes ⊠ If yes: Alamon Al				eda County Superviso	or Wilma Chan
				Official's Name (Last, First)	
Recipients	's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
		Number of			and the second
A. Name of Agency, Department or Unit		Pass(es)		bile purpose made pursuan	t to the agency a policy
B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
22 - 21 E - 22 E			Ceremonial Role	Other	Income
Goetzinger, Donna		4	1 2 4 1 1 7 B B C S		
5 H					
· · · · · · · · · · · · · · · · · · ·				<u> </u>	Income
			김 씨는 이 가지 않는 것 같은 것 같아. 한 것 같아. 것 같아. 것		
		4			
C. Name of Outside Organization		Number of	Describe the pu	blic purpose made pursuan	t to the agency's policy
(include address and des	cription)	Pass(es)			
. Verification					die des mendes son ets
I nave read and understand FPPC Regul	ations 18944.1 an			renvertion on the convertion of	
	-	A MARCEL AND A MAR		Senior Legislative Ald	le 07/1/13 (Month, Day, Year)
	Agency Name Alameda County Division, Department, or Region Board of Supervisors Designated Agency Contact (A Alex Boskovich Area Code/Phone Number (510) 272-6693 Function or Event Inform Does the agency have a ticket Event Description Alameda C Ticket(s)/Pass(es) provided by Was ticket distribution made al of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Department (Last, First) Goetzinger, Donna C. Name of Outside Organ (include address and desc	Agency Name Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number (510) 272-6693 Event Description Alameda County Fair Provide Title/Expl Event Description Alameda County Fair Provide Title/Expl Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Individual (Last, First) Goetzinger, Donna C. Name of Outside Organization (Include address and description) Verification I have read and orderstand FPPC Regulations 18944.1 and	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number (510) 272-6693 E-mail alex.boskovich@acgov.co Function or Event Information Does the agency have a ticket policy? Yes No Event Description Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. B. Name of Individual (Least Fires) B. Name of Individual (Least Fires) Goetzinger, Donna 4 4 4 C. Name of Outside Organization (Include address and description) Verification Number of Ticket(s)/ Pass(es) Verification Verification (Heress and description)	Alameda County Division, Department, or Region (// Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number [510] 272-6693 alex.boskovich@acgov.org Function or Event Information Does the agency have a ticket policy? Yes ID Face Value of the policy? Event Description Alameda County Fair Provide Title/Explanation Date(s)6 Ticket(s)/Pass(es) provided by agency? Yes ID No ID Was ticket distribution made at the behest of agency official? No ID Yes Section B to identify an individe A. Name of Agency, Department or Unit Number of tracket(s)/ Pass(es) Describe the put Pass(es) B. Name of Individual (statt Fault Number of Ticket(s)/ Pass(es) Ceremonial Role (stracking "Cemmo or dettend order to maximize (statt) Goetzinger, Donna 4 Ceremonial Role (stracking "Cemmo or dettend) order to maximize (statt) C. Name of Outside Organization (statt) Number of Ticket(s)/ Pass(es) Describe the put Pass(es) Goetzinger, Donna 4 Ceremonial Role (stratend) orderstand eppPC Regulations 1894.1 and 18942.1 have verifie	Agency Name Date Stamp Alameda County Division, Department, or Region (If Applicable) Board of Supervisors

eremonial Role Ever	its and fic	ket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802	
Alameda County		у.	renn		
Division, Department, or Re	gion (If Applicable		For Official Use Only		
Board of Supervisors					
	. (Name, Title)			-	
Alex Boskovich					
			Amendment (Must p	rovide explanation in Part 3.)	
(510) 272-6693	alex.boskov	ich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
Function or Event Info	rmation				Weathers and Anthon MANNess and the Che
		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	5 discount
Alameda	County Fair	2000 - 100 1 - 2000 -		, 19 , 13	7 , 7 , 13
Event Description	Provide Title/Exp	lanation	*		
Ticket(s)/Pass(es) provided	by agency?	Yes 🔲 No [If no: Alame	eda County Fair Associ	ation
	2			Name of So	urce
	at the behest	No 🗌 Yes	If yes: Alam	Official's Name (ast. First)
	vov'e department or	unit a Llea Sac	tion B to identify an individ	ual a Use Section C to iden	tify an outside organization.
Number of					
					2
B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				_	Income
Diaz, Elvia		4	그는 것 같은 것 같은 것을 많이		at a County facility in
				order to maximize potential County revenue from sales.	
			Ceremonial Role	Other	Income
		4	If checking "Ceremo	nial Role" or "Other" describe below:	
		24			
Name of Outside Ord	anization	Number of	1		
(include address and description)		Ticket(s)/ Describe the p Pass(es)		blic purpose made pursuant	to the agency's policy
	Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact Alex Boskovich Area Code/Phone Number (510) 272-6693 Function or Event Info Does the agency have a tick Event Description Alameda Vas ticket distribution made of agency official? Recipients • Use Section A to identify the agenda A. Name of Agency, Department Diaz, Elvia	Agency Name Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number [510] 272-6693 Event Color Event Information Does the agency have a ticket policy? Event Description Alameda County Fair Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or Unit B. Name of Individual (Last, First) Diaz, Elvia C. Name of Outside Organization	Agency Name Alameda County Division, Department, or Region (// Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number [510] 272-6693 E-mail alex.boskovich@acgov.co Function or Event Information Does the agency have a ticket policy? Yes ⊠ No Event Description Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No □ Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. B. Name of Individual (Last, First) Diaz, Elvia 4 4 C. Name of Outside Organization Number of Ticket(s)/	Alameda County Division, Department, or Region (// Applicable) Board of Supervisors Designated Agency Contact (Name, Tille) Alex Boskovich Area Code/Phone Number [510] 272-6693 alex.boskovich@acgov.org Function or Event Information Does the agency have a ticket policy? Yes ID No Face Value of Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ID No ID If no: Alamed Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ID No ID If no: Alamed of agency official? Recipients •Use Section A to identify the agency's department or unit. •Use Section B to identify an individe A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Diaz, Elvia 4 Ceremonial Role II receiving Ceremon To promote attend order to maximize Ceremonial Role II receiving Ceremon To promote attend order to maximize Ceremonial Role II receiving Ceremon To promote attend order to maximize Ceremonial Role II receiving Ceremon To promote attend order to maximize Ceremonial Role II receiving Ceremon To promote attend order to maximize Ceremonial Role II receiving Ceremon To promote attend order to maximize Ceremonial Role II receiving Ceremon To promote attend order to maximize Ceremonial Role II receiving Ceremon To promote attend order to maximize Ceremonial Role II receiving Ceremon To promote attend order to maximize Ceremonial Role II receiving Ceremon To promote attend order to maximize	Agency Name Date Stamp Alameda County Division, Department, or Region (// Applicable) Board of Supervisors

 Alex Boskovich
 Senior Legislative Aide
 07/1/13

 Signature of Agency Head or Designee
 Print Name
 Title
 (Month, Day, Year)

Comment: .

Agency Report of: Tisles All Distributi

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Agency Name		Date Stamp	California 802		
Alameda County			and the second se		
Division, Department, or Reg	ion (If Applicable		For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Alex Boskovich					
Area Code/Phone Number	E-mail			. C Amendment (Must p.	rovide explanation in Part 3.)
(510) 272-6693	alex.boskov	ich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation				
Does the agency have a ticke	et policy?	Yes 🛛 No [_ Face Value c	of Each Ticket/Pass \$ _	5 discount
Event Description Alameda	County Fair			<u>, 19 , 13 </u>	<u>7,7,13</u>
	Provide Title/Expl	lanation			
Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Alame	da County Fair Associ	ation
Was ticket distribution made	at the behast		Alam		
of agency official?	at the beliest	No 🗋 Yes [If yes:	Official's Name (I	.ast, First)
Recipients • Use Section A to identify the agend	cy's department or		tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy	
D blame of Individe		Number of			
B. (Lest, First)	lai	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
NA IV					Income
Mullins, Lauren		7			at a County facility in
		7			Income
C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
Verification					
	Agency Name Alameda County Division, Department, or Reg Board of Supervisors Designated Agency Contact Alex Boskovich Area Code/Phone Number (510) 272-6693 Function or Event Infor Does the agency have a ticked Event Description Alameda Ticket(s)/Pass(es) provided b Was ticket distribution made a of agency official? Recipients • Use Section A to identify the agence A. Name of Agency, Departm B. Name of Individu (Last, First) Mullins, Lauren C. Name of Outside Orga (include address and de	Agency Name Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number E-mail (510) 272-6693 alex.boskov Function or Event Information Does the agency have a ticket policy? Event Description Alameda County Fair Provide Title/Exp Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Mullins, Lauren C. Name of Outside Organization (include address and description)	Algency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number [510] 272-6693 Event Doscription Alameda County Fair Event Description Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No □ Vas ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. B. Name of Individual (start, Fint) (start, Fint) Ticket(s)/ Pass(es) 7 C. Name of Outside Organization (include address and description) Ticket(s) Pass(es)	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number (510) 272-6693 E-mail alex.boskovich@acgov.org Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Frovide Title/Explanation Date(s) / Pass(es) provided by agency? Yes □ No ⊠ If no: Alame of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individe Ticket(s)/Pass(es) A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the put Pass(es) Mullins, Lauren 7 Ceremonial Role if checking "Ceremonial role order to maximize Q Ceremonial Role if checking "Ceremonial Role If checking "Ceremonial role order to maximize Q Ceremonial Role if checking "Ceremonial Role If checking "Ceremonial role order to maximize	Agency Name Date Stamp Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich

Alex Boskovich Senior Legislative Aide 07/1/13 Print Name (Month, Day, Year) Signature of Agency Head or Designee Title

Comment: .

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 5 discount Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes X No Event Description Alameda County Fair 19 13 13 6 1 Date(s) Provide Title/Explanation If no: Alameda County Fair Association Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Pass(es) Identify one of the following: (Last First) Ceremonial Role Other Income Medler, Phyllis If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 4 Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4. I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Alex Boskovich
 Senior Legislative Aide
 07/1/13

 Signature of Agency Head or Designee
 Print Name
 Title
 (Month, Day, Year)

eremonial Role Event	s and fici	ket/Pass	Distributions		A Public Document		
Agency Name				Date Stamp	California 802		
Alameda County			Loss F. 2012 and Life J. Burk Co. (1999)	I Chim			
Division, Department, or Regio	on (If Applicable)		1	For Official Use Only		
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Alex Boskovich				na ant			
	E-mail			Amendment (Must p	rovide explanation in Part 3.)		
		ch@acgov.o	rg	Date of Original Filing:(Month, Day, Year)			
The second se		<u> </u>			an a		
	양양의 위험을 가 같은 것	Yes 🕅 No 🛙	Face Value o	of Each Ticket/Pass \$ _	5 discount		
	ounty Fair			<u>, 19 , 13 </u>	<u>7</u> ,7,13		
Ticket(s)/Pass(es) provided by				Name of So	urce		
Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes of agency official?				ameda County Supervisor Wilma Chan Official's Name (Last, First)			
Recipients		unit - Una Paal	ion R to klantify an individ	ual a lise Section C to iden	tify an outside organization		
-		Number of Ticket(s)/ Pass(es)			N		
B. Name of Individua (cast, First)	1	Number of Ticket(s)/	a	Identify one of the follow	ing:		
		Pass(es)			Income		
Young, Marvin		4	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.				
a.		4		a second a second a second	Income		
		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy		
				-			
	Agency Name Alameda County Division, Department, or Region Board of Supervisors Designated Agency Contact (A Alex Boskovich Area Code/Phone Number (510) 272-6693 Function or Event Inform Does the agency have a ticket Event Description Alameda C Ticket(s)/Pass(es) provided by Was ticket distribution made all of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Department (Last, First) Young, Marvin	Agency Name Alameda County Division, Department, or Region (If Applicable, Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number E-mail (510) 272-6693 alex.boskovi Function or Event Information Does the agency have a ticket policy? Event Description Alameda County Fair Provide Title/Expl Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last, First) Young, Marvin C. Name of Outside Organization (include address and description)	Algency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number E-mail (510) 272-6693 alex.boskovich@acgov.o Function or Event Information Does the agency have a ticket policy? Yes ⊠ No [Event Description Alameda County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes [No [] Vas ticket distribution made at the behest of agency official? No [] Yes [] No [] Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency is department or unit. B. Name of Individual (text, Fint) Number of Ticket(s)/ Young, Marvin 4 4 C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)	Agency Name Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number [510] 272-6693 Boeston or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Function or Event Information Date(s) _ 6 Function or Event Information Date(s) _ 6 Event Description Alameda County Fair Date(s) / Pass(es) provided by agency? Yes □ No ⊠ If no: Alame Was ticket distribution made at the behest No □ Yes ⊠ If yes: Alam of agency official? If yes: Alam Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individe If yes if	Agency Name Date Stamp Alameda County Division, Department, or Region (# Applicable) Board of Supervisors		

4. Verification

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

Alex Boskovich	Senior Legislative Aide	07/1/13
Print Name	Title	(Month, Day, Year)