A Public Document 1. Agency Name Date Stamp California 1 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information 00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 📉 No 🗆 reus 0 Date(s) **Event Description** Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? No 🗆 Yes 🔼 Name of Source Was ticket distribution made at the behest Alameda County Supervisor Scott Haggerty, District 1 No 🗌 Yes 📉 If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of 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 В. Ticket(s)/ Identify one of the following: (Lost, 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. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

ade Services

4. Verification

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

Juli je Xh	Lee Ann Fergerson	Supervisor's Assistant	8/16/13
Signature of Agency Headfor Devignee	Print Name	THIO	(Mohth, Day, Year)
Comment:	Shelter-Fren		EPBC Form 802 (4/12)

To reward a school or nonprofit organization

For its contributions to the community

C	Ceremonial Role Events and Ticket/Pass Distributions					A Public Document
1.	Agency Name			Date Stamp	California 802	
	Alameda County					Form
	Division, Department, or Re	gion (If Applicable	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contac	t (Name, Title)	-			
	Lee Ann Fergerson, Supe	rvisor's Assista				
	Area Code/Phone Number	E-mail	N 05		Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	erson@acgov.d	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				1-00
	Does the agency have a ticket policy? Yes 🔯 No 🔲 Face Value				of Each Ticket/Pass \$ _	5200
	Event Description CIT	icus	10-10-	Date(s)	8,16,13	, ,
	Event Description Date(s) Date(s)			<u> </u>	/	
	Ticket(s)/Pass(es) provided by agency? Yes 🖄 No 🗆 If no:			If no:	.50	
					Name of S	
	Was ticket distribution made of agency official?	No Yes If yes:		ameda County Supervisor Official's Name		
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.					ntify an outside organization
0.	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's polic		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role If checking "Ceremo	Other Other or "Other" describe below	Income
	Iris Martinez		4		Other D dance at a county sponso intial county revenue for co	
	C. Name of Outside Org (include address and c		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuai	nt to the agency's policy

4. Verification

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

Supervisor's Assistant Lee Ann Fergerson 7 Print Name Signature of Agency Head or Designee Title

(Month, Day, Year

						The second s	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	e)				
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	1	5			
	Lee Ann Fergerson, Superv	/isor's Assista					
	Area Code/Phone Number E-mail				t provide explanation in Part 3.)		
	(510) 272-6691	leeann.ferge	erson@acgov.	org	Date of Original Filing	I:(Month, Day, Year)	
2.	Does the agency have a ticke Event Description <u>A'S</u> Ticket(s)/Pass(es) provided b	ent Description <u>A's Baseball</u> Date(s) <u>Provide Title/Explanation</u> Date(s) <u>Ais Baseball</u> <u>Ais Baseball</u>			e of Each Ticket/Pass \$ 8		
3.	Recipients • Use Section A to identify the agend	y's department or	ual. • Use Section C to ide	entify an outside organization.			
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)		Martin and and	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 follo	wing:	
	Rhonda B	ranco	2	To promote attenda	Other A other othe	Income C ed event in order ncession and	
				Ceremonial Role	Other D.	Income	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursua	nt to the agency's policy	
4.	Verification	ulations 18944.1 an	d 18942. I have veri Lee Ann Ferg		orth above, is in accordance	with the requirements.	

Agency Name Alameda County				Date Stamp	California Form 802
		Agency Name			
					and the second se
Division, Department, or Reg	gion (If Applicable)	1	For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)	-			
		(Amendment (Must ;	provide explanation in Part 3.)
(510) 272-6691		son@acgo\	/.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Info	rmation				110
Does the agency have a tick	et policy?		Face Value of	of Each Ticket/Pass \$ _	42.00
				518.12	
Event Description			//		
Ticket(s)/Pass(es) provided I	by agency?	SW			
noner(o)/r doo(co) provided i	by agency.	Name of Sc			
NOL Tes VI Tes.					
of agency official?			(~ .	Official's Name ((Last, First)
Recipients					
• Use Section A to identify the agen	cy's department or u		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 put	blic purpose made pursuan	t to the agency's policy
1	-				
	ual	Number of Ticket(s)/		Identify one of the follow	ing:
(Loss, Fran		Pass(es)			
Chrisanta Po	unce	4	To promote attendand	ce at a county sponsored e	
	2		이 옷은 것 않아 다 안 같은 것 같아요.		Income [
C. (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	Lee Ann Fergerson, Super Area Code/Phone Number (510) 272-6691 Function or Event Info Does the agency have a tick Event DescriptionC Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen A. Name of Agency, Departm B. Name of Individu (Least, First) C. Name of Outside Orga	Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691 E-mail leeann.ferger Function or Event Information Does the agency have a ticket policy? Event Description Description Area Code/Phone Number (Store Store S	Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691 E-mail leeann.fergerson@acgov Function or Event Information Does the agency have a ticket policy? Yes P No Event Description Image: Comparison of the agency of the agency? Yes P No Event Description Image: Comparison of the agency? Yes P No Ticket(s)/Pass(es) provided by agency? Yes P No Yes P No Was ticket distribution made at the behest of agency official? No Yes Previde Titld/Explanation No Yes Yes • 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 agency B. Name of Individual (cast, Firm) Number of Ticket(s)/ Pass(es) C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)	Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691 E-mail leeann.fergerson@acgov.org Function or Event Information Does the agency have a ticket policy? Yest No Face Value of Provide Title/Explanation Does the agency have a ticket policy? Yest No Date(s) E Event Description	Lee Ann Fergerson, Supervisor's Assistant <pre> Amendment (Must / Date of Original Filing: Date of Original Filing: Function or Event Information Does the agency have a ticket policy? Yes No Face Yalue of Each Ticket/Pass \$- Event Description</pre>

Lee Ann Fergerson Supervisor's Assistant 3 Print Name Title Designee Month

Comment: .

. Agency Name			Date Stamp	California 802		
Alameda County	Alameda County					
Division, Department, or Re Board of Supervisors	egion (If Applicable)		For Official Use Only			
Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant						
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org		Date of Original Filing:(Month, Day, Year)			
2. Function or Event Information Does the agency have a ticket policy? Yes → No □ Event Description Ruging Rugs Curcus Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes № No □ Was ticket distribution made at the behest No □ Yes Ø		Date(s) <u></u>		ott Haggerty, District 1		
3. Recipients	nov's department or unit. • Use Section B fo	o identify an individu	ala lise Section C to ider	stife 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:
		Ceremonial Role Other I 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
Apode Services	8	To reward a school or nonprofit organization For its contributions to the community
Verification		

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.

Ullwar And	Lee Ann Fergerson	Supervisor's Assistant	8-14-13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment Homeless Sh			
Comment:	CHU		

Agency Report of:

C	eremonial Role Ever	nts and Tic	ket/Pass Di	stributions		A Public Document
1.	Agency Name Alameda County			Date Stamp	California 802	
	Division, Department, or Reg	gion (If Applicable	2)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Supervisor's Assistant				Amondmont (Must	provide explanation in Part 3.)
	Area Code/Phone Number (510) 272-6691	E-mail leeann.ferge	erson@acgov.ol	rg	Date of Original Filing:	
2.	2. Function or Event Information Does the agency have a ticket policy? Yes No Event Description Frovide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?			Face Value of Each Ticket/Pass \$ 85.00 Date(s) 56 / 21 / 13 / / If no: Occleard Athletics Name of Source		
3.	3. Recipients • Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit B. Name of Individual (Last, First)		unit. • Use Section Number of Ticket(s)/ Pass(es)	and the second second second	dual. • Use Section C to ide blic purpose made pursuar	behind and a state of the second state of the
			Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	Income
)		SEE 1	TTACHED	Income
	C. Name of Outside Org (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy

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

Supervisor's Assistant	8/27/13
Title	(Month, Day, Year)

Recipient	Purpose	Number of tickets
Sallie Bennett	To promote attendance at a County-sponsored event to maximize	1
Dominc Wilson	potential County revenue for concession and parking sales	1
Mel Luna	11	1
Barbara Luna	11	1
Tom Silva	II	1
Barbara Bowman	To reward a County employee for his/her exemplary service to the	1
Shawn Wilson	public or to encourage staff development	1
Vener Bates	II.	1
Leah Doyle-Stevens	п	1
Josh Thurman	11	1
Lee Ann Fergerson	n	1
Joe Gordon	п	1

C	eremonial Role Events and Tic	ket/Pass I	Distributions		A Public Docume		
1.	Agency Name			Date Stamp	California 802		
	Alameda County				AL		
	Division, Department, or Region (If Applicable	1	For Official Use Only				
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	-					
	Michelle Dianda						
				Amendment (Must	provide explanation in Part 3.)		
		nda@acgov.o	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 Face Value of Face Value	of Each Ticket/Pass \$.	22.00		
	Event Description Oakland A's vs. Seattle		//				
	Ticket(s)/Pass(es) provided by agency?	nd A's Name of S	ource				
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: 🖄		Z If yes. Valle,	, Richard- Supervisor	District 2		
	of agency official?	a iryes.	Official's Name	(Last, First)			
3.	Recipients						
	• Use Section A to identify the agency's department or unit. • Use Section 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 public purpose made pursuant to the agency's polic		nt to the agency's policy		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	Income		
	<u></u>		Ceremonial Role If checking "Ceremon	Other Inter Other Other Other Other Other Other Other Delow	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy		
	Union City Police Department 34009 Alvarado-Niles Rd. Union City		To reward commun	nity volunteers for the	ir service to the public.		
	Hosting National Night Out to encourage safety and community engagement						
4.	Verification have read and understand FRPC Regulations 18944.1 and Signature of Agency Head or Designee	1 18942. I have veri Michelle Dia Print Name		forth above, is in accordance v Supervisor's Aide Title	vith the requirements.		

1		2.010.01.007 10.0000		AREA BOOK AND AREA AND AND AND AND AND AND AND AND AND AN		ren abilo boounione	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					For Official Use Only	
	Division, Department, or Regi	on (If Applicable)			0	For Onicial Ose Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	1				
	Michelle Dianda						
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6692	da@acgov.	org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	nation	,			00.00	
	Does the agency have a ticke		Yes 🛛 No	Face Value o	ue of Each Ticket/Pass \$ 22.00		
	Event Description Oakland A	's vs. Clevelar Provide Title/Expla	nd Indians	Date(s)8	<u> </u>		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: Oakla	nd A's Name of Se	burce	
	Was ticket distribution made at the behest No □ Yes ⊠ of agency official?		If yes: Valle	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individ				ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Department or Unit Number Ticket(s			10200000000000000000000000000000000000	olic purpose made pursuan	and a state of the	
			Pass(es)				
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ving:	
	(Land, First)		Pass(es)				
				Ceremonial Role If checking "Ceremor	Other describe below:	Income	
				Ceremonial Role If checking "Ceremor	Other D	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy	
	Union City Police Departme 34009 Alvarado-Niles Rd. U		2	To reward commun	nity volunteers for the	r service to the public.	
	Hosting National Night Out is safety and community enga			на н			
4.	Verification have read and understand FRPC Regu Signature of Agener Head or Designee		18942. I have ve Michelle Di Print Nam	ianda	forth above, is in accordance w Supervisor's Aide _{Titte}	ith the requirements. $\frac{73113}{(\text{tonth, Dev, Year)}}$	
	Comment:					FPPC Form 802 (4/12)	

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 22.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description Oakland A's vs. Tampa Bay Rays 08 / 30 13 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) 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)/ Pass(es) Identify one of the following: (Last. First Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Union City Police Department To reward community volunteers for their service to the public. 2 34009 Alvarado-Niles Rd. Union City Hosting National Night Out to encourage safety and community engagement Verification 4. have read and understand EPPC 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: _

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					AT abile bootament		
ncy Name		Date Stamp	California 802				
eda County		0.5			Form		
on, Department, or Reg	ion (If Applicable	e)			r or ornour out only		
d of Supervisors							
nated Agency Contact	(Name, Title)						
elle Dianda					aroudda avalanation in Part 2.)		
Code/Phone Number	E-mail						
272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)		
ction or Event Infor					85.00		
the agency have a ticke		Yes 🛛 No					
Description Oakland A	Vs vs. Housto Provide Title/Exp	n Astros			//		
t(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklar	nd A's			
Was ticket distribution made at the behest No Ye of agency official?			If yes: Valle,	Official's Name	Last First)		
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
A. Name of Agency, Department or Unit							
B. Name of Individual		Number of					
(Last, First)	aı	Ticket(s)/ Pass(es)		Identify one of the following:			
irello, Vanessa		4	If checking "Ceremon	Other 🛛 ial Role" or "Other" describe below:	Income		
				ance at an event held potential revenue from	Form OU2 For Official Use Only Int (Must provide explanation in Part 3.) al Filing:		
de Tuler							
via, Tyler		4	To promote attenda	ial Role" or "Other" describe below: ance at an event held potential revenue fron	at a County facility in		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy		
	<u></u>	Michelle D	ianda	orth above, is in accordance w Supervisor's Aide _{Title}			
	nature of Agenicy Head or Designed	nature of Agency Head or Designee	ad and understand FPPC Regulations 18944.1 and 18942. I have very Michelle D nature of Agericy Head or Designee Print Nan Includes 2 parking passes at the value of S	Includes 2 parking passes at the value of \$17	ad and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance w Michelle Dianda Supervisor's Aide Print Name Title Includes 2 parking passes at the value of \$17		

	and the second						
۰.	Agency Name				Date Stamp	California 802	
	Alameda County					For Official Use Only	
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Ose Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	1			8	
	Michelle Dianda						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	inda@acgov.	org	Date of Original Filing	(Month, Day, Year)	
	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$.	85.00	
	Event Description Oakland A	Vs vs. Housto	on Astros	Date(s)08	3 , 14 , 13	//	
	Ticket/c)/Desc(cc) provided b			If no: Oaklar	nd A's		
	Ticket(s)/Pass(es) provided b	y agency r	Yes 🗌 No		Name of Source		
	Was ticket distribution made at the behest		No 🗌 Yes	If yes: Valle,	Richard- Supervisor	, District 2	
	of agency official?				Official's Name	(Last, First)	
s.,	Recipients						
	• Use Section A to identify the agence	-	tion B to identify an individe	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy	
	B. Name of Individual		Number of	Y-1		Ng dinis	
	D. (Lost, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Steele, Christopher		4 7	If checking "Ceremon	Other 🔀 ial Role" or "Other" describe below.		
				order to maximize	potential revenue fror	a transmittani tani	
	And the Andrew				Other 🛛	Income	
	Archuleta, Justin		4	To promote attenda	ial Role" or "Other" describe below. ance at an event held potential revenue fror	at a County facility in	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy	
	Verification						
ŀ.	Verification	ulations 18944.1 an	d 18942. I have ve	nified that the distribution set f	orth above, is in accordance w	vith the requirements.	
•		Ilations 18944.1 an	d 18942. I have ve Michelle D		orth above, is in accordance w Supervisor's Aide	vith the requirements.	
				ianda		vith the requirements.	

				Date Stamp	California 802	
lama la Ossala		Agency Name				
Nameda County					Form CO2	
ivision, Department, or Regio	n (If Applicable)		194	roi cilicia ose ciliy	
Board of Supervisors						
esignated Agency Contact (N	ame, Title)			1		
/lichelle Dianda						
rea Code/Phone Number	-mail			Amendment (Must p	vrovide explanation in Part 3.)	
510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
unction or Event Inform	ation					
oes the agency have a ticket	policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	52.00	
Event Description Ringling Brothers Circus Provide Title/Explanation		5	Data(a) 08	3 , 16 , 13	1 1	
		anation			//	
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: Golde	n State Warriors		
Was ticket distribution made at the behast			Valle			
	the benest	No 🗌 Yes	If yes: Valle	Official's Name (Last, First)	
		_				
	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.		
		Number of			and the second	
		Pass(es)		to purpose made pursuant to the agency a poincy		
3. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			Ceremonial Role	Other	Income	
			If checking "Ceremon	nial Role" or "Other" describe below:		
			Caramonial Pola		Income	
			AD ACCRETE A CONTRACTOR AND AND A CONTRACTOR AND A CONTRACTOR AND A CONTRACTOR AND A CON		income	
		Number of				
		Ticket(s)/	Describe the put	blic purpose made pursuant	t to the agency's policy	
liele Dhithe Community Com	1	Pasa(es)		- (14		
		4		ofit organization for its	contributions to the	
	viceo					
	lions 18944.1 and	i 18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.	
		Michelle Di	ianda	Supervisor's Aide	\$15/12	
Signature of Agency Head or Designee		and the second second second second second		Title	(Month, Day Year)	
Comment:					FPPC Form 802 (4/12)	
	Board of Supervisors esignated Agency Contact (N Alichelle Dianda rea Code/Phone Number 510) 272-6692 Function or Event Inform oes the agency have a ticket (vent Description Ringling Bro icket(s)/Pass(es) provided by As ticket distribution made at of agency official? Recipients Use Section A to identify the agency's A. Name of Agency, Department B. Name of Agency, Department C. Name of Outside Organiz (include address and description C. Name of Outside Organiz (include address and description Vito Blythe Community Serve A. Name of Agency food and serve read and understand FIPPC Regulat Signature of Agency Head or Designee	Board of Supervisors esignated Agency Contact (Name, Title) Aichelle Dianda rea Code/Phone Number 510) 272-6692 E-mail michelle.dian function or Event Information oes the agency have a ticket policy? vent Description Ringling Brothers Circus Provide Title/Expl icket(s)/Pass(es) provided by agency? Vas 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 C. Name of Outside Organization (include address and description) Viola Blythe Community Services Broad and understand FOPC Regulations 18944.1 and Signature of Agency Head or Designee	esignated Agency Contact (Name, Title) Michelle Dianda rea Code/Phone Number E-mail 510) 272-6692 michelle.dianda@acgov. Function or Event Information oes the agency have a ticket policy? Yes ⊠ No vent Description Ringling Brothers Circus Provide Title/Explanation icket(s)/Pass(es) provided by agency? Yes □ No Vas ticket distribution made at the behest of agency official? No □ Yes Recipients Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) A Name of Individual (Last, First) (Last, First) Number of Ticket(s)/Pass(es) A Name of Outside Organization (Include address and description) Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Viola Blythe Community Services 87365 Ash Street, Newark CA 94560 4 Helps the poor and low income families vith emergency food and services 4 Signature or Agency Head or Designee Print Nam	Board of Supervisors Seignated Agency Contact (Name, Title) Michelle Dianda rea Code/Phone Number E-mail michelle.dianda@acgov.org Function or Event Information oes the agency have a ticket policy? Yes No Face Value (vent Description Ringling Brothers Circus Date(s) Od Provide Title/Explanation Date(s) Od icket(s)/Pass(es) provided by agency? Yes No Yes S If yes: Valle of agency official? No Yes S No Yes S Valle If yes: Valle A Name of Agency, Department or Unit Number of agency Describe the pul A. Name of Individual (Lat. Feed) Number of Incites(s)/ Pass(es) Ceremonial Role I (include address and description) Ticket(s)/ Pass(es) Describe the pul A Name of Outside Organization (Include address and description) Ticket(s)/ Pass(es) Describe the pul A Name of Outside Organization (Include address and description) Ticket(s)/ Pass(es) Describe the pul A Name of Outside Organization (Include address and description)	Available of Supervisors	

Agency Report of: (

4							
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form	
	Division, Department, or Re	gion (If Applicable)		1	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	2017 2018 33	nda@acgov.	org	Date of Original Filing:	Month Day Year	
2.	Function or Event Info		0.0			(monin, bay, real)	
	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	42.00	
	Event Description Ringling	Provide Title/Expl	lanation	Date(s)	<u></u>		
	Ticket(s)/Pass(es) provided	by agency?		If no. Golde	en State Warriors		
					Name of S		
	Was ticket distribution made at the behest No I Yes X			If yes: Valle	, Richard- Supervisor	District 2	
	of agency official?				Official's Name (Last, First)		
3.	• Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to the agency's policy		
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
	B. Name of Individ	ual		Ceremonial Role If checking "Ceremo	Identify one of the follow Other Other Hole" or "Other" describe below.	income	
	B. Name of Individ	ual	Ticket(s)/	If checking "Ceremo Ceremonial Role	Other Dinial Role" or "Other" describe below.	Income	
	B. Name of Individ (Last, First) C. Name of Outside Org. (include address and d	anization	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	Other Other Other Other Other Other Other Other Other	Income	
	(Last, First)	anization escription) ervices	Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo Describe the pu	Other	Income	

Michelle Dianda Supervisor's Aide Signature of Agency Head or Designee Print Name Title

onth, Day, Year

Comment: _

A Public Document

1	Agency Name				Date Stamp	California 000		
	Alameda County				Date Stamp	California 802		
	Division, Department, or Regio	on (If Applicable	.)		-	For Official Use Only		
		(ii raypinousio	<i>,</i>					
	Board of Supervisors		_		-			
	Designated Agency Contact (/	iame, Title)						
	Michelle Dianda	-			Amendment (Must p	provide explanation in Part 3.)		
		E-mail						
_	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform					42.00		
	Does the agency have a ticket		Yes 🛛 No		of Each Ticket/Pass \$ _			
	Event Description Ringling Br	others Circus	3	Date(s)08	<u> </u>	//		
		Provide Title/Expl	anation					
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of So	1////20		
	Was ticket distribution made at	the behast		valle	, Richard- Supervisor			
	Was ticket distribution made at the behest No I Yes I If of agency official?			If yes:	Official's Name (Last, First)		
3	Recipients		10.4.20 States of the States o					
э.	Use Section A to identify the agency	's department or	ual. • Use Section C to iden	tify an outside organization.				
	A. Name of Agency, Departmen	Number of		blic purpose made pursuant				
	A. Name of Agency, Department of Omt		Ticket(s)/ Pass(es)	Describe the pu	ic purpose made pursuant to the agency's poincy			
		3						
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:			
	trast, cast		Pass(es)					
				Ceremonial Role If checking "Ceremo	Other nial Role" or "Other" describe below:	Income		
			· · · · · · · · · · · · · · · · · · ·	Ceremonial Role		Income		
				If checking "Ceremo	nial Role" or "Other" describe below:			
	A	nation	Number of					
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	t to the agency's policy		
	Viele Pluthe Community Com	ulaas	1 439(69)	To reveal a reserve	offi executive for the	contributions to the		
	Viola Blythe Community Ser 37365 Ash Street, Newark C		4	To reward a nonpr community	ofit organization for its	contributions to the		
				John Mariny				
	Helps the poor and low inco							
_	with emergency food and se	rvices						
4.	Verification	ations 18944 1 and	18942 have u	villed that the distribution set	forth above, is in accordance wi	ith the requirements		
	The regul	nono roova, ranc				8/5/12		
	Signature of Agency Head or Designee		Michelle D		Supervisor's Aide	(Month, Day, Year)		
	and a state of a state of a state of a state of the state			-		(infinite contraction)		
	Comment:							
						FPPC Form 802 (4/12)		

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

_						A Fublic Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					. com	
	Division, Department, or Reg	jion (If Applicable	»)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda						
	Area Code/Phone Number	E-mail			. D Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	mation				(monut, cop, rouy	
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$.	42.00	
	Event Description Ringling E	Brothers Circus			s , 19 , 13	//	
	Event beschpilon	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided t	by agency?	Yes 🗌 No	If no: Golder	n State Warriors		
					Name of S		
	Was ticket distribution made at the behest No I Yes X of agency official?			If yes: Valle,	Richard- Supervisor		
_					Chickers Hand	(and) i noy	
3.	• Use Section A to identify the agend	w's department or	uni a line Section C to ide	ntify an outside examination			
			Number of				
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
			Pass(es)	Ceremonial Role	Other D	Income	
				If checking "Ceremon	ial Role" or "Other" describe below	5	
			-	Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below	BEDATILA GREAT	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursua	nt to the agency's policy	
	Viola Blythe Community Services 37365 Ash Street, Newark CA 94560		4	To reward a nonpro	ofit organization for it	s contributions to the	
	Helps the poor and low inc with emergency food and s						
4.	Verification					a second and the second second	
	I have read and understand EPPC Reg	ulations 18944.1 and	d 18942. I have ve	arified that the distribution set f	orth above, is in accordance v	with the requirements.	
	Mula	-	Michelle D	ianda ,	Supervisor's Aide	X18/12	
	Signature of Agency Head or Designe	0	Print Nam	10	Title	(Month, Day, Year)	
		- 1999 - 1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997					
	Comment:						

.....

-	eremonial Role Even	to and no	Reur ass	Distributions		A Public Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County							
	Division, Department, or Reg	ion (If Applicable	»)		1	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.dia	nda@acgov	.org	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor	mation				(monin, buy, roury		
	Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value of	Face Value of Each Ticket/Pass \$ 222.00			
	Event Description Oakland F	Raiders vs. Da						
	Event Description	Provide Title/Expl		Date(s)		/		
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	If no: Oakla	nd Raiders			
					Name of So			
	Was ticket distribution made at the behest No		No 🗌 Yes	If yes: Valle	, Richard- Supervisor I	District 2		
_	of agency official?				Official's Name (I	Last, First)		
3.	Recipients							
	Use Section A to identify the agence	y's department or	Number of	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy		
			1 400(00)					
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Dutra-Vernaci, Carol			Ceremonial Role	Other 🛛	Income		
	Dutra-vernaci, Caroi		3		hal Role" or "Other" describe below:	at a County faaility in		
						ance at an event held at a County facility in potential revenue from sales.		
				Ceremonial Role	Other D	Income		
				If checking "Ceremor	nial Role" or "Other" describe below:			
			Number of					
	C. Name of Outside Organ (include address and det		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy		
			-					
4.	Verification							
	have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	erified that the distribution set i	forth above, is in accordance wi	th the requirements		
	MALL		Michelle D		Supervisor's Aide	8/9/12		
	Signature of Agency Head or Designed	,	Print Nan		Title	(Month, Day, Year)		
	Comment: Includes 1 parkir	ng pass at the	value of \$20)		1910/1919/1919-1919/1919/1919/1919/1919/		
	Comment: molddes i parki	- Contraction of the state of the state of the Addition	and a subscription of the second s					

1.	Agency Name			Distributions	Date Stamp	California 002
	Alameda County				e uno e unite	Form 802
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					1
	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.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	85.00
I	Event Description Oakland A	's vs. Minnes Provide Title/Expl	ota Twins	Date(s)	9 <u>, 20 , 13</u>	//
3	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Oakla	nd A's	
			a na an	The second s	Name of Sol	
1	Vas ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor I Official's Name (I	District 2 Last, First)
	Recipients • Use Section A to identify the agenc	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
- 1	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
	B. Name of Individue (Last, First)	Al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng: Income 🔲
,				Ceremonial Role		Income 🔲
ļ	C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
	Hayward Demos 27287 Patrick Ave. Hayward CA 94544		4	To reward a non-pr community.	reward a non-profit organization for its contributions to the mmunity.	
	To encourage people and v get out to vote	olunteers to				
	Signature of Agency Head or Designed		Michelle Di Print Nam	anda	orth above, is in accordance wit Supervisor's Aide Title	h the requirementer

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name			****	Date Stamp	California Form 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Amy Shrago						
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke		Yes 🗌 No	hinni .	of Each Ticket/Pass \$ _	56	
	Event Description Ringling E	Bros & Barnum Provide Title/Expl	anation	Date(s) <u>8</u>	<u>, 16 , 13</u>	///	
	Ticket(s)/Pass(es) provided b	w agency?	n State Warriors				
	nokei(a)/r daa(ea) provided i	y agency:	Name of Se	OUFCO			
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Carson, Keith						
	of agency official?	(Last, First)					
3.	• Use Section A to identify the agence	y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy		
		,			, , , ,	раланданын жаланды жаланда да жайна с аландан жайлан жайлан байлан байлан байлан байлан байлан байлан байлан б	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Osorio, Vickie			Ceremonial Role If checking "Ceremon	Definition of "Other" describe below.	Income	
			4		ance at a County facil evenue from parking a	lity in order to maximize and concession sales	
					Other D	Income	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt 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.

Designee

Amy Shrago

Supervisor's Assistant

8/29/13 (Month, Day. Year)

Comment: .

	eremonial Role Eve	ents and Lic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Re	egion (If Applicable	э)	NN// VAN// VAN/		For Official Use Only
	Board of Supervisors					
	Designated Agency Contac	t (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail		********		provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	ormation		yan yang dap kan dama dalam kan dikan dikan dikan dikan dikan dikan dikan diken diker dapat dan berker dan ber		
	Does the agency have a tic		Yes 🗌 No		of Each Ticket/Pass \$ _	52
	Event Description Ringling	Bros & Barnum Provide Title/Exp	a & Baily Circ	Date(s) 8		/
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder			n State Warriors		
	nonor(a)n gaalea) providee	by agency:	Name of S	ource		
	Was ticket distribution made	e at the behest	on, Keith			
	of agency official?		Official's Name	(Last, First)		
3.	• Use Section A to identify the age	ency's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Depart	iment or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
	B. Name of Indivi	dual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Carson, Maria			Ceremonial Role If checking "Ceremor	Dother Other" describe below	Income
			4		ance at a County faci evenue from parking a	lity in order to maximize and concession sales
					Other D	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
		a-w				

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.

Mrs Majos	Amy Shrago	Supervisor's Assistant	8/29/13
Signature of Agency Hybrid or Designee	Print Name	Tille	(Month, Day. Year)

奪

Comment: _

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

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Regi	on (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		an a			
	Amy Shrago						
		E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	8/29/13 (Month, Day, Year)	
2.	Function or Event Inform			,		(Morkii, Doy, Tear)	
	Does the agency have a tickel		Yes 🗌 No	Face Value c	of Each Ticket/Pass \$	42	
	Event Description Ringling B			Name of Control of Con			
	Event Description	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided by	/ agency?	n State Warriors				
		ageney	Name of Sou	Irce			
	Was ticket distribution made a	t the behest	on, Keith				
	of agency official?		Official's Name (Last, First)				
J.	• Use Section A to identify the agency	r'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	
	B. Name of Individua (Last, First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Ionon Maliaa			Ceremonial Role		Income	
	Jones, Maliaa		4	, v	ial Role" or "Other" describe below: ance at a County facilit	y in order to maximize	
					venue from parking ar		
	,			Ceremonial Role		Income	
				If checking "Ceremor	ial Role" or "Other" describe below:		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic 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.

ere Amy Shrago Supervisor's Assistant 8/29/13 ature of Agency Head or Pesignee Print Name Tille (Month, Day, Year) Comment: ____

No.							
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or	r Region (If Applica	ble)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Cor	itact (Name, Title)					
	Amy Shrago						
	Area Code/Phone Numb	er E-mail				provide explanation in Part 3.)	
	(510) 272-6695		o@acgov.org		Date of Original Filing	. <u>8/29/13</u> (Month, Day, Year)	
2.	Function or Event I	nformation					
	Does the agency have a	ticket policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$.	56	
	Event Description Ringl	ing Bros & Barnu			<u>8 , 15 , 13 </u>	1 1	
	Event Description	Provide Title/E	xplanation				
	Ticket(s)/Pass(es) provid	ded by agency?	Yes 🔲 No	If no: Gold	en State Warriors		
					Name of S	ource	
	Was ticket distribution m of agency official?	ade at the behest	No 🗌 Yes	If yes: Car	SON, Keith Official's Name	(Last. First)	
interes a			*****	en for for the state of the state	Chindred Hallie	1	
3.	• Use Section A to identify the	agency's department	or unit elles Ser	tion B to identify an indivi	idual 🔹 Use Section C to ide	ntify an outside organization	
	A		Number of				
	A. Name of Agency, De	partment of Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			Number of				
	B. Name of Inc.		Number of Ticket(s)/	Ticket(s)/ Identify one of the follo		wing:	
			Pass(es)	Ceremonial Role	Other	Income	
	Maddox, Samantha				nonial Role" or "Other" describe below		
			4			lity in order to maximize	
				potential County	revenue from parking a	and concession sales	
				Ceremonial Role		Income	
				ii checking "Cerêm	nonial Role" or "Other" describe below		
	C. Name of Outside	Organization	Number of	D	- hile	at to the energy well as	
	(include address a		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursual	nt to the agency's policy	
					· · · · · · · · · · · · · · · · · · ·		
	Verification				an a		

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

ure of Agency Head Designee

Amy Shrago

Supervisor's Assistant

8/29/13 (Month, Day. Year)

A Public Document

С	eremonial Role Events and	d Ticket/Pass	Distributions		A Public Document
1.	Agency Name	***************************************		Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Ap		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name Tit	-			
	Amy Shrago				
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	(510) 272-6695 amy.sl	hrago@acgov.org	1	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$ _	60
	Event Description WWE Live		Date(s) 8	<u>, 11 , 13</u>	1 1
	Provide 1		energy and the second		
	Ticket(s)/Pass(es) provided by agency	n State Warriors			
		Name of So on Keith	ource		
	Was ticket distribution made at the be of agency official?	on, Keith Official's Name	(Last, First)		
та 19					
J.	Recipients Use Section A to identify the agency's departs 	nent or unit. 🏾 • Use Se	, iction B to identify an individ	ual. • Use Section C to ider	ntify 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		
	······································				
	An				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Carson, Maria		Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below:	Income
		4		ance at a County facil evenue from parking a	ity in order to maximize nd concession sales
				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 pursuan	t to the agency's policy
				n an	
Brance					

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.

nature of Agency H Designee

Amy Shrago

Supervisor's Assistant

8/29/13 (Month, Day. Year)

Comment: .

6	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name	z menen generalen en her einer die kennen der	Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	ion (If Applicable			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day. Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🗌 No	🗙 Face Value d	of Each Ticket/Pass \$ _	
	Event Description Baseball,	Loge Suite Provide Title/Expl		//////		
	Ticket(s)/Pass(es) provided b	v agencv?	nd A's			
		,,	Name of S	ource		
	Was ticket distribution made a of agency official?	at the behest	on, Keith Official's Name	(Last First)		
BIRKARS		Omdat s trane				
3.	• Use Section A to identify the agence	v's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme		Number of		lic purpose made pursuar	
			Ticket(s)/ Pass(es)			
	The second se	-1	Number of			<u></u>
	B. Name of Individu (Last, First)	ai	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
					Other 🛛	Income
	Lau, Angel		4	-	ial Role" or "Other" describe below	
						nsored event held at a ential County revenue
				Ceremonial Role	Other	Income
				If checking "Ceremor	nial Role" or "Other" describe below	:
	Name of Outside Organ	nization	Number of			
	C. Name of Outside Organ (include address and det		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
	· · · · ·					
				·		22 24/19/2 25/21/21/21/21/21/21/21/21/21/21/21/21/21/

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.

Amy Shrago os l ure of Agency Hand or Designee

Print Name

Supervisor's Assistant Title

8/29/13 (Month, Day, Year)

Comment:

С	eremonial Role Events and Ti	cket/Pass	Distributions		A Public Document	
1.	. Agency Name	Date Stamp	California 802			
	Alameda County				Form 002	
	Division, Department, or Region (If Application	ole)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Amy Shrago					
	Area Code/Phone Number E-mail			· · ·	provide explanation in Part 3.)	
	(510) 272-6695 amy.shrage	o@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 \$ _	30	
	Event Description Baseball, MVP Field S		Date(s) <u>8</u>	, 02 , 13	1	
	Event Description Provide Title/Ex	planation	Date(s)	/	and and an and an and an and an and an and a second and a s	
3.	Ticket(s)/Pass(es) provided by agency?	nd A's				
		Name of S	ource			
	Was ticket distribution made at the behest of agency official?	on, Keith Official's Name	(Last First)			
	 B. 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 orgonality of the agency's department or unit. 					
	*	Number of				
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
					<u></u>	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:	
		Pass(es)		Other 🛛	Income	
	Brown, Aisha		Ceremonial Role If checking "Ceremon	hial Role" or "Other" describe below.		
		2	To reward a County employee for his or her			
			L	courage staff develop	ment	
			1	Other	Income	
			If checking "Ceremor	nial Role" or "Olher" describe below.	:	
	C Name of Outside Organization	Number of				
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy	
		1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			1			

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.

nere re of Agency h Designee

Amy Shrago

Supervisor's Assistant

08/29/13 (Month, Day. Year)

Vesterate					NAME AND ADDRESS OF A DRESS OF A D	
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicabl	For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Amy Shrago Area Code/Phone Number	E			Amendment (Must pr	ovide explanation in Part 3.)
		E-mail			Date of Original Filing: .	829/2013
	(510) 272-6695	amy.shrago		Date of Original Filing.	(Month, Day, Year)	
2.	Function or Event Infor					85
	Does the agency have a ticke		Yes 🗌 No	Face Value of Each Ticket/Pass \$		
	Event Description Baseball, Loge Suite			Date(s) 8	<u>, 03 , 13 </u>	1 1
	Trovide The Explanation					
	Ticket(s)/Pass(es) provided b	y agency?	nd A's			
			Name of Sou	urce		
	Was ticket distribution made a	at the behest	If yes: Carso	on, Keith	· · · · · · · · · · · · · · · · · · ·	
	of agency official?			Official's Name (Last, First)		
	• Use Section A to identify the agency's department or of • A. Name of Agency, Department or Unit		unit. • Use Sec Number of Ticket(s)/ Pass(es)	· · · · · · · · · · · · · · · · · · ·	ual. • Use Section C to ident	***************************************
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	Brown, Aisha		5	To reward a Count	ial Role" or "Other" describe below:	Income ner exemplary service to nent
	·			Ceremonial Role If checking "Ceremon	Other Die Note: "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
						an a tradição de termo de actor da composição de actor de termo de actor de termo de actor de actor de actor de

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.

In Shap	Amy Shrago	Supervisor's Assistant	8/29/13
Sgnature of Agency dead or Designee	Print Name	Title	(Month, Day. Year)

Comment:

Ceremonial Role Events and T	icket/Pass	Distributions		A Public Document		
1. Agency Name			Date Stamp	California 802		
Alameda County				Form 6022 For Official Use Only		
Division, Department, or Region (If Applic	Division, Department, or Region (If Applicable)					
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name, Title)						
Amy Shrago						
Area Code/Phone Number E-mail				provide explanation in Part 3.)		
	go@acgov.org		Date of Original Filing:	8/29/2013 (Month, Day, Year)		
2. Function or Event Information		anyan anyan yana da anya kana ana ana ana ana ana ana ana ana a	n na			
Does the agency have a ticket policy?	Does the agency have a ticket policy? Yes ☐ No ⊠ Face V			30		
Event Description Baseball, MVP Field		Date(s) <u>8</u>	, 03 , 13	i i		
Event Description		Date(s)				
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Oaklar	nd A's			
		—	Name of So	burce		
Was ticket distribution made at the behase of agency official?	st No 🗌 Yes	If yes: Carso	on, Keith Official's Name (1 pet FireA		
or agency official?			Omotal a Warne (
3. Recipients • Use Section A to identify the agency's departmen	t or unit. • Use Sec	I				
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	t to the agency's policy		
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:		
(Last, First)	Pass(es)					
Brooks, Rodney		Ceremonial Role	D Other X nial Role" or "Other" describe below:	Income		
,,,	2	To reward a Count		her exemplary service to nent		
			Other Other Control of the service below:	Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy		
·······						
4. Verification			n na sense na sense na sense de la sens			

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.

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

С	eremonial Role Event	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					I OIIII
	Division, Department, or Regi	on (If Applicable	-	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (/	Name, Title)				
	Amy Shrago					
		E-mail	94/3/10/14-00-00-00-00-00-00-00-00-00-00-00-00-00			provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	8/29/2013 (Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	- 30
	Event Description Baseball, M	/VP Field Se	ats	Date(s)8	, 04 , 13	1 1
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 If no: Oaklar				nd A's	
					Name of So	burce
	Was ticket distribution made a of agency official?	t the benest	on, Keith Official's Name (Last. First)		
						, В 2011 В 2012 К. Ч. С.
3.	• Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Departme		Number of		lic purpose made pursuan	
			Ticket(s)/ Pass(es)	Describe the put	nie purpose made pursuan	t to the agency s policy
			Number of			
	B. Name of Individua (Last, First)	1	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
	Annan - The Content of the Content o		F 035(CS)	Ceremonial Role	Other X	Income
	Barber, Bob		2		nial Role" or "Other" describe below:	Line Line
			2	To reward a County employee for his or her exemplary service		
					courage staff developr	
					Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Organi (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
		A 81 Minutes and a state of the				

4. Verification

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

Amy Shrago Supervisor's Assistant all or Designee Print Name ature of Agen

Comment:

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

Tille

08/29/13

(Month, Day. Year)

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					Form 002	
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	-				
	Amy Shrago						
	Area Code/Phone Number	E-mail	***		_ [_] Amendment (Must p	provide explanation in Part 3.) 8/29/2013	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation					
	Does the agency have a ticke	t policy?	Yes 🗌 No	🗙 Face Value d	of Each Ticket/Pass \$ _	30	
	Event Description Baseball, MVP Field Seats Date(s) -					///	
				If no: Oaklai	nd A's		
					Name of Sc	ource	
	Was ticket distribution made a of agency official?	at the behest	on, Keith Official's Name	(Last First)			
1050000							
3.	• Use Section A to identify the agence	u'e dopartment or	unit allea Soc	tion B to identify an individ	ual Allea Section C to ider	tifu an outside organization	
	A		Number of	[
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy	
			Number of				
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:	
			1 400(00)	Ceremonial Role	Other X	Income	
	•			If checking "Ceremor	nial Role" or "Other" describe below:		
				Ceremonial Role	Other	Income	
				1	hial Role" or "Other" describe below:	income L	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	plic purpose made pursuan	t to the agency's policy	
	California Northwest Educa	tion	0	To reward a schoo	l or nonprofit organiza	tion for its contributions	
	Department P O BOX 8774	, Emeryville,	2	to the community			

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.

nag Amy Shrago Supervisor's Assistant 08/29/13 Print Name Title (Month, Day, Year) ad or Designee re of Agency 🖞

Comment:

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 00/2
	Division, Department, or Regi	on (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago		······································			
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	8/29/2013 (Month, Day, Year)
2.	Function or Event Infor	nation				
	Does the agency have a ticke		Yes 🗌 No	Face Value	of Each Ticket/Pass \$ _	30
				<u>, 15 , 13 </u>	8 , 21 , 13	
	Thomas And				I	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oakla	nd A's	
					Name of Se	burce
	Was ticket distribution made at the behest No Yes If yes: Car of agency official?			on, Keith Official's Name	(Last First)	
	~ .		Omoral & Hame			
3.	• Use Section A to identify the agency		unit a Haa Saa	tion D in identify an individ	unt in the Section C to idea	tife an outside organization
	·		Number of			
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ving:
	(Last, First)		Pass(es)			
	Spencer, Scott			Ceremonial Role	D Other nial Role" or "Other" describe below:	Income
			2	-		at a County facility in
						nue from parking and con
				Ceremonial Role	Other	Income
				If checking "Ceremo	nial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	**************************************	· · · · · · · · · · · · · · · · · · ·	Pass(es)			1800 B 1874 887 887 987 987 987 987 987 987 987 987
						and a subscription of the

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.

Amy Shrago Supervisor's Assistant aa Print Name Title of Agen Head or Designee Comment:

08/29/13

(Month, Day. Year)

С	eremonial Role Ever	its and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name	ninna airead dao mana ann ann ann ann ann ann ann ann an			Date Stamp	California Form 802	
	Alameda County						
	Division, Department, or Rec	jion (If Applicable			For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail	9090			provide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	andara kan bakan kan kan kan kan kan kan kan kan kan					
	Does the agency have a ticke	et policy?	Yes 🗌 No	🗙 Face Value o	f Each Ticket/Pass \$ _	85	
	Event Description Baseball,	Loge Suite	<u>, 17 , 13 </u>	////			
	Ticket(s)/Pass(es) provided t		nd A's Name of Se	ource			
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Carso	on, Keith		
	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			
						ann a chuir ann an t-ann ann an t-ann ann ann ann ann ann ann ann ann ann	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Barber, Bob	1992 (n. 1995), fan de sen de mense sen mense sen meter	E	Ceremonial Role If checking "Ceremon	Other X ial Role" or "Other" describe below:	Income	
			5	To reward a Count the public or to enc	her exemplary service to ment		
	Sanchez, Mina			1	Other	Income	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t 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.

hag ignature of Ager . Head or Designee

Amy Shrago

Supervisor's Assistant

(Month, Day. Year)

С	Ceremonial Role Events	and Tick	et/Pass	Distributions		A Public Document	
1.	. Agency Name		Date Stamp	California 802			
	Alameda County					I OIIII	
	Division, Department, or Region	(If Applicable)			For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Nan	ne, Title)	-				
	Amy Shrago						
		mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6695 ar	ny.shrago@	acgov.org		Date of Original Filing:	8/29/2013 (Month, Day. Year)	
2.	. Function or Event Informa	tion					
	Does the agency have a ticket po		∕es□ No∣	Face Value c	of Each Ticket/Pass \$ _	30	
	Event Description Baseball, MV	<u>, 17 , 13</u>	////				
		nd A's					
	Ticket(s)/Pass(es) provided by ac	Name of Se	ource				
	Was ticket distribution made at th						
	Was ticket distribution made at the behest No Yes If yes: Carson, Keith of agency official? Official's Name (Last. First)						
3.	 Recipients Use Section A to identify the agency's d 	epartment or un	ıit. ● Use Sec	tion B to identify an individ:	ual. • Use Section C to ider	ntify 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 follow	ving:	
	Shrago, Amy		<u>_</u>	Ceremonial Role If checking "Ceremor	Dther X	Income	
			2		To reward a County employee for his or her exemplary se the public or to encourage staff development		
					Other Inial Role" or "Other" describe below:	Income	
	C. Name of Outside Organizat (include address and descrip		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy	
				×.			
AN SCHOOL SHO							

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.

m ad or Designee re of Agen

Amy Shrago

Supervisor's Assistant

08/29/13 (Month, Day. Year)

Ce	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form 002		
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	8/29/2013 (Month, Day, Year)
)	Function or Event Inform				I	(Monin, Day, Tear)
•••	Does the agency have a ticke		Yes 🗌 No	Face Value c	f Each Ticket/Pass \$ _	30
						8 , 20 , 13
	Event Description Baseball, MVP Field Seats Provide Title/Explanation			Date(s)8		
	Ticket(s)/Pass(es) provided by agency? Yes \Box No \Box If no: $\frac{O}{2}$			If no: Oaklar	nd A's	
					Name of So	urce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes			If yes: Carso	on, Keith	
	of agency official?				Official's Name (Last, First)
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. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role		Income
	Leung, Chris		2	i de la companya de la	eremonial Role" or "Other" describe below: endance at an event held at a County facility i	
						nue from parking and cor
				Ceremonial Role	Other Other ial Role" or "Other" describe below:	
					、	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
					·	
norma		and resempting a subscription as a subscription of the				
4.	Verification	lations 18944.1 and	1 18942. I have ve	erified that the distribution set i	orth above, is in accordance w	ith the requirements.

Amy ShragoSupervisor's Assistant08/29/13Signature of Ageny Head or DesigneePrint NameTitle(Month, Day. Year)

Comment: .

1.	Agency Name			*	Date Stamp	California 000	
	Alameda County					Form 802	
	Division, Department, or Reg	ion (If Applicable		<u></u>	-	For Official Use Only	
		- ••					
	Board of Supervisors	(Nomo Titlo)		ана и мартика спользование у мурока у спользование и около и о			
	Designated Agency Contact (Name, Title)						
	Amy Shrago		Amendment (Must p	rovide explanation in Part 3.)			
	Area Code/Phone Number	E-mail					
010000000	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				0.0	
	Does the agency have a ticke		Yes 🗌 No	Face Value c	of Each Ticket/Pass \$ _	30	
	Event Description Baseball, MVP Field Seats Date(s) Date(s)				<u> </u>	1 1	
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oaklar	nd A's		
					Name of So	urce	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Car				on, Keith		
Real Property lies	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 pub	iblic purpose made pursuant to the agency's policy		
					n an		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Shrago, Amy			Ceremonial Role	Other X Income		
			2	-	vial Role" or "Other" describe below:		
					y employee for his or l courage staff developn	her exemplary service to hent	
				Ceremonial Role If checking "Ceremon	Other Inter Control of "Other" describe below:	Income	
	Name of Outside Organ	lization	Number of				
	(include address and description)		Ticket(s)/ Pass(es)	Describe the pub	blic 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.

Amy ShragoSupervisor's Assistant08/29/13Signature of Agend Flead or DesigneePrint NameTille(Month, Day. Year)

Comment: _

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

	ionori uoo	Distributions		A Public Document			
1. Agency Name	Date Stamp	California Form 802					
Alameda County	Alameda County						
Division, Department, or Region (If Applic		For Official Use Only					
Board of Supervisors							
Designated Agency Contact (Name, Title)	-						
Amy Shrago							
Area Code/Phone Number E-mail	******		Amendment (Must pr				
(510) 272-6695 amy.shra	go@acgov.org		Date of Original Filing: .	8/29/2013 (Month. Day. Year)			
2. Function or Event Information							
Does the agency have a ticket policy?	Yes 🔲 No	Face Value of	of Each Ticket/Pass \$858587878587878787878787878787878787878787878787878787878787878787878787878787878787878787878787878787878787878787878787877777777777				
Event Description Baseball, Loge Suite	Explanation	Date(s)8					
	Explanation	- Usaci Oakla	If no: Oakland A's				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No		Name of Sol	Irce			
Was ticket distribution made at the behes of agency official?	st No ☐ Yes	If yes: Carson, Keith Official's Name (Last, First)					
3. Recipients	Raciniants .						
•	• 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 pul	blic purpose made pursuant to the agency's policy				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:			
		Ceremonial Role					
Music, Richard	4		nial Role" or "Other" describe below:				
			ance at a County facility evenue from parking ar	ty in order to maximize nd concession sales			
		Ceremonial Role If checking "Ceremon	Diher Diher Diher" describe below:	Income			
C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy			
(include address and description)	Pass(es)						
		· · ·					

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.

igninure of Agend Head or Dasignee

Amy Shrago Print Name

Supervisor's Assistant 8/29/13 Title (Month, Day. Year)

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Region (If Applicable)				For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name. Title)				-		
	Amy Shrago						
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	8/29/2013 (Month, Day, Year)	
2.	Function or Event Infor	nation					
	Does the agency have a ticket policy? Yes □ No ⊠ Face Value of				of Each Ticket/Pass \$ _	30	
	Event Description Baseball, MVP Field Seats Date(s) 8				<u>3113</u>	///////	
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oakla			nd A's Name of So			
						urce	
	Was ticket distribution made at the behest No Yes If yes of agency official?			If yes: Carso	Official's Name (i	Last, First)	
2	Daginianta						
э.	 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 						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy		
			-			900 / 1900 / 1900 / 1900 / 1900 / 1900 / 1900 / 1900 / 1900 / 1900 / 1900 / 1900 / 1900 / 1900 / 1900 / 1900 /	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Decker, Breanna			Ceremonial Role			
			2		nial Role" or "Other" describe below: nunity volunteer for his or her service to the		
	· ·			Ceremonial Role Il checking "Ceremor	Other Other All Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
		· · · · · · · · · · · · · · · · · · ·			a	alan da Manda da Manda da Anana ana ana ana ana ang mang mang mang	

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.

In Smarth	Amy Shrago	Supervisor's Assistant	08/29/13
Signature of Agend 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)
Ce	eremonial Role Even	its and no	Revrass L	Jistributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					the second state of the second state of the second
	Division, Department, or Reg	jion (If Applicable	o)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Alex Boskovich					
	Area Code/Phone Number	E-mail		1	Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	alex.boskov	ich@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	et policy?	Yes 🛛 No 🗆] Face Value of	of Each Ticket/Pass \$ _	30
	Event Description A's vs. Ra	ays		Date/s) 9	, 1 , 13	//
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided t	by agency?	Yes 🗆 No 🗵	If no: Oakla	nd Athletics	
	Ref and States a literation	10.00	- 5 - 5	5/	Name of So	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🗵	If yes: Alam	eda County Superviso Official's Name (Last, First)
3.	Recipients					
	• Use Section A to identify the agend	cy's department or		on B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	t to the agency's policy
	· · · · · · · · · · · · · · · · · · ·					
	V					
	B. Name of Individu (Last, First)	ial	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Dong, Jeanette				Other Inter Delay of the other other of the other other of the other other of the other o	Income
	Dong, Jeanette		2	To reward a Count	ty employee for his exe age staff development.	
				Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the put	blic purpose made pursuan	t to the agency's policy
	(include address and de	scription)	Pass(es)			
_						
4.	Verification	ulations 18944.1.00	d 18942. I have veri	fied that the distribution set	forth above, is in accordance wi	ith the requirements.
		1	Alex Bosko	vich	Senior Legislative Aid	e 8/30/13
	Signature of Agency Head or Designe	10	Print Name		Title	(Month, Day, Year)
	Comment:	N				in the second

Cere	monial Role Ever	its and fice	eurass	Distributions		A Public D	ocumen	It
1. Ag	ency Name				Date Stamp	California	802	2
Ala	meda County	2010/00/16/00/10/00/200	Form	And in case of the local division of	2			
Div	ision, Department, or Re	gion (If Applicable)			1	For Official U	Jse Only	
Во	ard of Supervisors							
	signated Agency Contact	(Name, Title)						
Ale	x Boskovich				_			
	a Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in	Part 3.)	
	0) 272-6693	alex.boskovid	h@acqov.o	ora	Date of Original Filing: .	(Month, Day, Yea	-	
	nction or Event Info		ing asystic			(Month, Day, Yea	7	-
	es the agency have a tick	한 경험 것 같은 것 같은 것 같이 있다.	Yes 🛛 No [Eace Value o	of Each Ticket/Pass \$	85/20	parking	
	and the second	Contraction and Contraction of Contraction						
Eve	ent Description <u>A's vs. R</u>	Provide Title/Expla	nation	Date(s)9	<u> </u>	/	/	
-				M If no: Oakla	nd Athletics			
Tic	ket(s)/Pass(es) provided	by agency?	Yes 🗌 No [Name of Sou			
Wa	s ticket distribution made	at the behest	No 🗆 Yes [If ves: Alam	eda County Superviso	r Wilma Chan		
of	agency official?				Official's Name (L	.ast, First)		
	Recipients • Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit		nit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ident blic purpose made pursuant			
_							2	
в.	Name of Individ (Last, First)	ual	Number of Ticket(s)/ Pass(es)	in a second second	Identify one of the followi	ng:		
				Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below:		Income [
				Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below:	4	Income [
c.	Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's p	olicy	
	ameda Girls Softball As ox 1759 Alameda, CA 94		20	To reward a non-p development in the	rofit for their contribution City of Alameda.	ons to girls and	youth	
	ovides recreational and ague softball for girls ag							
A Vo	rification							1

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 and		Alex Boskovich	Se	enior Legislative Aide	8/30/13
Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
Comment: Includes	4	parking	pases		
			FF	PPC Toll-Free Helpline: 866/	FPPC Form 802 (4/12) ASK-FPPC (866/275-7772)

2

Comment: _

١.	Agency Name		- 3i		Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	gion (If Applicable	e)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Alex Boskovich					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	- 17 (03 37) an ear word	ich@acgov.c	ora	Date of Original Filing	(Month, Day, Year)
2	Function or Event Info		in grayers			(Wohin, Day, Year)
	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$.	85 / 20 parking
	Event Description A's vs. R	Provide Title/Exp	lanation	Date(s)	8 <u>, 31 , 13</u>	//
	Ticket(s)/Pass(es) provided	by agency?	Vec 🗖 Nel	Jf no. Oakla	and Athletics	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No		Name of S	
	Was ticket distribution made	at the behest	No 🗆 Yes	If yes: Alan	neda County Supervis	or Wilma Chan
	of agency official?				Official's Name	(Last, First)
3.	Recipients					
	• Use Section A to identify the agen	cy's department or	dual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit Ticket(s)/			Describe the pu	ublic purpose made pursuar	nt to the agency's policy
			Pass(es)	<u> </u>		
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	wing:
	(Last, First)		Pass(es)			
	Tam Nathan			Ceremonial Role		Income
	Tam, Nathan		4		onial Role" or "Other" describe below dance at an event held	
			/		potential County reve	
				Ceremonial Role	Other	Income
				If checking "Cerem	onial Role" or "Other" describe below	
			Number of			
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pu	e the public purpose made pursuant to the agency's policy	
			Pass(es)			
_						
4.	Verification	ulations 18044 1 an	d 18942 have w	villed that the distribution se	t forth above, is in accordance v	with the requirements
	inder read on and and stand FFFC Ref	pinanona roada. r an	a roome. I nave ve	and that the distribution se	crosser above, is in accordance v	the second s
	114	-	Alex Bosk	aulah	Senior Legislative Aid	ie 8/27/13

Includes 1 parking pass

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

 $\mathbf{x} \geq \mathbf{x}$

_	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document			
1.	Agency Name			Date Stamp	California Form 802			
	Alameda County	_	For Official Use Only					
	Division, Department, or Region (If Applicable)		2				
	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 alex.boskovi	ch@acgov.c	org	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Information							
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	222			
	Event Description Raiders vs. Bears			3 , 23 , 13	//			
	Event Description Provide Title/Expl	anation	Date(s)		//			
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Oakla	nd Raiders				
	tioner(e), accred pression of egeneration	Name of So						
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Alam	official's Name (or Wilma Chan			
_	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	Ticket(s)/ Describe the p Pass(es)		ublic purpose made pursuant to the agency's policy				
			6					
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:			
	(Last, First)	Pass(es)						
	Lattimore, Robert		Ceremonial Role	nial Role" or "Other" describe below:	Income			
	Lattinole, Nobert	2	이 것에 이 것 같아요. 영향 한 것 같아요. 한 것 같아요. 한 것 같아요.	To promote attendance at an event held at a County facili				
			order to maximize potential County revenue from sales.					
			Ceremonial Role	Other D	Income			
		1	If checking "Ceremo	nial Role" or "Other" describe below:				
		<u>`</u>						
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy					
		Pass(es)						
_								
4.	Verification							
	I have read and understand FPPC Regulations 18944.1 and							
		Alex Bosk		Senior Legislative Aid	· · · · · · · · · · · · · · · · · · ·			
	Signature of Agency Head of Designee	Print Nam	0	Title	(Month, Day, Year)			

9	eremonial Role Lver	no and no	Keur ass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County			and the second state of th			
	Division, Department, or Reg	gion (If Applicable		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	- NUMBER OF STREET	ich@acgov.o	rg	Date of Original Filing:	(Mooth Day Year)	
2.						(monut, buy, roury	
	Does the agency have a tick		Yes 🛛 No [Face Value	of Each Ticket/Pass \$ _	222	
	Event Description Raiders v			·····			
	Event Description	Provide Title/Expl	lanation	Date(s)		//	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗆 No 🛙	If no: Oakla	nd Raiders		
	nener(e)// acc(co) provided i	.,			Name of So		
	Was ticket distribution made	at the behest	No 🗌 Yes 🛛	If yes: Alam	official's Name (I	r Wilma Chan	
	of agency official?	· · · · ·			Cinciar a Marito (1		
3.		cu's department or	unit a Use Seci	tion B to identify an individ	lual	tify an outside organization.	
			Number of	ction B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy			
	A. Name of Agency, Departm	nent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	ing:	
			Pass(es)	Ceremonial Role	Other D	Income	
	Dessalines, Jill			NEW 2017 CONTRACTOR STORE	nial Role" or "Other" describe below:		
			1		lance at an event held		
	· · · · · · · · · · · · · · · · · · ·				potential County rever		
					Other	Income	
				in choosing service			
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy	
	(include address and de	escription)	Pass(es)		public purpose made pursuant to the agency's policy		
	1	N					
4.	Verification						
	I have read and understand FPPC Re	gulations 18944.1 an					
			Alex Bosko		Senior Legislative Aid	And and a second s	
	Signature of Agency Head or Design	00	Print Name	0	Title	(Month, Day, Year)	
	Comment:						

Gen	emonial Role Evel	its and fic	Reurass	Distributions		A Public Document
I. A	gency Name				Date Stamp	California 802
A	ameda County					and the second
	vision, Department, or Re	gion (If Applicable)		1	For Official Use Only
B	oard of Supervisors					
	esignated Agency Contact	t (Name, Title)			-	
	lex Boskovich rea Code/Phone Number	15			Amendment (Must	provide explanation in Part 3.)
0.23	i10) 272-6693	E-mail	ich@acgov.c	10	Date of Original Filing:	
			ich@acgov.c	'ng		(Month, Day, Year)
	unction or Event Info			Ease Value	of Each Ticket/Pass \$ _	30
	bes the agency have a tick	12 ALAN SAN AN AL 19 MILANA	Yes 🛛 No			
E١	vent Description <u>A's vs. R</u>	angers		Date(s)	<u>) 4 / 13</u>	//
		Provide Title/Expl	lanation	Oakla	and Athlatica	
Ti	cket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Oakia	and Athletics Name of Sc	ource
W	as ticket distribution made	at the behest	No 🗆 Yes	Alam	neda County Superviso	or Wilma Chan
	of agency official?	at the beneat	NO L Tes	If yes:	Official's Name	(Last, First)
3. R	ecipients					
	Use Section A to identify the ager	ncy's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ider	tify an outside organization.
A			Number of		blic purpose made pursuan	
~	, Name of Agency, Depart	nent of onit	Ticket(s)/ Pass(es)	o o o o no pu	and purpose made pareau	tto the agency o pency
В	Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	dog:
_	• (Lost, First)		Pass(es)			1
	la linamu			Ceremonial Role	and the second sec	Income
IV	la, Jimmy		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.		
-				Ceremonial Role If checking "Ceremo	Other or "Other" describe below:	Income
_						
C	Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
_						1
	erification ave read and anderstand FPPC Re	gulations 18944.1 an	d 18942. I have ve	nified that the distribution set	forth above, is in accordance w	ilh the requirements.
	IC		Alex Bosk		Senior Legislative Aid	
	Signature of Agency Head or Design		Print Nam	7,0,0,750,0	Title	(Month, Day, Year)

1

С	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County				Special Control of the second s			
	Division, Department, or Reg	jion (If Applicable		For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)			1			
	Alex Boskovich		2					
	Area Code/Phone Number	E-mail			 The second state state and state state state state state. 	provide explanation in Part 3.)		
	(510) 272-6693	alex.boskov	ich@acgov.c	org	Date of Original Filing:	(Month, Day, Year)		
2.	. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □				of Each Ticket/Pass \$ _	30		
	Event Description A's vs. Twins Provide Title/Explanation			Date(s)9	<u>, 21 , 13</u>	//		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: Oakla	If no: Oakland Athletics			
	Was ticket distribution made at the behest No □ Yes ⊠ of agency official?			If yes: Alam	eda County Supervise Official's Name	or Wilma Chan (Last, First)		
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual (Lost, Fist) Brekke-Miesner, Lukas		Number of Ticket(s)/ Pass(es)		Identify one of the following:			
			2	To promote attend	Ceremonial Role Other H If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County order to maximize potential County revenue from sa			
				Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below.	Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy			
4.	Verification	ulations,16914.1 an	d 18942. I have ve	nified that the distribution set	forth above, is in accordance w	vith the requirements.		
	a		Alex Bosk		Senior Legislative Aid			
	Stimature of Agency Head of Destin		Print Nam	and the second se	Title	(Month Day Year)		

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: . alex.boskovich@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information 30 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes X No Event Description A's vs. Rays Date(s) 8 / 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. 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 Brown, David If checking "Ceremonial Role" or "Other" describe below. 2 To reward a County employee for his exemplary service to the public and encourage staff development. Other Ceremonial Role 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) Verification 4. I have read and upderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

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 30 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes X No Event Description A's vs. Mariners Date(s) 8 / 21 / 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 🗌 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 R Name of Individual

C. (Last, First)	Pass(es)	Identity one of the following:
Magallon, Maria	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 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

4. Verification

I have read and upderstand FPPC Regulations/1894	4.1 and 18942. I have verified that the distrib	oution set forth above, is in accordance with the re	equirements.
and	Alex Boskovich	Senior Legislative	8/13/13

1 V V	Alex BOSKOVICIT	Senior Legislative	0/13/13
Signature of Agency Head of Designee	Print Name	Title	(Month, Day, Year)
Comment:			

A Public Document

California Form 802							
Form 002							
For Official Use Only							
provide explanation in Part 3.)							
(Month, Day, Year)							
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or Wilma Chan							
(Last, First)							
Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
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(Month, Day, Year)							

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1. Agency	Agency Name					California 802
Alameda	Alameda County					increase the discovery by North Academy and No. In contrast, one of the Academy and the Contrast of Contrast, National Science and Science
Division,	Department, or Re	gion (If Applicable	9)		-	For Official Use Only
Board of	Supervisors					
	ed Agency Contact	(Name, Title)			-	
Alex Bos	kovich					
	e/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 27		alex.boskov	ich@acgov.d	org	Date of Original Filing:	(Month Day Year)
2. Functio	on or Event Info	rmation				(monin, cray, reary
Does the	agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	30
	scription A's vs. In	dians		1777 B 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		//
Event De	scription	Provide Title/Exp	lanation	Date(s)		/
Ticket(s)/	Pass(es) provided I	by agency?	Yes 🗆 No	IN If no: Oakla	and Athletics	
, iono ((o))		-,		63	Name of So	
	t distribution made	at the behest	No 🗌 Yes	If yes: Alan	neda County Superviso	r Wilma Chan
	cy official?				Official's Name (Last, First)
 Recipie Use Section 		cy's department or	unit. • Use Sec	ction B to identify an individ	dual. • Use Section C to iden	tify an outside organization.
А. Na	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	ket(s)/ Describe the public purpose made pursuant to the agency's		to the agency's policy
			Number of			
В.	Name of Individu (Last, First)	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	ananan.			Ceremonial Role	the second se	Income
Rae, Mic	chael		2		onial Role" or "Other" describe below:	
					dance at an event held potential County rever	
-				Ceremonial Role	Other Donial Role" or "Other" describe below:	Income
С. (C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy	
		£				
4. Verifica	tion					
		ulations 18944.1 and	d 18942. I have ve	erified that the distribution set	t forth above, is in accordance wi	th the requirements.
(V		Alex Bosk	ovich	Senior Legislative Aide	e 08/16/13
Signat	ure of Agency Head or Designe	00	Print Narr	10	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 42 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗆 Event Description Ringling Brothers Circus Date(s) ______ 18 13 Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Alameda County</u> 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 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 Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role Other Income Hernandez, Anna Marie If checking "Ceremonial Role" or "Other" describe below: 4 To reward a County employee for her exemplary service to the public. Income Other 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.

\mathcal{C}		Alex Boskovich	Senior Legislative Aide	8/13/13
Signature of Agency Hea	ad or Designee	Print Name	Title	(Month, Day, Year)
Comment:	-/			FPPC Form 802 (4/1
			FPPC Toll-Free Helpline: 866/AS	•

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١.	Agency Name				Date Stamp	California 802
	Alameda County		20 2			
	Division, Department, or Reg	ion (If Applicable	ə)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Edith Anderson-Woody					
	Area Code/Phone Number	E-mail			Amendment (Must p	vrovide explanation in Part 3.)
	(510) 272-6693	NEED CONTRACTOR OF THE SECOND	son-woody@a	acgov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	at policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	30
	Event Description A's vs. As	tros		Date(s) 8	, 14 , 13	//
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗆 No I	If no: Oakla	nd Athletics	
			100000-000-0		Name of So	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso	Last First)
					Contrain & Franks	
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 ider	tify an outside organization.
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
	B. Name of Individu	ial	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Amenda land			Ceremonial Role	Other	Income
	Amgott-Kwan, Jared		2		nial Role" or "Other" describe below: ance at an event held	at a County facility in
					potential County reve	
				1 · · · · · · · · · · · · · · · · · · ·	Other D nial Role" or "Other" describe below:	Income
		C. Name of Outside Organization		Describe the pu	blic purpose made pursuan	t to the agency's policy
	(include address and de	scription)	Ticket(s)/ Pass(es)			

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

Little Confligned Dondy -

Edith Anderson-Woody

Supervisors Assistant

8/8/13 (Month. Day, Year)

Comment: .

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1.	Agency Name				Date Stamp	California 802
	Alameda County			a successful to the second		
	Division, Department, or Reg	jion (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Alex Boskovich					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	alex.boskov	ich@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	85
	Event Description A's vs. Inc	dians			, 16 , 13	//
	Event Description	Provide Title/Exp	lanation	Date(s)	//	//
	Ticket(s)/Pass(es) provided t	ov agency?	Yes 🗆 No l	If no: Oakla	nd Athletics	
		New 2010			Name of So	
	Was ticket distribution made at the behest No I Yes I If yes: Alam			If yes: Alam	eda County Superviso	or vviima Chan
	of agency official?					
3.	* 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 ider	ntify an outside organization.
	A. Name of Agency, Departm	and the second second second	Number of Ticket(s)/		olic purpose made pursuan	
	B. Name of Individu	ual	Number of Ticket(s)/		Identify one of the follow	ving:
			Pass(es)	Ceremonial Role Other I Inco		
	Lydon, Dan		4	이 이 이 지지 않는 것 같아요. 김 지원은 것은 것은 것은 것은 것을 것을 것을 수 있다. 것은 것을 것을 것을 것을 수 있다. 것을 것을 것을 수 있다. 것을 가지 않는 것을 수 있다. 이렇게 나는 것을 가지 않는 것을 것을 수 있다. 이렇게 나는 것을 것을 수 있다. 이렇게 나는 것을 것을 것을 수 있다. 이렇게 아니는 것을 것을 수 있다. 이렇게 나는 것을 것을 수 있다. 이렇게 나는 것을 것을 수 있다. 이렇게 아니는 것을 것을 것을 것을 것을 것을 수 있다. 이렇게 나는 것을	nial Role" or "Other" describe below: ance at an event held	at a County facility in
					potential County reve	
			-		Other Dinial Role" or "Other" describe below:	Income
	C. Name of Outside Orga (include address and do		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	it to the agency's policy
4	Verification					
32	I have read and understand EPPC Reg	gulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.
		P	Alex Bosk	ovich	Senior Legislative Aid	le 8/9/13
	Signature of Agency Head or Design	00	Print Nan	no	Title	(Month, Day, Year)
	Comment:					

C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			1 Chilli		
	Division, Department, or Reg	gion (If Applicable	»)		1 .	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Alex Boskovich					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	alex.boskov	ich@acgov.c	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Info	rmation				20
	Does the agency have a ticket policy? Yes ⊠ No □ Face Value				of Each Ticket/Pass \$.	
	Event Description <u>A's vs. Indians</u> Date(s)				, 17 , 13	//
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided	by agency?	nd Athletics	ource		
	Was tisket distribution mode	at the behavi		N Alam	eda County Supervis	
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: A of agency official?			If yes:	Official's Name	(Last, First)
3	Recipients					
·.	Use Section A to identify the agen	cy's department or	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departm	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
			Pass(es)			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:	
				Ceremonial Role	Other	Income
	MaGee, Cali		2	I man do manager (1971) 10 (1971)	nial Role" or "Other" describe below	l at a County facility in
					potential County reve	
				Ceremonial Role If checking "Ceremo	Other D	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			L		
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	I have read and understand FPPC Re	gulations 18944.1 ar	d 18942. I have vi Alex Bosk		forth above, is in accordance of Senior Legislative Aid	

Comment: _

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1.	Agency Name				Date Stamp	California 802	
	Alameda County			and the second			
	Division, Department, or Reg	gion (If Applicabl	e)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
		(1101110)(1110)					
	Alex Boskovich	1.0			Amendment (Must p	provide explanation in Part 3.)	
	Area Code/Phone Number (510) 272-6693	E-mail alex.boskov	/ich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation				20	
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	30	
	Event Description A's vs. In	dians		Date(a) 8	3 <u>, 16 , 13 </u>	1 1	
	Event Description	Provide Title/Exp	planation			/	
	Ticket(s)/Pass(es) provided I	ov agency?	Yes 🔲 No [If no: Oakla	and Athletics		
	nener(e), see(ee) promote	.,	Name of Sc				
	Was ticket distribution made	at the behest	No 🗌 Yes	⊠ If yes: Alam	neda County Superviso	or Wilma Chan	
	of agency official?				Official's Name (Last, First)	
3.	Recipients						
	Use Section A to identify the agen	cy's department or	Iual. • Use Section C to Iden	tify an outside organization.			
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Maaria Dill			Ceremonial Role		Income	
	Harris, Bill		2	- reasons and Cold State Cold State	onial Role" or "Other" describe below:	at a County facility in	
					lance at an event held potential County reve		
				Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the pu	iblic purpose made pursuan	t to the agency's policy	
			Pass(es)				
				N2			
4.	Verification	gulations 18944,1 ai	nd 18942. I have ve	nified that the distribution set	forth above, is in accordance w	ith the requirements.	

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 85 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes X No Event Description A's vs. Twins Date(s) 9 / 20 / 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 🗌 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. 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. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Walsh, Ken 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 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) 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

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 222 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes X No Event Description Raiders vs. Cowboys Date(s) <u>8 / 9</u> / 13 Provide Title/Explanation If no: Oakland Raiders 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 🛛 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:
Ismail, Ramsey	3	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.
		Ceremonial Role Other I 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

4. Verification

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

a	Alex Boskovich	Senior Legislative Aide	8/6/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

Comment: _

Ceremonial Role	Evente and me	1001 000	Distributions		A Public Document
1. Agency Name		Date Stamp	California 802		
Alameda County			and the second		
Division, Department	, or Region (If Applicable	9)			For Official Use Only
Board of Supervisor	'S				
Designated Agency (-	
Alex Boskovich					
Area Code/Phone Nu	mber E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6693		ich@acgov.o	ra	Date of Original Filing:	Maalh Day Yeard
2. Function or Ever		in gaage na			(Mohin, Day, Year)
Does the agency hav		Yes 🗵 No [Face Value	of Each Ticket/Pass \$ _	60
		165 M NOL			
Event Description	WE Raw World Tour Provide Title/Exp	<u> </u>	//		
		and Athletics			
Ticket(s)/Pass(es) pr	ovided by agency?	Name of So			
Was ticket distribution	n made at the behest	No 🗌 Yes 🛛	If yes: Alar	meda County Superviso	or Wilma Chan
of agency official?				Official's Name	(Last, First)
3. Recipients					
• Use Section A to identify	the agency's department or	idual. • Use Section C to ider	ntify an outside organization.		
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the		t to the agency's policy
	of Individual ast, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role		Income
Lee, Aaron		4		nonial Role" or "Other" describe below:	
				dance at an event held e potential County reve	
				e D Other D other other other other below:	Income
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	C. Name of Outside Organization (include address and description)		Describe the p	ublic purpose made pursuan	t to the agency's policy
4. Verification					
	FPPC Regulations 18944.1 ar	d 18942. I have ve	rified that the distribution se	et forth above, is in accordance w	ith the requirements.
HU		Alex Bosk	ovich	Senior Legislative Aid	le 8/5/13
Signature of Agency Hea	d or Designer	Print Nam		Title	(Month, Day, Year)

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C	eremonial Role Even	its and fic	Reurass	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form			
	Division, Department, or Reg	jion (If Applicable	e)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Alex Boskovich						
	Area Code/Phone Number	E-mail			-	provide explanation in Part 3.)	
	(510) 272-6693	alex.boskov	ich@acgov.c	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation			A CONTRACTOR OF A CONTRACTOR O		
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	30	
), 3, 13	//	
	Event Description	Provide Title/Exp		//			
	Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakla				and Athletics		
			Name of S				
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Alan	neda County Supervise Official's Name	(Last. First)	
_	or agency chican						
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 Describe the sec		blic purpose made pursuar		
	A. Name of Agency, Department of Onit		Ticket(s)/ Pass(es)	Describe the public purpose made parentality to the allenty a pointy			
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:			
			Pass(es)	Ceremonial Role Other I Inco		Income	
	Hofacket, Jean		2	If checking "Geremo	onial 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.			
				Ceremonial Role	Other Other Other' describe below	Income	
	a New Alexandre Gree	nination	Number of				
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuai	nt to the agency's policy	
4.	Verification	ulations 18944.1 ar	nd 18942. I have ve	erified that the distribution set	t forth above, is in accordance v	with the requirements.	
			CONTRACTOR OF CONTRACTOR OF CONTRACT	an a		an an an an an ann an a' a' an	
		1	Alex Bosk	ovich	Senior Legislative Aid	de 08/2/13	

Ce	eremonial Role Ever	its and fic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					and the second se
	Division, Department, or Re-	gion (If Applicable)			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	alex.boskov	ich@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	85
	Event Description A's vs. The	wins		Data(a)	<u>9 , 20 , 13 </u>	//
	Event Description	Provide Title/Exp	lanation			·/·/
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗆 No	If no: Oakla	and Athletics	
		.,,			Name of So	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alan	neda County Superviso Official's Name (Last, First)
3.	Recipients • Use Section A to identify the ager	anda dagantmant or	unit a Lles Ser	tion B to identify an individ	dual a Use Section C to iden	tify an outside organization
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		iblic purpose made pursuant	
						1
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)	*	Identify one of the follow	ing:
	Reno, Mary Anne			Ceremonial Role	Other on Other on Other on Other	Income
	28 .		2		dance at an event held potential County rever	
				Ceremonial Role If checking "Ceremonial	Other of Other onial Role" or "Other" describe below:	Income
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuan	t to the agency's policy
4.	Verification	gulations 189441 an	d 18942. I have v	erified that the distribution se	t forth above, is in accordance w	ith the requirements.
	VV	\square	Alex Bosk	ovich	Senior Legislative Aid	e 8/2/13
	Signature of Agency Head or Design	100	Print Nan	ne	Title	(Month, Day, Year)
	Comment:					

C	eremonial Role Events and	ficket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form
	Division, Department, or Region (If Applic	able)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			-	
	Alex Boskovich				
	Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
		kovich@acgov.o	ra	Date of Original Filing:	Maath Day Vaad
2	Function or Event Information	ie nen geogenie			(wonun, Day, rear)
<i>~</i> .	Does the agency have a ticket policy?	Yes 🛛 No	Eace Value	of Each Ticket/Pass \$ _	42
	Event Description Ringling Brothers Ci	<u></u>	//		
			对 If no: Oakla	nd Athletics	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [Name of St	
	Was ticket distribution made at the behe	If yes: Alam	eda County Supervis	or Wilma Chan	
	of agency official?			Official's Name	(Last, First)
3.	• Use Section A to identify the agency's department	lual. • Use Section C to ide	ntify 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 Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:		
	I amirault Incode		Ceremonial Role		Income
	Lamirault, Ingrid	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.		
	2		order to maximize	potential County reve	nue from sales.
		ţ.	Ceremonial Role If checking "Ceremo	Other	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
				dooleo Heiro Doko eta	
_					
4.	Verification I have read and inderstand FPPC Regulations 18944				

Senior Legislative Aide Alex Boskovich 8/1/13 Print Name Title (Month, Day, Year) Signature of Agency Head or Designee Comment: .

C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	jion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	-			
	Alex Boskovich	· • • • • • • • • • • • • • • • • • • •				
	Area Code/Phone Number	Number E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693		/ich@acgov.o	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Info	rmation				
	Does the agency have a tick		of Each Ticket/Pass \$.	85 (ticket) /17 (parking)		
			Yes 🛛 No [, 16 , 13	
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ If no: Oaklar			nd Athletics		
					Name of S	
	Was ticket distribution made at the behest No I Ye			If yes: Alam	eda County Supervis Official's Name	or Wilma Chan
_	of agency official?				Onicial's Name	[[[[]]]]
3.	Recipients	aule department ou	unit a liea Saa	tion B to identify an individ	lual a Use Section C to Ide	ntify an outside organization
	Use Section A to identify the agency's department or unit. Use Section Number of					
	A. Name of Agency, Departm	Ticket(s)/ Describe the pu Pass(es)		blic purpose made pursuar	nt to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:	
	(Last, First)		Pass(es)			
	Blaha, Melanie			Ceremonial Role If checking "Ceremo	D Other of the other oth	Income
	Biana, Melanie		8	To promote attend		at a County facility in
				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	gulations 18944.1 ai	nd 18942. I have ve Alex Bosk		forth above, is in accordance of Senior Legislative Aid	

Ceremonial Role Events and Ticket/Pass Distribution							
1.	Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Reg	jion (If Applicable)	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Alex Boskovich						
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6693	alex.boskovic	h@acoov.o	ra	Date of Original Filing:	7/29/13 (Month, Day, Year)	
2	Function or Event Info	A CONTRACT OF A CONTRACT OF A CONTRACT OF			(Monin, Day, rear)		
£.,	Does the agency have a tick	1947911323	/es 🛛 No [Face Value (of Each Ticket/Pass \$	85 (ticket) /17 (parking)	
			res 🖾 No l				
	Event Description A's vs. Ar	Provide Title/Explan	nation	Date(s)		//	
		a second a second s		ম If no: Oakla	nd Athletics		
	Ticket(s)/Pass(es) provided I	by agency?	res 🗌 No [-	Name of Sc		
	Was ticket distribution made	No 🗆 Yes	X If yes: Alam	eda County Superviso	or Wilma Chan		
	of agency official?			Official's Name	(Last, First)		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		ual. • Use Section C to ider blic purpose made pursuan		
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	ving:	
	(Lost, First)		Pass(es)				
				Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking *Ceremo	Dother nial Role" or "Other" describe below.	Income	
	C. Name of Outside Org. (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	t to the agency's policy	
	Alameda Health System F Frank Ogawa Plaza, Ste.		20 + 4	To promote attend order to maximize	ance at an event held potential County reve	at a County facility in nue from sales.	
	501(c)3 non profit to cultiv community support for AH	parking					
4	Verification						

I have read and ynderstand 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	8/1/13
Signature of Agency Flead or Designee	Print Name	Title	(Month, Day, Year)

Comment: Original 802 listed A's vs. Boston Red Sox; the correct game is A's vs. Angels

C	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		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.)
		ovich@acgov.org		Date of Original Filing:	(Month. Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes No D Face Value of			of Each Ticket/Pass \$ _	30
				, 13 , 13	//
	Event Description Provide Title/Exp	lanation			//
	Ticket(s)/Pass(es) provided by agency?	Yes 🗆 No [If no: Oakla	nd Athletics	
				Name of So	
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Alam of agency official?		eda County Superviso Official's Name (i	r Wilma Chan	
_					
3.	• Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
		Number of Describe the second		plic purpose made pursuant	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	ne purpose made pursuam	to the agency's policy
		Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:		
			Ceremonial Role	Other	Income
	Smith, Gloria	2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in		
				potential County rever	
			Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the put	be the public purpose made pursuant to the agency's policy	
		1 430(00)			
		-			
A	Verification				
4.	I have read and upderstand FPPC Regulations 18944.1 ar	nd 18942. I have ve	nified that the distribution set	forth above, is in accordance w	ith the requirements.
		Alex Bosk	ovich	Senior Legislative Aid	e 08/1/13
	Signature of Agency Head or Designee	Print Nam	0	Title	(Month, Day, Year)
	Comment:				

Ceremonial Role Events and	Ticket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Alameda County				Form OUZ For Official Use Only	
그는 것 것 것 같은	Division, Department, or Region (If Applicable)				
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Alex Boskovich					
Area Code/Phone Number E-mail				provide explanation in Part 3.)	
(510) 272-6693 alex.bos	kovich@acgov.o	org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information					
Does the agency have a ticket policy?	of Each Ticket/Pass \$ _	42			
Event Description Ringling Brothers C	, 19 , 13	//			
Provide Title					
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Oaklar	nd Athletics Name of S		
	eda County Supervis				
Was ticket distribution made at the behe of agency official?	Official's Name	(Last, First)			
3. Recipients • Use Section A to identify the agency's department	nt or 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)/ Pass(es)	and the second se	iblic purpose made pursuant to the agency's policy		
	Pass(va)				
B. Name of Individual	Number of Ticket(s)/ Pass(os)	Identify one of the following:			
			Other	Income	
Urzua, Sonia	4	It checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in			
			potential County reve		
		Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pul	blic purpose made pursua	nt to the agency's policy	
	Pass(es)				
4. Verification	4.1 and 10042 here in	ailed that the distribution not	forth above, is in accordance of	with the requirements	
I have read and undergrand FUPC Regulations 1894	0				
Signature of Agency Head or Designee	Alex Bosk		Senior Legislative Ai	(Month, Day, Year)	
admining of adding Lines of pagiling			10016		
Comment:					

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		*****		Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	-			
	Amy Shrago				—	
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		an a		
	Does the agency have a ticke	t policy?	Yes 🗌 No	🗙 Face Value d	of Each Ticket/Pass \$ _	106.40
	Event Description Concert -	One Direction		Date(s) <u>7</u>	<u>3113</u>	//
	, , , , , , , , , , , , , , , , , , ,	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder			n State Warriors Name of Sc	Durce	
	Was ticket distribution made at the behest No I Yes I If yes: Carso					
	of agency official?	Official's Name (Last, First)			
3.	Recipients				an a	
	Use Section A to identify the agenc	y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
						ан 1997 жана байн амаасан ал ал ар ан ал ар ан
	B. Name of Individua (Last, Firet)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
	<u> </u>			Ceremonial Role		Income
	Sanchez, Aurora		4		nial Role" or "Other" describe below:	lastia achievenent
				10 reward a studer	nt for outstanding scho	Diastic achievement
					Dther	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	Mandala Mandala Mandala ang sanakan kana na sanang sanakan sa sana na sanakan yang sana yang sana yang sanakan					
00000000						

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.

of Agency Head o Designee

Amy Shrago

Supervisor's Assistant

8/5/13 (Month, Day. Year)

Comment:

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Reg	ion (If Applicable	?)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
		·····,					
	Amy Shrago				Amendment (Must pr	ovide explanation in Part 3.)	
	Area Code/Phone Number	Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org			Date of Original Filing:	8/5/2013	
				(Month, Day, Year)			
2.	Function or Event Infor		· · · · · · · · · · · · · · · · · · ·	30			
	Does the agency have a ticke		of Each Ticket/Pass \$				
	Event Description Baseball, I	MVP Field Se	<u>, 31 , 13</u>	//			
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If r				nd A's		
			Name of Sou	irce			
	Was ticket distribution made at the behest No Yes If				on, Keith	ast Eirst	
Bostopelin	of agency official?				Official's Name (Last, First)		
3.	• 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		Number of Ticket(s)/		lic purpose made pursuant		
		<u></u>	Pass(es)				
			Number of				
	B. Name of Individua (Last, First)	1	Ticket(s)/ Pass(es)		Identify one of the following	ng:	
		·····	, 400(00)	Ceremonial Role	Other 🔀	Income	
	Spencer, Scott			1	ial Role" or "Other" describe below:		
			2	To promote attendance at a County facility in order to maximize			
				potential County re	venue from parking an	d concession sales	
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
		F/	Pass(es)	<u> </u>	<u></u>		
	MARKA INTERNATIONAL INTERNATIONAL INTERNATIONAL INTERNATIONAL INTERNATIONAL INTERNATIONAL INTERNATIONAL INTERNA				·		

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.

le de D nature of Agency Head or Designee

Amy Shrago

Supervisor's Assistant

(Month, Day. Year)

A Public Document

Ceremonial Role Events and Tic	cket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				ronn
Division, Department, or Region (If Applicable	e)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Amy Shrago				
Area Code/Phone Number E-mail			· · ·	provide explanation in Part 3.)
	@acgov.org		Date of Original Filing:	8/5/2013 (Month, Day, Year)
2. Function or Event Information		n gan an a		
Does the agency have a ticket policy?	Face Value	of Each Ticket/Pass \$ _	30	
Baseball, MVP Field Se	Event Description Baseball, MVP Field Seats			
Event Description	Date(s)	<u>, 29 , 13</u>		
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	IX If no: Oakla	nd A's	
			Name of Sc	Durce
Was ticket distribution made at the behest	No 🗌 Yes 🛛 🛛 If yes: Carso		on, Keith Official's Name (Last, First)	
of agency official?			Official s Name	Last, First)
• Use Section A to identify the agency's department of A . Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuan	
B. Name of Individual (Last, Firat)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role	Other 🛛	Income
Leung, Chris	2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County facility in order potential County revenue from parking and concess		
			Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
4. Verification				

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

gnature of Agency He esignee

Amy Shrago Print Name

Supervisor's Assistant Title

Comment:

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OOZ	
	Division, Department, or Reg	ion (If Applicable	ə)	CO O COMPANY		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	-				
	Amy Shrago						
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		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 of	of Each Ticket/Pass \$ _		
	Event Description Baseball, Loge Suite Date(s) 7			, 29 , 13	1 1		
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Oaklar			nd A's			
				Name of Sc on Koith	burce		
	Was ticket distribution made at the behest No Yes If yes: Carso of agency official?			Official's Name (Last, First)		
~							
ა.	• 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 ider	tify an outside organization.	
	A. Name of Agency, Departm	······································	Number of		olic purpose made pursuan		
			Ticket(s)/ Pass(es)				
			Number of				
	B. Name of Individu	ial	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	-		1 400(00)	Ceremonial Role	Other X	Income	
	Brown, James		4	-	nial Role" or "Other" describe below:		
			4	1	unity volunteer for his	or her service to the	
				public		Income	
				Ceremonial Role	Other Other nial Role" or "Other" describe below:	Income L	
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy	
	(include address and de	scription)	Pass(es)		· · ·		
			· ·				
4.	Verification		an ya dan waxaya kanga kang	na an ann an ann ann ann an ann ann ann	an an an an an Albert Colombia International Anna an Albert Colombia and Albert Colombia and Albert Colombia a		
	I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.	
	4X mago		Amy Shr	ago	Supervisor's Assistar	nt <u>8/5/13</u>	

 Amy Shrago
 Supervisor's Assistant
 8/5/13

 Signature of Agency Header Dasignee
 Print Name
 Title
 (Month, Day, Year)

Comment: ____

Ut	eremonial Role Events	and lic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regior	n (If Applicable	-	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Na	me, Title)	4			
	Amy Shrago					
	, ,	-mail		provide explanation in Part 3.)		
	(510) 272-6695 amy.shrago@acgov.org				Date of Original Filing:	8/5/2013 (Month, Day, Year)
)	Function or Event Informa					(monal, boy, real)
	Does the agency have a ticket p		Yes 🗌 No 🛛	Face Value	of Each Ticket/Pass \$ _	30
	Event Description Baseball, M				<u>, 28 , 13</u>	. ,
	Event Description	rovide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by agency? Yes T No X			If no: Oakla	nd A's	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛				Name of Sc	burce
	Was ticket distribution made at the behest No 🗌 Yes 🛛			If yes: Cars	on, Keith	
	of agency official?				Official's Name ((Last, First)
	• Use Section A to identify the agency's	department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	R Name of Individual		Number of			
	B. Name of Individual (Last, Firct)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		******		Ceremonial Role	Other X	Income
	Brooks, Rodney		4		nial Role" or "Other" describe below:	
					ty employee for his or courage staff developr	her exemplary service to nent
					Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
						· · · · · · · · · · · · · · · · · · ·

4. Verification

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

nature of Agency Head Janee

Amy Shrago

Supervisor's Assistant

8/5/13 (Month, Day. Year)

1.	Agency Name				Date Stamp	California 802
	Alameda County		Form OO.			
	Division, Department, or Regi	on (If Applicable	2)			For Official Use Only
	Board of Supervisors	Board of Supervisors				
	Designated Agency Contact (Vame, Title)				
	Amy Shrago					
		E-mail				rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago(@acaov.ora		Date of Original Filing: 8/5/2013 (Month, Day, Year)	
2.	Function or Event Inform			(wonur, Day, rear)		
	Does the agency have a ticket		of Each Ticket/Pass \$	30		
	Event Description Baseball, MVP Field Seats Date(s) 7					//
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:			If no: Oaklar	nd A's	
					Name of So	urce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If ye				on, Keith	
and the second second	of agency official?				Official's Name (Last, First)	
3.	• Use Section A to identify the agency	's department or	ual. • Use Section C to ident	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		
		••••••••••••••••••••••••••••••••••••				
	B. Name of Individual (Last, Firel) Decker, Breanna		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			2	-	Other X ial Role" or "Other" describe below: unity volunteer for his	Income
				public	unity volunteer for his	of the service to the
				Ceremonial Role If checking "Ceremon	Other Die Other describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
			1	I		

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.

naer nature of Agency Head or Designee

Amy Shrago

Supervisor's Assistant

8/5/13 (Month, Day. Year)

A Public Document

C	eremonial Role Events a	nd Ticket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				Form 002
	Division, Department, or Region (I	f Applicable)		For Official Use Only	
	Board of Supervisors				
	Designated Agency Contact (Name	-			
	Amy Shrago				
	Area Code/Phone Number E-m	ail		· · ·	provide explanation in Part 3.)
	(510) 272-6695 am	y.shrago@acgov.org	I	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informati	on	231020227034925047041421=040254025400207070707471=2440406254255		
	Does the agency have a ticket poli		Face Value	of Each Ticket/Pass \$ _	30
	Event Description Baseball, MVP		Date(s)	, 30 , 13	1 1
	Provi	de Title/Explanation			
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 If n			nd A's Name of S	
					ource
	Was ticket distribution made at the behest No \Box Yes \boxtimes I of agency official?			on, Keith Official's Name	(Last, First)
2	Paginianto				
ა.	• Use Section A to identify the agency's dep	artment or unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or	Number of	1	blic purpose made pursuar	
		Unit Ticket(s)/ Pass(es)			
		Number of			
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ving:
		Pass(es)	Ceremonial Role	Other X	Income
				nial Role" or "Other" describe below.	
			Ceremonial Role	Other X	Income
				nial Role" or "Other" describe below:	
	C. Name of Outside Organizatio	n Number of			
	(include address and description		Describe the pu	blic purpose made pursuar	it to the agency's policy
	Community Works West			l or nonprofit organiza	ation for its contributions
	4681 Telegraph Ave. Oakland	2	to the community		

4. Verification

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

Amy Shrago Supervisor's Assistant 8/5/13 Print Name Title (Month, Day. Year) of Agency lead or Designee

C	eremonial Role Even	ts and Ticl	ket/Pass	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County			1 Willi			
	Division, Department, or Region (If Applicable)					For Official Use Onlý	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor						
	Does the agency have a ticket policy? Yes Does The Agency have a ticket policy?			Face Value c	of Each Ticket/Pass \$ _	30	
	Event Description Baseball, MVP Field Seats Date(s)				2513	//////	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛			If no: Oaklai	nd A's Name of Sc		
	Was ticket distribution made	at the heheet		If yes: Carso		MICG ,	
	Was ticket distribution made at the behest No I Yes I If yes: C of agency official?				Official's Name (Last, First)	
2	Recipients		*****				
J,	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
			Pass(es)		,,,,		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role If checking "Ceremor	Other X iial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremor	Other X nial Role" or "Other" describe below:	Income	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy	
	Community Works West 4681 Telegraph Ave. Oakland		2	To reward a schoo to the community	l or nonprofit organiza	tion for its contributions	

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.

Mit man	Amy Shrago	Supervisor's Assistant	8/5/13
Signature of Agency Head of Designee	Print Name	Tille	(Month, Day. Year)

Comment: _____

Cerer	nonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document	
1. Age	ency Name				Date Stamp	California 802	
Alar	Alameda County					Form 002	
Divis	Division, Department, or Region (If Applicable)					For Official Use Only	
Boa	Board of Supervisors						
	gnated Agency Contact (/	lame, Title)					
Amy	y Shrago						
	Code/Phone Number	E-mail			Amendment (Must pr		
)) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	8/5/2013 (Month, Day. Year)	
2. Fur	nction or Event Inform	nation					
	s the agency have a ticket		of Each Ticket/Pass \$	30			
5	Baseball, N	IVP Field Se	1413				
Ever	Event Description Baseball, MVP Field Seats Date(s) 7					~~~~~	
Tick	et(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Oaklar	nd A's		
					Name of Sol	IFCO	
	Was ticket distribution made at the behest No I Yes I If y of agency official?				If yes: Carson, Keith Official's Name (Last. First)		
					omound manne (2		
	cipients Section A to identify the agency	's department or	ual. • Use Section C to ident	ify an outside organization.			
Α.	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
В.	Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
					Other X ial Role" or "Other" describe below:	Income	
				Ceremonial Role	Olher 🛛		
					ial Role" or "Other" describe below:	_	
<u>C.</u>	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Community Works West 4681 Telegraph Ave. Oakland		2	To reward a school or nonprofit organization for its contributions to the community			
						112 110 110 110 110 110 110 110 110 110	
4. Ver	ification						

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.

(A) mag	Amy Shrago	Supervisor's Assistant	8/5/13
Signature of Agency Head a Designee	Print Name	Tille	(Month, Day, Year)

Comment: ____

	eremonial Role Events and Ti	UNELIF ass	DISTIDUTIONS		A Public Document
1.	Agency Name	Date Stamp	California Form 802		
	Alameda County				
	Division, Department, or Region (If Application		For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Amy Shrago				
	Area Code/Phone Number E-mail	••	a na ana ang ang ang ang ang ang ang ang		provide explanation in Part 3.)
	(510) 272-6695 amy.shrag	o@acgov.org		Date of Original Filing:	(Month, Day. Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$8	
	Event Description Baseball, Loge Suite	7 <u>, 14 , 13</u>	1 1		
	Provide Title/E:		••••••••••••••••••••••••••••••••••••••		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oakla	and A's	
				Name of Si	ource
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Cars	on, Keith Official's Name (Last, First)	
		Omolars Name	(1001, 1 1101)		
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 organizat				
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the public purpose made public purpose made pursuant to the public public purpose made public publi		t to the agency's policy
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
			Ceremonial Role		Income
	Greene, Hannah	2		onial Role" or "Other" describe below:	
				courage staff develop	her exemplary service to ment
	Flores, Annie			Other X	Income
		4	To reward a community volunteer for his or her service to the public		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to t		it to the agency's policy
				nnnh++++++++++++++++++++++++++++++++++	
	Verification		L	un quyu tamata aya ta aya aya aya aya aya aya aya a	-

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

NA gnature of Agency ad or Designee

Amy Shrago Print Name

Supervisor's Assistant Title

8/5/13 (Month, Day. Year)

Comment:
Cere	emonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1. Aç	gency Name			9500110997990000110000000000000000000000	Date Stamp	California 802
Ala	ameda County					
Div	vision, Department, or Reg	ion (If Applicable	э)			For Official Use Only
Bo	ard of Supervisors					
De	signated Agency Contact	Name, Title)				
An	ny Shrago					
Are	ea Code/Phone Number	E-mail				provide explanation in Part 3.)
(5	10) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Fi	Inction or Event Infor	mation			2	
Do	es the agency have a ticke	t policy?	of Each Ticket/Pass \$ _	30		
Eve	Event Description Baseball, MVP Field Seats Date(s) 7				<u>, 13 , 13 </u>	//
Tic	ket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Oaklar	nd A's	
		y agonoy.		—	Name of Se	purce
	is ticket distribution made a	at the behest	If yes: Carso	on, Keith	the set friends	
-	agency official?	2040741261077666910967477472669767867979655	*****		Official's Name	(Last, First)
	ecipients	ula danantmant ar	unit a llas Sad	tion D in Identify on Individu	ual - a Han Canting C to idea	alif, an andalala annoulustion
	Use Section A to identify the agency's department or unit. Use Section A to identify the agency's department or unit. Number of Agency, Department or Unit Ticket(s)/					
~	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	it to the agency's policy

B.	Name of Individu: (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			1 455(65)	Ceremonial Role	Other X	
Wa	atts, Alfred		· 2		ial Role" or "Other" describe below:	
			2	To reward a community volunteer for his or h public		or her service to the
				Ceremonial Role If checking "Ceremon	Other describe below:	Income
Analysian			blue to a st			
С.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purposé made pursuan	t 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.

0 nature of Agency Head esignee

Amy Shrago

Supervisor's Assistant

8/5/13 (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				1 onin
	Division, Department, or Region (If Applicable	?)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name Title)				
	Amy Shrago				
	Area Code/Phone Number E-mail	******			rovide explanation in Part 3.)
	(510) 272-6695 amy.shrago	@acgov.org		Date of Original Filing:	8/5/2013 (Month, Day, Year)
2.	Function or Event Information	******			
	Does the agency have a ticket policy?	Yes 🗌 No	🗙 Face Value d	of Each Ticket/Pass \$ _	30
	Event Description Baseball, MVP Field Se	ats		413	///
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Oaklar	nd A's Name of So	1520
	Was ticket distribution made at the behest	Carso		arce	
	of agency official?	No 🗌 Yes	If yes: Carso	Official's Name (Last, First)
3,	Recipients		ATT TAR DAMA CATTORNAL DAMA CATTORNAL CONTROL CONTROL CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CO		
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu Number of			ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic 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:
		1 400(00)	Ceremonial Role	Other X	Income
	Spencer, Scott	2		ial Role" or "Other" describe below:	
				ance at a County facili venue from parking a	ty in order to maximize nd concession sales
		: -		Other ial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	to the agency's policy
					14-34-11-1-01-01-0-14-14-24-24-24-24-24-24-24-24-24-24-24-24-24
Externe					

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.

of Agency Head or Designee

Supervisor's Assistant Title

8/5/13 (Month, Day. Year)

Comment:

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			*	Date Stamp	California 802
	Alameda County			Form		
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail		······································		provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	8/5/2013 (Month, Day. Year)
2.	Function or Event Infor	mation		n den de la service de la s		
	Does the agency have a ticke		Yes 🗌 No	Face Value o	f Each Ticket/Pass \$ _	85
	Event Description Baseball,	Loge Suite			<u>, 4 , 13</u>	
	Event Description	Provide Title/Expl	lanation	Date(s)		
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Oaklar	nd A's	
					Name of S	ource
	Was ticket distribution made at the behest No Yes of agency official?			If yes: Carso	Official's Name	(Last First)
	• Use Section A to identify the agence	u's department or	unit allea Soc	tion B to identify an individe	alles Section C to idea	tife an outside organization
			Number of			
	A: Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy

	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving:
	36000, 1 n or		Pass(es)			
	Decker, Breanna			Ceremonial Role If checking "Ceremor	Other X iat Role" or "Other" describe below:	Income
			20	-	unity volunteer for his	
				public	-	
				Ceremonial Role		Income
				If checking "Ceremor	ial Role" or "Other" describe below:	
	C Name of Outside Organ	alzation	Number of			
	C. Name of Outside Organ (include address and de		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	t to the agency's policy
	•		, <i>, ,</i>			******************
			-			
thickness.				<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.

hard Supervisor's Assistant 8/5/13 Amy Shrago Print Name Signature of Agency lead or Designee Title (Month, Day. Year)

Comment: _

С	eremonial Role Events and	Ticket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County		10111		
	Division, Department, or Region (If App	olicable)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title	<i>э)</i>			
	Amy Shrago				
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	(510) 272-6695 amy.sh	rago@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 d	of Each Ticket/Pass \$ _	85
	Event Description Baseball, Loge Sui	ite ite/Explanation	Date(s)7	<u> </u>	///
	Ticket(s)/Pass(es) provided by agency	,	If no: Oakla	nd A's Name of So	
					Juice
	Was ticket distribution made at the beh of agency official?	on, Keith Official's Name	(Last. First)		
3.	Recipients	****	<u> </u>	an managan di kana darak kana dara Na managan darak kana da	
	Use Section A to identify the agency's departm	ent or unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role		Income
	Jenkins, Kevin	4	To reward a Count	nial Role" or "Other" describe below: y employee for his or courage staff developr	her exemplary service to ment
				Other Dinial 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
NULLESS					

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.

iture of Agency Hoad or Designee

Amy Shrago

Supervisor's Assistant

8/5/13 (Month, Day, Year)

Comment: .

ceremonial Role Event	s and HC	NEUP ass	DISTINUTIONS		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Regio	on (If Applicable)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (/	lame, Title)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Amy Shrago					
	E-mail			Amendment (Must pro	
(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	nation		n za konstrukter (na konstruktion (na konstruktion) (na konstruktion) (na konstruktion) (na konstruktion) (na k		
Does the agency have a ticket	policy?	Yes 🗌 No I	Face Value o	f Each Ticket/Pass \$	
Event Description Baseball, N	IVP Field Sea	ats	Date(s) <u>6</u>	, 30 , 13	///
	Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No [If no: Oaklar	nd A's	
				Name of Sou	rce
Was ticket distribution made at of agency official?	t the behest	No 🗌 Yes	If yes: Carso	Official's Name (Li	ast. First)
			an a		
3. Recipients • Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	
	<u></u>				
B. Name of Individua (Last, Fird)	I	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
Laura Chuia			Ceremonial Role		Income
Leung, Chris		2	-	ial Role" or "Other" describe below:	uin order to mavimiza
				ance at a County facilit venue from parking an	
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
		Number of			
C. Name of Outside Organi (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
<mark>uuuuuu akutaa too aka kutaa baya ahaa kana kana ahaa kutaa sa kutaa sa kutaa sa kutaa kutaa</mark>		1 435(65)			
4. Verification	otions 18011 1 on	1190-12 I have ve	wified that the distribution ast t	forth above, is in accordance with	the requirements

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

Signature of Agency Host or Designee

Amy Shrago

Supervisor's Assistant

8/5/13 (Month, Day, Year)

Comment: _

C	eremonial Role Events and	HCKet/Pass	DISTINUTIONS		A Public Document		
1.	. Agency Name	Date Stamp	California 802				
	Alameda County						
	Division, Department, or Region (If Appli	icable)			For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			-			
	Amy Shrago						
	Area Code/Phone Number E-mail			Amendment (Must pr			
	(510) 272-6695 amy.shr	ago@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 \$	30		
	Event Description Baseball, MVP Field	l Seats	Date(s) <u>6</u>	<u>, 29 , 13 </u>	///		
	Provide Title	e/Explanation					
	Ticket(s)/Pass(es) provided by agency?	nd A's Name of Sou	Irce				
	Was ticket distribution made at the beha	on, Keith					
	of agency official?	est No⊡ Yes		, Official's Name (L	.ast, First)		
3.	Recipients						
•••	Use Section A to identify the agency's departme	ual. • Use Section C to ident	ify an outside organization.				
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:		
	{Ldsl, r#G}	Pass(es)					
	Brooks, Rodney		1	Definition of the active below:	Income		
	,, ,, ,, ,	2	-		ner exemplary service to		
			Ceremonial Role If checking "Ceremor	Other D ial Role" or "Other" describe below:	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy		
4.	. Verification]				

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

40 Signature of Agency He d or Designee

Amy Shrago

Supervisor's Assistant

8/5/13 (Month, Day. Year)

Comment: ...

Seremonial Role Even	is and he	neurass	DISTINUTIONS		A Public Document
I. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Reg	ion (If Applicable		For Official Use Only		
Board of Supervisors					
Designated Agency Contact	(Name, Title)		<u> </u>		
Amy Shrago					
Area Code/Phone Number	E-mail			Amendment (Must pr	
(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	8/5/2013 (Month, Day. Year)
2. Function or Event Infor	mation		general london versioner versioner versioner in seine konstruktioner som som seiner som som som som som som so		
Does the agency have a ticke	t policy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	30
Event Description Baseball, MVP Field Seats Date(s) 6				, 28 , 13	////
Provide Title/Explanation					
Ticket(s)/Pass(es) provided b	Ticket(s)/Pass(es) provided by agency? Yes No No If no: Oaklar				
5 M J J J J J J J J J J J J J J J J J J		Name of Sou	rce		
Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	If yes: Carso	Official's Name (L	ast, First)
 Recipients Use Section A to identify the agend 	y's department or	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to ident	ify an outside organization.
Number of				lic purpose made pursuant	
B. Name of Individu	al	Number of Ticket(s)/		Identify one of the followi	ng:
		Pass(es)		Other X	
Jenkins, Kevin			Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
		2	To reward a Count the public.	y employee for his or h	er exemplary service to
			Ceremonial Role	Other D ial Role" or "Other" describe below:	Income
C. Name of Outside Orga		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
4. Verification			1		
I have read and understand FPPC Reg	ulations 18944.1 and	l 18942. I have ve	erified that the distribution set I	orth above, is in accordance wit	h the requirements.

Amy ShragoSupervisor's Assistant8/5/13Signature of Agency Herd or DesigneePrint NameTitle(Month, Day. Year)

Comment: _

			Distributions		A Public Document
Agency Name				Date Stamp	California 802
Alameda County					Ponn
Division, Department, or Regi	on (If Applicable		For Official Use Only		
Board of Supervisors					
Designated Agency Contact (Name, Title)	*****			
Amy Shrago					
	E-mail				
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Inform	nation		****		
Does the agency have a tickel	t policy?	of Each Ticket/Pass \$	30		
Event Description Baseball, MVP Field Seats Date(s) 6				2613	//
Ticket(s)/Pass(es) provided by	/ agency?	nd A's			
			urce		
	it the benest	No 🗌 Yes	If yes: Carst	Official's Name (I	Last, First)
	40000000000000000000000000000000000000				
•		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		
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Creater Cast					Income
Spencer, Scott		2	To promote attend	ance at an event held	
					Income
		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	Alameda County Division, Department, or Regi Board of Supervisors Designated Agency Contact (Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Inform Does the agency have a ticke Event Description Baseball, f 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, Department B. Name of Individua (Last, Firct) Spencer, Scott	Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 E-mail amy.shragod Function or Event Information Does the agency have a ticket policy? Event Description Baseball, MVP Field Se 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) Spencer, Scott	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number (510) 272-6695 Function or Event Information Does the agency have a ticket policy? Yes No Event Description Baseball, MVP Field Seats Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Yes of agency official? 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'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 is department or Unit Number of Ticket(s)/ Pass(es) Spencer, Scott 2 C. Name of Outside Organization Ticket(s)/ Ticket(s)/ <td>Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Tille) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org Function or Event Information Does the agency have a ticket policy? Yes □ No ⊠ Face Value of Event Description Baseball, MVP Field Seats Date(s) 6 Provide Title/Explanation Date(s) 6 Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakla Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Carsu of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individ • Use Section A to identify the agency's department or unit. • Use Section B to identify an individ B. Name of Individual (Latt, Fred) Number of Ticket(s)/ Pass(es) Describe the put B. Name of Individual (Latt, Fred) Number of Ticket(s)/ Pass(es) Ceremonial Role (Latter, Greenon) C Name of Outside Organization Number of Ticket(s)/ Pass(es)</td> <td>Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number Function or Event Information Does the agency have a ticket policy? Yes No X Function or Event Information Does the agency have a ticket policy? Yes No X Function or Event Information Does the agency have a ticket policy? Yes No X Face Value of Each Ticket/Pass \$</td>	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Tille) Amy Shrago Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org Function or Event Information Does the agency have a ticket policy? Yes □ No ⊠ Face Value of Event Description Baseball, MVP Field Seats Date(s) 6 Provide Title/Explanation Date(s) 6 Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakla Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Carsu of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individ • Use Section A to identify the agency's department or unit. • Use Section B to identify an individ B . Name of Individual (Latt, Fred) Number of Ticket(s)/ Pass(es) Describe the put B. Name of Individual (Latt, Fred) Number of Ticket(s)/ Pass(es) Ceremonial Role (Latter, Greenon) C Name of Outside Organization Number of Ticket(s)/ Pass(es)	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Area Code/Phone Number Function or Event Information Does the agency have a ticket policy? Yes No X Function or Event Information Does the agency have a ticket policy? Yes No X Function or Event Information Does the agency have a ticket policy? Yes No X Face Value of Each Ticket/Pass \$

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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.

alure of Agency He or Designee

Amy Shrago Print Name

Supervisor's Assistant Tille

8/5/13 (Month. Day. Year)

Comment:

Ceremonial Role Events	and Ticket/Pass I	Distributions	A Public Document	
1. Agency Name		Date Stamp	California 802	
Alameda County			Form OUZ For Official Use Only	
Division, Department, or Region	lf Applicable)		For Official Use Only	
Board of Supervisors				
Designated Agency Contact (Nan	e, Tille)			
Amy Shrago				
	nail		t provide explanation in Part 3.)	
(510) 272-6695 ar	y.shrago@acgov.org	Date of Original Filing	(Month, Day, Year)	
2. Function or Event Informa	ion			
Does the agency have a ticket po	icy? Yes 🗌 No 🗵	Face Value of Each Ticket/Pass \$		
Event Description Baseball, MV	P Field Seats	Date(s) <u>25 / 13</u>	///	
Ticket(s)/Pass(es) provided by ac	ency? Yes 🗌 No 🗵	g If no: <u>Oakland A's</u> Name of S	Source	
Was ticket distribution made at th	e behest 🛛 No 🗖 Yes 🗵	If yes: Carson, Keith		
of agency official?		Official's Name	e (Last. First)	
A. Name of Agency, Department o	Number of	on B to identify an individual. • Use Section C to ide		
	Nuclear			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role D Other D If checking "Ceremonial Role" or "Other" describe below	Income	
		Ceremonial Role Dother Differ Ceremonial Role" or "Other" describe below	Income	
C. Name of Outside Organizat (include address and descrip		Describe the public purpose made pursua	nt to the agency's policy	
Missionary Church 2144 Byron St. Berkeley CA 94	702 2	To reward a school or nonprofit organiz to the community	ation for its contributions	
	702 2		ation for its	

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.

Noman	Amy Shrago	Supervisor's Assistant
Signature of Agency yead or Design		Title

Comment:

8/5/13 (Month, Day, Year)

C	eremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Folin		
	Division, Department, or Reg	jion (If Applicable	ə)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Arrea Code/Phone Number	E-mail		provide explanation in Part 3.)		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing	: <u>8/5/2013</u> (Month, Day. Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke		of Each Ticket/Pass \$.			
	Event Description Baseball,	Loge Suite	2513			
	Event Description	Provide Title/Exp				
	Ticket(s)/Pass(es) provided t	v agency?	nd A's			
					Name of S	Source
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Cars	on, Keith	
Name of Contractor	of agency official?				Official's Name	(Ləst, First)
3,	Recipients					
	Use Section A to identify the agency's department or unit. Use Section B to identify an Number of			ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pul	Iblic purpose made pursuant to the agency's policy	

	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:	
	(Last, First)		Pass(es)			· · · · · · · · · · · · · · · · · · ·
					hial Role" or "Other" describe below	income L
				Ceremonial Role		Income
				If checking "Ceremo	nial Role" or "Other" describe belov	<i>.</i>
	Name of Outside Orga	nization	Number of			<u></u>
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	Missionary Church			To reward a schoo	l or popprofit organiz	ation for its contributions
	Missionary Church 2144 Byron St. Berkeley CA 94702		8	to the community	i or nonpront organiz	
Λ	Verification					
~ * .	I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.
	Kn		Amy Shr		Supervisor's Assista	
	Signature of Agency Head or Designe	26	Print Narr		Title	(Month, Day, Year)

Comment: ____

	eremonial Role Even	is and he	neurass	DISTINUTIONS		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	ion (If Applicable)	. <u> </u>		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)				
	Amy Shrago				Amendment (Must pr	ovide evolution in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke		Yes 🗌 No	Face Value o	f Each Ticket/Pass \$	30
	Event Description	MVP Field Sea	ats	Date(s) <u>6</u>	<u>, 14 , 13 </u>	//
	Tisket(s)(Dess(ss) succided b			If no: Oaklar	nd A's	
	Ticket(s)/Pass(es) provided b	y agency r	Yes 🗌 No		Name of Sou	ILCG
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Carso	on, Keith	
	of agency official?		_		Official's Name (L	.ast, First)
	 Recipients Use Section A to identify the agency's department or the agency's department		unit. • Use Sec Number of Ticket(s)/ Pass(es)		ial. • Use Section C to ident lic purpose made pursuant	
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role		Income
	Sanchez, Mina		4	To reward a Count	ial Role" or "Other" describe below: y employee for his or h ourage staff developm	ner exemplary service to nent.
				Ceremonial Role If checking "Ceremon	Other Other Control of "Other" describe below:	Income
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	to the agency's policy
A	Verification					

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

0 ULΔ or Designee of Agency I

Amy Shrago Print Name

Supervisor's Assistant Title

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) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes 🖾 No 🗆 ta Se Vall Event Description Date(s) _ 1 Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No Name of Source Was ticket distribution made at the behest No Ves V If yes: _ Official's Name (Last, First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of 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 в. Ticket(s)/ Identify one of the following: (Lost 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. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) To reward a community volunteer for his or her service to the public 20 Verification 4. Theye read and understand FPPC, Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Signature of Agency Head or Designee Print Name Title 1.S 15 0 Comment: _

A Public Document

					T		
1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form OUZ			
	Division, Department, or Regi	on (If Applicable)		For Onicial Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson, Supervi	sor's Assistan	nt				
	Area Code/Phone Number			Amendment (Must provide explanation			
	(510) 272-6691	leeann.fergei	rson@acgov	v.org	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	nation				2000	
				L .	of Each Ticket/Pass \$	3000	
	Event Description A . 5 B	raseball	•	Date(s)	,13,12		
		Provide Title/Expla	anation			· · · · · · · · · · · · · · · · · · ·	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	☐ If no:	Name of Sou		
	Was ticket distribution made a	t the hehest					
	of agency official?		No 🗌 Yes	□ If yes:	Official's Name (L	ast, First)	
3	Recipients						
Ο.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an in			ction B to identify an individ	idual. • Use Section C to identify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Describe the I		ublic purpose made pursuant to the agency's policy		
			Pass(es)				
	D News offentiete		Number of				
	B. Name of Individua (Last, First)	u	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role	Other	Income	
				If checking "Ceremor	nial Role" or "Other" describe below:		
				Ceremonial Role	Other	Income	
					hial Role" or "Other" describe below:	income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
	(include address and des	cription	Pass(es)				
	Thompson, Wand	a	2	To promote atter	attendance at a county sponsored ler to maximize potential county		
			6	revenue for conc	ession and parking sale	s	
	· · · · · · · · · · · · · · · · · · ·						
4.	Verification	lations 19011 1 c-d	forth above is in accordance with	h the requirements			
	I fave read and understand FPPC Regu					11-1-1-	
	Signature of Agency Head or Designee		Lee Ann Fei Print Nan	Provide the second seco	Supervisor's Assistant	(Month, Day, Year)	
	cignature of Agency integr of Designee		r ma wan		1 110	(monin, Day, rodi)	
	Comment:						
					FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12 666/ASK-FPPC (866/275-7772	

1.	. Agency Name				Date Stamp	California 802	
	Alameda County			Form OUZ For Official Use Only			
	Division, Department, or Region (If Applicable)						
	Board of Supervisors						
	Designated Agency Contact	t (Name, Title)					
	Lee Ann Fergerson, Super	visor's Assistan	Amondmont (Must	provide evelopelles is Ded 23			
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
	(510) 272-6691	leeann.ferge	rson@acgov.c	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation	-			771.00	
	Does the agency have a tick		of Each Ticket/Pass \$ _	444			
	Event Description Kaid	Provide Title/Expla	6.9.13	//			
	Ticket(s)/Pass(es) provided		SSW				
	ncket(s)/Pass(es) provided	by agency?	Name of S	ource			
	Was ticket distribution made	at the behest	No 🗌 Yes 🛃	ii yes. Alame	da County Supervisor Sco	ott Haggerty, District 1	
	of agency official?		(T)		Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the ager	cy's department or u	n B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departr	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy	
	B. Name of Individual		Number of				
	(Lost, First)		Ticket(s)/ Pass(es)	Identify one of the following:			
	Matt Parken		4	Ceremonial Role To promote atter to maximize pote parking sales	dance at a county sponso otanial county revenue for co	Income C ored event in order oncession and	
						ilicome	
				If checking "Ceremo	nial Role" or "Other" describe below:		
						<i>i</i>	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	e public purpose made pursuant to the agency's policy		
4.	Verification						
	have read and understand FPPC Re	gulations 18944.1 and	18942. I have verifie	ed that the distribution set	forth above, is in accordance w		
t	ull fryis	(I	ee Ann Ferge	erson	Supervisor's Assistar	nt 8-13-13	
Ø	Signature of Agency Head or Designee Print Name				Title	(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) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information 3000 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes Vo D 15 Game Event Description _ Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔂 No 🗆 Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No 🗌 Yes 🖾 n ves 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 Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other 🖾 Ceremonial Role Income Paul Facturano To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization 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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Print Name Title Signature of Adenc

Comment: _

A Public Document

С	eremonial Role Even	its and Tick	(et/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				Form OUZ	
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Super-	visor's Assistan	t		—	
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6691	leeann.fergei	rson@acgov	v.org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	rmation			•	an
	Does the agency have a tick	et policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	G9.00
	Event Description <u>AS</u> 6	rame		Date(s)	121,13	1
		Provide Title/Expla		\		
	Ticket(s)/Pass(es) provided by agency? Yes P No				land Sth	letics
	Was ticket distribution made			Alamada Ca	igerty, District 1	
	of agency official?			µ⊈r <u></u>	Official's Name	
3.	Recipients					
	Use Section A to identify the agen	cy's department or u	init. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm	ient or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy
			Pass(es)			
	B. Name of Individu	Jal	Number of Ticket(s)/		Identify one of the follow	uina:
	(Last, First)		Pass(es)		identity one of the follow	wing.
				Ceremonial Role	Other describe below	Income
				In thething Ceremon		
	Dente OLS.	ENI		Ceremonial Role	Other 🕅	income
	Dereks Rhiann	on Eday	5	To promote attenda	ince at a county sponsore al county revenue for con	ed event in order
				parking sales		
	C. Name of Outside Orga	nization	Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
			4			
4.	Verification		h			
	I have read and understand FPPC Reg	ulations 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance v	vith the requirements.
	fleling fr		_ee Ann Fei	rgerson	Supervisor's Assista	nt <u>8/13/1</u> 3
	Signature of Agency Head or Designe	9e	Print Nam	ne	Title	(Month, Day, Year)
	Comment:					

C	eremonial Role Eve	nts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name	Agency Name				California 802	
	Alameda County			Form			
	Division, Department, or Re	gion (If Applicable)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contac	t (Name, Title)	-				
	Lee Ann Fergerson, Supe	rvisor's Assista					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6691	leeann.ferge	rson@acgov	v.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation				(monu, 20), really	
	Does the agency have a tick		Yes 🗆 No	Face Value	of Each Ticket/Pass \$ _	40	
	Event Description WWE Raw Date(s)				11 , 12		
	Event Description	Provide Title/Expl		//			
	Ticket(s)/Pass(es) provided by agency? Yes No If no:						
			Name of S	ource			
	Was ticket distribution made of agency official?	e at the behest	No 🗌 Yes	lf yes:	Official's Name	/l ast Eirst)	
_					Official s Name	(casi, rirsi)	
3.	Recipients	nov's department or	unit a Lise Sec	tion B to identify an individ	tual a Use Section C to ide	atify an outside organization	
			Number of		dual. • Use Section C to identify an outside organization.		
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pu	the public purpose made pursuant to the agency's policy		
	B. Name of Individual		Number of				
	B. Name of individ (Last, First)	iuai	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role	Other	Income	
				If checking "Ceremo	onial Role" or "Other" describe below		
	11 and Decreated		11	Ceremonial Role	Other P	Income	
	Michael Bernardin		4		onial Role" or "Other" describe below		
			/		ince at a county sponso		
					aximize potential county sion and parking sales.		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/			olicy	
	(include address and c	lescription	Pass(es)				
			-				
4.							
	() fave read and understand FPPC Re	The second second second				74-1-	
	myap						
	Signature of Agency Head or Desig	000	Print Nan	ne	Tille	(Month, Day, Year)	
	Comment:						
	Signature of Agence Head de Desig		Lee Ann Fei Print Nan		Supervisor's Assista Title	nt <u>8/12/13</u> (Month, Day, Year)	

Ce	eremonial Role Even	s and fickeurass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County			101111		
	Division, Department, or Regi	on (If Applicable)	-	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		-		
	Lee Ann Fergerson, Supervi	eor'e Accietant				
	Area Code/Phone Number	E-mail		Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6691	leeann.fergerson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)	
	Function or Event Inform Does the agency have a ticker Event Description	Provide Title/Explanation	If por all	of Each Ticket/Pass \$ _ <u>6 / 2 / 3</u> <u>kland</u> Name of \$	8500 	
	Was ticket distribution made a of agency official?	t the behest No ☐ Yes	If yes: 📶	Official's Name	(Last, First)	
3.	Recipients • Use Section A to identify the agency	's department or unit. ● Use Se	ction B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme	nt or Unit Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individua (Last, First)	Tioket(s)/		Identify one of the follow	wing:	
	(Last, Print)	Pass(es)		— —	· · · · · · · · · · · · · · · · · · ·	
			Ceremonial Role If checking "Ceremo	Other of other of other of the below.		
			Ceremonial Role	Other D	Income	
	Linda Sult	2	To promote att	endance at a county sp to maximize potential co ncession and parking s	oonsored	
	C. Name of Outside Organ (include address and des		Describe the pu	rescribe the public purpose made pursuant to the agency's policy		
4.	Verification			forth above, is in accordance v Supervisor's Assistar	0,1,01,-	

Lee Ann Fergerson	Supervisor's Assistant		-
Signature of Agency Head or Designee Print Name	Title	(Month, Day, Year)	

Comment: .

onial Role Ever	nts and Tic	ket/Pass	Distributions	A Public Documen		
Agency Name				Date Stamp	California 802	
eda County		×				
on, Department, or Reg	jion (If Applicable	1	For Official Use Only			
d of Supervisors						
nated Agency Contact	(Name, Title)		1			
Anderson-Woody						
Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
272-6693	3582559709	son-woody@	acgov.org	Date of Original Filing:	(Month. Day. Year)	
Function or Event Information						
the agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	30	
Event Description A's vs. Rangers Date			Date(s) 9	, 2 , 13	//	
Description	Provide Title/Exp	lanation			/	
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakla				nd Athletics		
		10.00		Name of So eda County Supervise		
icket distribution made ency official?	at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name	(Last, First)	
pients lection A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
A. Name of Agency, Department or Unit				olic purpose made pursuan		
A. Name of Agency, Department of Onit		Ticket(s)/ Pass(es)	Describe the put			
B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ving:	
frank , and		Pass(es)	Ceremonial Role	Other D	Income	
ovich, Alexandra				nial Role" or "Other" describe below:	income	
		2	To reward a County employee for his exemplary service public and encourage staff development.			
			Ceremonial Role If checking "Ceremon	Other Die of "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	it to the agency's policy	
ica	(include address and de ation and understand FPPC Reg	(include address and description) ation and understand FPPC Regulations 18944.1 an	And understand FPPC Regulations 18944.1 and 18942. I have very	And understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set in the set of the	Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuar Describe the public purpose made pursuar Describe the public purpose made pursuar ation and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance were purposed.	