١.	Agency Name				Date Stamp	California 802
	Alameda County		8	Form		
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name Title)				
		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Alex Boskovich Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693		ich@acgov.o	ra	Date of Original Filing	
_	AMERICAN STREET, AND ADDRESS OF THE STREET, ST	ACCOUNT OF THE PARTY OF THE PAR	icii@acgov.o	Я		(Month, Day, Year)
2.	Function or Event Infor		V 57 N F	T Face Value o	f Each Ticket/Pass \$.	174
	- NONE OF THE POINT OF THE POIN					
	Event Description Marc Anthony Date(s)					
				Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Go			3	Name of S	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes:			If yes. Alamo	eda County Supervis	or Wilma Chan
	of agency official?		140 🖂 160 🖟	a 11 you	Official's Name	(Lest, First)
3.	Recipients					
-	Use Section A to identify the agence	cy's department or	unit. • Use Sect	ion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit Number Ticket(s			Describe the pub	lic purpose made pursua	nt to the agency's policy
			Pass(es)			
			1 1			
	110000000000000000000000000000000000000					
			1 1			
	B. Name of Individual		Number of		Identify one of the following:	
			Ticket(s)/ Pass(es)			
				Ceremonial Role	Other	Income
	Gallo, Amanda				ial Role" or "Other" describe below	
			2	To promote attenda	ance at an event held potential County reve	d at a County facility in
			0	Ceremonial Role		
					Other D	
			2.	2000 BB 2000 BB 2000 BB		
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the pub	olic purpose made pursua	nt to the agency's policy
	(include address and de	scription)	Pass(es)	Describe the pub	ne parpose made parsua	ne to the agency a poncy
						V:
1.	Verification					
	I have read and understand FPPC Reg	ulations 18944.1 an	кт 18942. I have ver	rified that the distribution set f	forth above, is in accordance t	with the requirements.
			Alex Bosko	ovich :	Senior Legislative Aid	de 9/13/13
	Signature of Agency Head or Designa		Print Name		Title	(Month, Day, Year)
	Comment:					FPPC Form 802 (4/12)
						THE STORY AND THE STORY AND THE

						ret done becomment		
ı.	Agency Name		(A		Date Stamp	California 802		
	Alameda County				50			
	Division, Department, or Reg	jion (if Applicable)		1	For Official Use Only		
	Board of Supervisors		5.					
	Designated Agency Contact	(Name, Title)						
	Alex Boskovich				12-25-30-30-30-30-30-30-30-30-30-30-30-30-30-			
	Area Code/Phone Number E-mail					rovide explanation in Part 3,)		
	(510) 272-6693	- 1734/1914 - Carrier	ich@acgov.o	rg	Date of Original Filing:	(Month Day Year)		
2.	Function or Event Info	The second of the second second				(money say, rear)		
-	Does the agency have a ticke		Yes⊠ No[Face Value o	of Each Ticket/Pass \$ _	30		
	Event Description A's vs. Tv	vins			, 20 , 13			
	Event Description	Provide Title/Exp						
	Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Oakla				nd Athletics			
	Name of Source							
	Was ticket distribution made	at the behest	No 🗌 Yes [If yes: Alam	eda County Superviso	r Wilma Chan		
		of agency official? Officials Name (Last, First)						
3.	Recipients				uni - Han Seetlan C to Idea	tife on cutaldo armanization		
	Use Section A to identify the agen-	Contract describe	one of the state o	SALES AND THE REPORT OF THE PARTY OF THE PAR				
	A. Name of Agency, Department or Unit		Ticket(s)/	Number of Ticket(s)/ Describe the public purpose made pursuant to the agen Pass(es)				
			, 200(00)					
	B. Name of Individu	ial	Number of Ticket(s)/	151111111111111111111111111111111111111	Identify one of the follow	ing:		
	(Last, First)		Pass(es)					
	Nishioka, Wayne		5770		Other Inial Role" or "Other" describe below:	Income		
	Walloka, Wayne		2		ance at an event held	at a County facility in		
		х.		order to maximize potential County revenue from sales.				
				Ceremonial Role	Other	Income		
			2	If checking *Ceremon	nial Role" or "Other" describe below:			
			Number of					
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy		
			, and on					
_								
4.	Verification I have read and and appearate FPPC Reg	ulations 18944 1 an	d 18949. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements		
	The read and global and The read	2				A		
	Signature of Agency Head or Designa	00	Alex Bosko		Senior Legislative	9/13/13 (Month, Day, Year)		
	Comment of Figure 1 and 1 and 1		7.707		77.500	and a second		
	Comment:							

1.	Agency Name				Date Stamp	California Q02
37	Alameda County					Form 8UZ
	Division, Department, or Re	gion (If Applicable)			For Official Use Only
	Board of Supervisors Designated Agency Contac	t (Nama Title)				
		((vame, me)				
	Alex Boskovich		Amendment (Must p	rovide explanation in Part 3.)		
	Area Code/Phone Number E-mail				Date of Original Filing:	92.45
	(510) 272-6693		ich@acgov.or	9	Date of Original Filling.	(Month, Day, Year)
2.	Function or Event Info					
	Does the agency have a ticl	18 18 18 18 18 18 18 18 18 18 18 18 18 1	Yes ⊠ No [of Each Ticket/Pass \$	
	Event Description Profession	onal Bull Riding		Date(s)	9 , 7 , 13	
		Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golde			en State Warriors	urce	
	Was ticket distribution made	at the beheet		a . Alar	meda County Superviso	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alan of agency official?			Official's Name (I	.ast, First)	
-						
٥.	Recipients • Use Section A to identify the age	ncy's department or	unit. • Use Secti	on B to identify an indivi	dual. • Use Section C to iden	lify an outside organization.
	A. Name of Agency, Department or Unit		Number of			
					ublic purpose made pursuant to the agency's policy	
	Security and secur		· Number of			
	B. Name of Individual		Ticket(s)/		Identify one of the follow	ing:
			Pass(es)	Ceremonial Role	Other	Income
	Chavez, Mayra				onial Role" or "Other" describe below:	
			4		dance at an event held	
					e potential County rever	
				Ceremonial Role		Income
				If checking "Gerein	onial Role" or "Other" describe below:	
	A Name of Outside Organization		Number of		AND THE RESERVE OF THE PERSON	
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	to the agency's policy
	/					
4	Vaulflantlan					
4.	Verification I have read and understand PPC-Re	Qualions 18944.1 and	d 18942. I have ven	ified that the distribution se	of forth above, is in accordance wi	th the requirements.
			Alex Bosko		Senior Legislative Aid	
	Signature of Agency Head or Desig	000	Print Name		Title	(Month, Day, Year)
	Comment:					

1.	Agency Name Alameda County				Date Stamp	California 802	
	Division, Department, or Reg	gion (If Applicable	9)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name Title)	_				
		, , , , , , , , ,					
	Alex Boskovich Area Code/Phone Number	E-mail		Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6693		ich@acgov.org		Date of Original Filing:	250	
-	Function or Event Info		icii@acgov.org			(Month, Day, Year)	
۷.	Does the agency have a tick		Van IZI. Na IZI	Face Value	of Each Ticket/Pass \$ _		
		Sara anamagana	Yes ⊠ No □				
	Event Description Sensation	Provide Title/Expl	lanation	Date(s)	9 , 14 , 13		
				Golde	en State Warriors		
	1. Hard Colon 1 & Bergman Colon Colo				Golden State Warriors Name of Source		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes:			If yes: Alar	meda County Superviso	or Wilma Chan	
	of agency official?			.,,	Official's Name ((Lest, First)	
3.	Recipients						
	Use Section A to identify the agent	cy's department or		n B to identify an indivi	dual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role	Other	Income	
	Arellano, Michael		2		onial Role" or "Other" describe below:		
					dance at an event held e potential County rever		
				Ceremonial Role	o Other on onlial Role" or "Other" describe below:	Income 🔲	
	2						
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the po	ublic purpose made pursuan	t to the agency's policy	
4.	Verification						
	I have read and understand FPBG-Re	gulations 18944,† an	d 18942. I have verifi	ed that the distribution se	nt forth above, is in accordance w	ith the requirements.	
		/	Alex Boskov	ich	Senior Legislative Aid		
	Signature of Agency Head or Design	To	Print Name		Title	(Month, Day, Year)	
	Comment:						

1.	Agency Name				Date Stamp	California 802	
1.	Alameda County					Form	
	Division, Department, or Reg	gion (If Applicable	9)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Alex Boskovich		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Area Code/Phone Number E-mail				The state of the s	provide explanation in Part 3.)	
	(510) 272-6693	alex.boskov	ich@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation				(constitution)	
	Does the agency have a tick	et policy?	Yes ⊠ No □	Face Value	of Each Ticket/Pass \$ _		
	Event Description Sensation	1		Data(s) 9	, 14 , 13		
	Event Description	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided I	by agency?	Yes □ No 🏻	If no: Golde	den State Warriors		
			TOO E NO E		Name of Sc		
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: A of agency official?			If yes: Alam	neda County Superviso	(Last First)	
_					Ometara reality	Look From	
3.	Recipients	avia department as	unit - Han Section	n II to identify an individual	tual - a Use Section C to iden	stify an outside organization	
	Use Section A to identify the agency's department or unit. Number of			The state of the s	ANALYSIS STORAGON AND ANALYSIS OF THE STORAGO	and the same of th	
	A. Name of Agency, Department or Unit		Ticket(s)/ Describe the po		public purpose made pursuant to the agency's policy		
				100			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ving:	
	(Last, First)		Pass(es)			Income	
	Stephens, Diana			Ceremonial Role # checking "Geremo	Other Donial Role" or "Other" describe below:		
					promote attendance at an event held at a County fa		
	(P			order to maximize	potential County reve	nue from sales.	
				Ceremonial Role		Income	
				If checking *Ceremo	onial Role" or "Other" describe below:		
			Number of	20 CO TO 10 AND TO 2004 THE CONTROL		POSSESSES AND CONTRACTOR SHAPE	
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy	
			1 1			7/	
1	Verification						
4.	I have read and understand FPPC Reg	gulations 18944.1 an	nd 18942. I have verifi	ed that the distribution set	t forth above, is in accordance w	with the requirements.	
	100		Alex Boskov		Senior Legislative Aid		
	Signature of Agency Head or Design	00	Print Name		Title	(Month, Day, Year)	
	Comment:	1				EBBC Form 802 (4/42)	

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1.	Agency Name				Date Stamp	California 802
	Alameda County				130,000,000,000,000	- romi
	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					provide explanation in Part 3.)
	(510) 272-6693	alex.boskovi	ch@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				
	Does the agency have a tick	et policy?	of Each Ticket/Pass \$ _			
	Event Description Professional Bull Riding Date(s) 9				, 6 , 13	
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Golder			n State Warriors		
	Was tisket distribution made at the behast				Name of S	
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes	⊠ If yes: Alam	eda County Supervis	(Last, First)
_						
3.	Recipients • 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 / Number o			en an inches		No. of the Control of
	A. Name of Agency, Department or Unit		Ticket(s)/ Describe the put Pass(es)		iblic purpose made pursuant to the agency's policy	
	B. Name of Individual (Last, First) Chavez, Mayra		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role #checking "Geremo	Other Inial Role" or "Other" describe below	Income 🗆
			1		ance at an event held potential County reve	held at a County facility in revenue from sales.
				*16.0380 FFT FFT FFT FFT FFT FFT FFT FFT FFT FF	Other Innial Role" or "Other" describe below	
	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
4.	Verification I have read and understand FBRC Res	gulations 18944.1 and	d 18942. I have vo	rifled that the distribution set	forth above, is in accordance v	with the requirements.
	a	/	Alex Bosk		Senior Legislative Aid	
	Signature of Agency Head or Design	00	Print Nam		Title	(Month, Day, Year)
	Comment:					

						Fit done becomment	
1,	Agency Name				Date Stamp	California 802	
	Alameda County					Form For Official Use Only	
	Division, Department, or Re	gion (if Applicable)		7	For Official Ose Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Alex Boskovich				_		
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)	
	(510) 272-6693	alex.boskovi	ch@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation					
	Does the agency have a tick	et policy?	Yes⊠ No[
	Event Description Professional Bull Riding Date(s)				9,6,13	/	
	Event Description	Provide Tille/Expl	anation				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Gold			en State Warriors Name of So			
	Mos tisket distribution made at the behart or Tay or Alan			neda County Superviso			
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes [⊠ If yes: △lan	Official's Name (Last, First)	
_							
3.	Recipients • Use Section A to identify the ager	ncy's department or	unit. • Use Sec	tion B to identify an indivi-	dual. • Use Section C to iden	tify an outside organization.	
	The reservoir and the second s		Number of	AND THE RESERVE THE PROPERTY OF THE PROPERTY O	iblic purpose made pursuant		
	A. Name of Agency, Department or Unit		Pass(es)		Process to the allowed to the allowed a based		
					1		
	B. Name of Individual		Number of		Identify one of the follow	dnas	
	Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	10.Th	
	Order Karalı			Ceremonial Role		Income	
	Ordaz, Karely		3		onial Role" or "Other" describe below: dance at an event held	at a County facility in	
					potential County rever		
				Ceremonial Role	Other	Income	
			1 3	If checking "Cerem	onial Role" or "Other" describe below:		
			Number of		No. 2 Transcription - Joseph Company		
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pr	ublic purpose made pursuan	t to the agency's policy	
			7 400(00)				
1	Varification						
4.	Verification I have read and understand FPPC Re	gulations 18944.1 an	d 18942. I have ve	rified that the distribution se	t forth above, is in accordance w	ith the requirements.	
	Col		Alex Bosko		Senior Legislative Aid		
	Signature of Agency Head or Design	000	Print Nam		Title	(Month, Day, Year)	
	Comment:						

Summers, Jim 3 To promote attendance at an event held at a County facility order to maximize potential County revenue from sales.		
Alameda County Division, Department, or Region (#Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number [E-mail	2	
Board of Supervisors Board of Original Filing: General General Board of Original Filing: General Ge	DESCRIPTION OF THE PARTY OF THE	
Designated Agency Contact (Name, Title)	ily	
Designated Agency Contact (Name, Title)		
Alex Boskovich Area Code/Phone Number (510) 272-6693 alex.boskovich@acgov.org		
Area Code/Phone Number (510) 272-6693 alex.boskovich@acgov.org Date of Original Filling: Date of Original Filling: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 222/\$35 part Event Description Raiders vs. Titans Date(s) 11 24 13		
Second Section A to identify the agency's department or unit. Section B to identify an individual. Section C to identify an outside organization order to maximize potential County revenue from sales.)	
2. Function or Event Information Does the agency have a ticket policy? Yes ⋈ No ☐ Face Value of Each Ticket/Pass \$ 222/\$35 part Event Description Raiders vs. Titans ☐ Date(s) ☐ 11		
Event Description Raiders vs. Titans Date(s) Title Pass(es) Pass(
Event Description Raiders vs. Titans Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No S If no: Oakland Raiders Was ticket distribution made at the behest of agency official? No Yes If no: Oakland Raiders Name of Source Name of Source Name of Gounty Supervisor Wilma Chan 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 organizat A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) Summers, Jim Name of Individual Recipients Ceremonial Rote Other describe below: To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. Ceremonial Rote Other describe below: To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. Ceremonial Rote Other describe below: To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. Ceremonial Rote Other describe below: To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. Ceremonial Rote Other describe below: Describe the public purpose made pursuant to the agency's policy parts at the public purpose made pursuant to the agency's policy positive administration of Ticket(s).	ing	
Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Raiders Name of Source		
Was ticket distribution made at the behest of agency official? No Yes Section A to Identify the agency's department or unit. Number of Ticket(s)' Pass(es) Number of Ticket(s)' Ceremonial Role Official's Alamed County Section C to Identify an outside organization of the following: Ceremonial Role Official's Name (Last, First) Number of Ticket(s)' Ceremonial Role Official's Name (Last, First) Number of Ticket(s)' Describe the public purpose made pursuant to the agency's policy order to maximize potential County revenue from sales. Ceremonial Role Official's Official's Name (Last, First) Number of Ticket(s)' Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy	_	
Was ticket distribution made at the behest of agency official? No Yes Section A to Identify the agency's department or unit. Number of Ticket(s)' Pass(es) Number of Ticket(s)' Ceremonial Role Official's Alamed County Section C to Identify an outside organization of the following: Ceremonial Role Official's Name (Last, First) Number of Ticket(s)' Ceremonial Role Official's Name (Last, First) Number of Ticket(s)' Describe the public purpose made pursuant to the agency's policy order to maximize potential County revenue from sales. Ceremonial Role Official's Official's Name (Last, First) Number of Ticket(s)' Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy		
A. Name of Agency, Department or Unit B. Name of Individual (last Feet) Summers, Jim Number of Ticket(s) Pass(es) Ceremonial Role Other describe below. To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. Ceremonial Role Other Intercepting Generating Role or Other describe below. To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. Ceremonial Role Other Intercepting Generating Role or Other describe below. To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. Ceremonial Role Other Intercepting Generating Role or Other describe below. Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy describe the public purpose made pursuant to the agency's policy describe the public purpose made pursuant to the agency's policy describe the public purpose made pursuant to the agency's policy describe the public purpose made pursuant to the agency's policy describe the public purpose made pursuant to the agency's policy described at a County facility order to maximize potential County revenue from sales.		
B. Name of Individual (Lest Feel) Summers, Jim Number of John Mind John Mind John Mind Mind Mind Mind Mind Mind Mind Min	_	
Name of Individual Number of Ticket(s)		
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)		
B. Name of Individual (Last Field) Summers, Jim Number of Ticket(s)/ Pass(es) Identify one of the following:	m.	
B. Name of Individual (Last, Fied) Summers, Jim Summers, Jim Summers, Jim Number of Ticket(s)/ Pass(es) Ceremonial Role		
Summers, Jim Ceremonial Role Other In		
Summers, Jim Ceremonial Role Other In		
Summers, Jim Ceremonial Role Other In		
Summers, Jim Ceremonial Role Other Inc. If checking "Geremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. Ceremonial Role Other Inc. Inc		
Summers, Jim 3 PACK Mane of Outside Organization Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Describe the public purpose made pursuant to the agency's policy Outside Organization Number of Ticket(s) Outside Organization Number of Ticket(s) Outside Organization Outside Organization Outside Outside Organization Outside Outsid		
To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. Ceremonial Role	ome 🗆	
Order to maximize potential County revenue from sales. Ceremonial Role Other In In In In In In In I	i.e.	
C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy	in	
C. Name of Outside Organization Number of Ticket(s) Number of Describe the public purpose made pursuant to the agency's policy	ome 🗆	
C. Name of distance organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		
C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		
C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		
(include address and description) Pass(es)	public purpose made pursuant to the agency's policy	
Lucated)		
4. Verification		
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.		
Alex Boskovich Senior Legislative Aide 9/6/1	_	
Signature of Agency Head or Designee Print Name Title (Month, Day	rowy	
Comment:		

1.	Agency Name				Date Stamp	California 802
	Alameda County			Form For Official Use Only		
1	Division, Department, or Reg	gion (If Applicable		Por Gildai Ose Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Alex Boskovich					
- 3	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693	alex.boskov	ich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				
1	Does the agency have a tick	et policy?	Yes⊠ No[Face Value	of Each Ticket/Pass \$ _	30
	Event Description A's vs. Ar	ngels		Data(e)	9 , 18 , 13	
- 1	Event Description	Provide Title/Expl				
	Ticket(s)/Pass(es) provided I	by agency?	Yes □ No [If no: Oakla	and Athletics	
	Manufacture distribution and additional additional and additional addit				Name of S	
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: Alam of agency official?			meda County Superviso	(Last First)	
_						1444.049
	Recipients • Use Section A to identify the agen	cu's department or	unit a Uso Soci	tion B to Identify an Indivi	dual	ntify an outside organization.
	- Durantina de la Companya del Companya de la Compa	The state of the s		ACTO WAY OUT OF COMMON TONICS IN		
	A. Name of Agency, Departm	Ticket(s)/ Pass(es)				
	B. Name of Individe	Number of Ticket(s)/		Identify one of the following:		
	(Last, russ)		Pass(es)			
	Fontes, Marlene		1000	Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below.	/s (0.000 to 0.000 to
			2		dance at an event held	
				order to maximize	potential County reve	nue from sales.
- 2				Ceremonial Role	Other	Income
			2	If checking "Gerem	ionial Role" or "Other" describe below.	*
			1 450			
			Number of	V. 100 m.	Spanier CAN Company Workshop	SLIGHT AND STREET WAS AN AGOVEN
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the po	ublic purpose made pursuar	nt to the agency's policy
1	Varification					
	Verification	guiations 18944.1 an	d 18942. I have ve	rified that the distribution se	et forth above, is in accordance v	with the requirements.
			Alex Bosko		Senior Legislative	9/11/13
	Signature of Agency Head or Design	00	Print Name		Title	(Month, Day, Year)
	Comment:					EDDC F 902 /44/2

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1.	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
	Division, Department, or Re	gion (If Applicable)			ror official oad only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Alex Boskovich	1= "	Amendment (Must	provide explanation in Part 3.)		
	Area Code/Phone Number E-mail				Date of Original Filings	
	(510) 272-6693		ich@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				30
	Does the agency have a tick	et policy?	Yes⊠ No[of Each Ticket/Pass \$ _	
	Event Description A's vs. A	ngels		Date(s)	9 , 16 , 13	
	Event Description	Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided	by agency?	Yes □ No 🏻	d If no: Oakla	and Athletics	
			TOOL NOE	-	Name of S	TO THE STATE OF TH
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan					
	of agency official?				Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agent	cy's department or		ion B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit Number Ticket(s			Describe the public purpose made pursuant to the agency's policy		
			Pass(es)			encegation and a survivor
	Name of Individual		Number of			
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	AND THE PROPERTY OF THE PROPER			Ceremonial Role	Other 🗌	Income
	Sweetwine, Patricia		2		onial Role" or "Other" describe below.	
			4		dance at an event held	
					potential County reve	
				Ceremonial Role		Income
			2	If checking "Cerem	onial Role" or "Other" describe below	
			2383			
			Number of	W		
	C. Name of Outside Org. (include address and d		Ticket(s)/ Pass(es)	Describe the po	ublic purpose made pursuar	nt to the agency's policy
			(assles)			
	CHARLES IN SERVICE					
4.	Verification					
	I have read and understand FAPC Re	gulations 18944.1 and	d 18942. I have ver	ified that the distribution se		
			Alex Bosko	vich	Senior Legislative	9/6/13
	Signature of Agency Head or Design	do	Print Name		Tille	(Month, Day, Year)
	Comment:					EDDC Form 802 (4/12)

1.	. Agency Name				Date Stamp	California Q02		
Ve	Alameda County					Form 802		
	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			Amendment (Must	provide explanation in Part 3.)		
	(510) 272-6693	ich@acgov.c	ora	Date of Original Filing:	inal Filing:(Month, Day, Year)			
2.	Function or Event Info		ion@aogo rio	, a	23/424/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	(Monto, Day, Year)		
	Does the agency have a tick		Yes 🛛 No l	☐ Face Value	of Each Ticket/Pass \$ _	30		
			162 17 140					
	Event Description A's vs. Ar	Provide Title/Exp	lanation	Date(s)	0 / 10 / 10			
	Ticket(s)/Pass(es) provided	by agency2	Vac III Na I	o If no. Oakla	and Athletics			
	ricket(a)/r das(es) provided i	by agency r	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 agent	cy's department or	Number of	tion B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	nt to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/	a selection of	Identify one of the following:			
	(Cast Fred		Pass(es)		Other 🗆	Income		
	Sweetwine, Patricia		1 88	Ceremonial Role # checking "Cerem	Other Other onial Role or "Other" describe below			
	Commission of Edward Commission (Commission Commission		2	To promote attendance at an event held at a County facility in				
				order to maximize	potential County reve			
				Ceremonial Role		Income		
			2	If checking "Gerem	onial Role" or "Other" describe below			
	C Name of Outside Orga	mization	Number of					
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuar	nt to the agency's policy		
4.	Verification							
••	I have read and anderstand FPPC Reg	gulations 18944.1 an	d 18942. I have ve	erified that the distribution se	t forth above, is in accordance v	with the requirements.		
	a	-	Alex Bosk	ovich	Senior Legislative	9/6/13		
	Signature of Agency Head or Design	00	Print North	0	Tille	(Month, Day, Year)		
	Comment:							

1.	Agency Name		Date Stamp California Q02			
	Alameda County				100000000000000000000000000000000000000	Form OUZ
	Division, Department, or Reg	gion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		1		
		,				
	Alex Boskovich Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693		ich@acgov.o	ra	Date of Original Filing:	
_	Function or Event Info		ici i@acgov.o	19		(Montin, Day, Year)
2.	Does the agency have a tick		V 171 N-1	□ Face Value	of Each Ticket/Pass \$ _	30
		and the Manager of the Control	Yes 🛛 No [
	Event Description A's vs. Ar	ngers Provide Title/Expl	lanation	Date(s)	9 , 17 , 13	
				Oakla	and Athletics	
	Ticket(s)/Pass(es) provided	by agency?	Yes No	If no:	Name of Sc	ource
	Was ticket distribution made	at the behest	No ☐ Yes [XI If yes. Alar	meda County Superviso	or Wilma Chan
	of agency official?		110 🖂 1001	Д II уса	Official's Name ((Last, First)
3.	Recipients					
	Use Section A to identify the agen	cy's department or	tion B to identify an indivi	dual. • Use Section C to iden	itify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuan	t to the agency's policy
	A DAMAGO CAMAGO	10.1.18.96.19.05.19.09.13.09.17	Pass(es)	The state of the s		30 30 30 30 30 30 30 30 30 30 30 30 30 3
	B. Name of Individual		Number of			200
			Ticket(s)/ Pass(es)	Identify one of the following:		
	No. of the second			Ceremonial Role	A STATE OF THE STA	Income
	Dao, Art		2		onial Role" or "Other" describe below:	
					dance at an event held e potential County reve	
			-			
				Ceremonial Role If checking "Cerem	onial Role" or "Other" describe below:	Income
			2			
				l		
	C. Name of Outside Orga	inization	Number of Ticket(s)/	Describe the pr	ublic purpose made pursuan	t to the agency's policy
	(include address and description)		Pass(es)	Describe the pr	abile purpose made pursuan	t to the agency a poncy
4.	Verification	101211111111111111111111111111111111111	-			
	I have read and understand FPPC Reg	gulations 18944.1 an	d 18942. I have ve	rified that the distribution se	t forth above, is in accordance w	ith the requirements.
	0		Alex Bosk	ovich	Senior Legislative	9/6/13
	Signature of Agency Head or Design	00	Print Nom	0	TiVe	(Month, Day, Year)
	/					
	Comment:					

1.	Agency Name		Date Stamp	California 802				
	Alameda County Division, Department, or Re	alan /// Annilanhi	at.			For Official Use Only		
		gion (ii Applicable	2)			540753000000000000000		
	Board of Supervisors							
	Designated Agency Contact	t (Name, Title)						
	Alex Boskovich				☐ Amendment (Must	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail		2010	The state to the state of the s			
	(510) 272-6693	alex.boskov	ich@acgov.or	g	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Info	rmation	A.A			30		
	Does the agency have a tick		Yes⊠ No 🗆] Face Value	of Each Ticket/Pass \$ _	30		
	Event Description A's vs. To	wins		Date(s)	9 , 22 , 13			
		Provide Title/Exp	lanation					
	Ticket(s)/Pass(es) provided	by agency?	Yes □ No 🗵	f no: Oakl	and Athletics	ource		
	Was tisket distribution made	at the beheet		a . Alar	0.7 month 7	F 773 TUD.		
	Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)							
3.	Recipients							
٠.	Use Section A to identify the agent	ncy's department or	idual. • Use Section C to ide	ntify an outside organization.				
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
			Pass(es)	79771107917-2				
	B. Name of Individual		Number of Ticket(s)/	SEREN IN CE	Identify one of the follow	wing:		
	1C.00C, PW45		Pass(es)					
	Johnson, Rose			Ceremonial Role # checking *Cerem	e Other one of the other o	Income		
			2	To promote atten	dance at an event held	at a County facility in		
	Y-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			order to maximize potential County revenue from sales.				
				Ceremonial Role		Income		
			2	If checking *Geren	nonial Role" or "Other" describe below			
			11.303/2					
	C. Name of Outside Orga	anization	Number of		24			
	(include address and d		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuar	it to the agency's policy		
	Ý							
				-				
4.	Verification	2						
	I have regefund understand FPPC Re	gulations 18944.1 an	d 18942. I have veri	fied that the distribution so	et forth above, is in accordance v	vith the requirements.		
	1		Alex Bosko	vich	Senior Legislative	9/6/13		
	Signature of Agency Head or Design	ee	Print Name		Title	(Month, Day, Year)		
	Comment:							

1.	Agency Name				Date Stamp	California 802	
	Alameda County					romi —	
	Division, Department, or Reg	jion (if Applicable)			For Official Use Only	
	Board of Supervisors		2				
	Designated Agency Contact	(Name, Title)			-		
	Alex Boskovich	A10000000000000000000					
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693		ich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation		2 F 2 1		N2378	
	Does the agency have a ticke	et policy?	Yes ⊠ No [of Each Ticket/Pass \$ _		
	Event Description A's vs. As	tros		Data(e) 9	9 , 6 , 13		
	Event Description	Provide Title/Expl	lanation	Date(s)			
	Ticket(s)/Pass(es) provided to	y agency?	Yes □ No I	If no: Oakla	and Athletics	<u> </u>	
				Alam	Name of So		
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes [⊠ If yes: Alan	neda County Superviso	Last First)	
_							
3.	Recipients • Use Section A to identify the agent	ov's department or	unit Use Sec	tion B to identify an individ	dual. • Use Section C to iden	tify an outside organization.	
	A / Number of			Describe the public purpose made pursuant to the agency's policy			
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	bescribe the public purpose made pursuant to the agency a policy			
	<u></u>						
		Number of			West Transfer of Table 19		
	B. Name of Individual		Ticket(s)/ Pass(es)	1. 1	Identify one of the follow	ring:	
				Ceremonial Role	Other 🗌	Income	
	Carmona, Rebecca		2		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 If checking "Ceremo	onial Role" or "Other" describe below:	Income	
			2				
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the pu	ıblic purpose made pursuan	t to the agency's policy	
	(include address and de	scription)	Pass(es)				
	,						
4.	Verification	Commission (Unique Value V	a waxaa aa	The control of the co		MANAGER VIS. NYSSAN SISSES EIN	
٠.	I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ve	rified that the distribution set	f forth above, is in accordance w	ith the requirements.	
	Alex Boskovich						
	un	<u> </u>	Alex Bosk	ovich	Senior Legislative	9/6/13	

A (()	Vas ticket distribution made a	E-mail alex.boskov nation t policy? ros	ich@acgov.o Yes⊠ No[☐ Face Value	Date of Original Filing:	20			
D E C C C C C C C C C C C C C C C C C C	Board of Supervisors Board of Supervisors Boskovich Brea Code/Phone Number Brea Code/Phone	E-mail alex.boskov nation t policy? ros	ich@acgov.o Yes⊠ No[☐ Face Value	Date of Original Filing:	For Official Use Only provide explanation in Part 3.) (Month, Day, Year)			
A (()	Board of Supervisors resignated Agency Contact (Alex Boskovich Frea Code/Phone Number 510) 272-6693 Function or Event Information of Event Information and Event Description Function Officer (Frequency (Event Description A's vs. Astrocket (S)/Pass(es) provided by Frequency (Frequency (Event Description A's vs. Astrocket (S)/Pass(es) provided by Frequency (Event Description Market (Event Description A's vs. Astrocket (S)/Pass(es) provided by Frequency (Event Description Market (Eve	E-mail alex.boskov nation t policy? ros	ich@acgov.o Yes⊠ No[☐ Face Value	Date of Original Filing:	(Month, Day, Year)			
A A (()	Alex Boskovich Area Code/Phone Number 510) 272-6693 Function or Event Information of Event Information and Event Information Description A's vs. Astricket(s)/Pass(es) provided by Was ticket distribution made a	E-mail alex.boskov nation t policy? ros Provide Title/Exp	Yes⊠ No[☐ Face Value	Date of Original Filing:	(Month, Day, Year)			
() () () () () () ()	Alex Boskovich Area Code/Phone Number 510) 272-6693 Function or Event Information or Event Information or Event Information (A's vs. Astrocket (s)/Pass(es) provided by Vas ticket distribution made a	E-mail alex.boskov nation t policy? ros Provide Title/Exp	Yes⊠ No[☐ Face Value	Date of Original Filing:	(Month, Day, Year)			
A () D E	trea Code/Phone Number 510) 272-6693 Function or Event Information of Event Information and the second state of the second seco	alex.boskov mation t policy? ros Provide Title/Exp	Yes⊠ No[☐ Face Value	Date of Original Filing:	(Month, Day, Year)			
() D E	510) 272-6693 Function or Event Informations the agency have a ticked ivent Description A's vs. Astricket(s)/Pass(es) provided by the value of the	alex.boskov mation t policy? ros Provide Title/Exp	Yes⊠ No[☐ Face Value	Date of Original Filing:	(Month, Day, Year)			
E T	Function or Event Informations the agency have a ticked went Description A's vs. Astalacticket (s)/Pass(es) provided by Was ticket distribution made a	nation t policy? ros Provide Title/Exp	Yes⊠ No[☐ Face Value	of Each Ticket/Pass \$ _	20			
E T	Function or Event Informations the agency have a ticked went Description A's vs. Astalacticket (s)/Pass(es) provided by Was ticket distribution made a	t policy? ros Provide Title/Exp			of Each Ticket/Pass \$ _	20			
D E	loes the agency have a ticker went Description A's vs. Ast licket(s)/Pass(es) provided by Was ticket distribution made a	t policy? ros Provide Title/Exp				30			
E	vent Description A's vs. Ast icket(s)/Pass(es) provided by Vas ticket distribution made a	ros Provide Title/Exp							
Т	icket(s)/Pass(es) provided by	Provide Haevexp	lanation	Date(s)					
	Vas ticket distribution made a			Provide Haurexplanation					
	Vas ticket distribution made a	agency?	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oakla						
٧			Yes ☐ No [X II no:	Name of Se	ource			
	of agency official?	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan							
	of agency official? Official's Name (Last, First)								
. F	Recipients								
	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.			
7	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant to the agency's policy				
_		211311401118131	Pass(es)						
Ē	B. Name of Individual (Lest, First) Kleebauer, Susan		Number of Ticket(s)/	Identify one of the following:					
-			Pass(es)	Ceremonial Role	Other Inial Role" or "Other" describe below:	Income 🗆			
				To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.					
			2	Ceremonial Role If checking "Ceremo	Other Other Other describe below:	Income			
-	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	the public purpose made pursuant to the agency's policy				
	Verification/	lations 18944.1 an	nd 18942. I have ve	villed that the distribution set	forth above, is in accordance w	with the requirements.			
	1	1	Alex Bosk	ovich	Senior Legislative	9/6/13			
-	Signature of Agency Head or Designed	\leftarrow $-$	Print Nam		7ite	(Month, Day, Year)			

1.	Agency Name Alameda County				Date Stamp	California 802
	Division, Department, or Reg Board of Supervisors Designated Agency Contact)			For Official Use Only
	Alex Boskovich	(vamo, moy			Amendment (Mass	provide explanation in Part 3.)
	Area Code/Phone Number (510) 272-6693	E-mail alex.boskovi	ch@acgov.or	rg	Date of Original Filing:	
2.	Function or Event Infor Does the agency have a ticket Event Description A's vs. As Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official?	et policy? tros Provide Title/Expl y agency?	Yes No Censtion Yes No No No No Yes P	Date(s) ☑ If no: Oak	e of Each Ticket/Pass \$ _ 9	ource or Wilma Chan
3.	Recipients • Use Section A to identify the agence A. Name of Agency, Departm	The second second	unit. • Use Sect	25.00.000.000	idual. • Use Section C to iden	A STATE OF THE STATE OF THE STATE OF
			Number of			
	B. Name of Individual (Lost, First) Mack-Rose, Morgan		Ticket(s)/ Pass(es)	To promote atter	e Other Industries or "Other" describe below: Idance at an event held be potential County rever	at a County facility in
			2	Ceremonial Rol		Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	t to the agency's policy
4.	Verification	wations 1954s? and				
	Signature of Agency Head or Designe Comment:	/ -	Alex Bosko		Senior Legislative	9/6/13 (Manth, Day, Year)

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Α	Publ	IC	Document

D	Agency Name Alameda County Division, Department, or Reg				Date Stamp	California 802	
Ē	4.000 [10.0000] [10.0000] [10.0000]		Agency Name				
Е	Division Department or Rec				I-OIIII		
-	nvision, Department, or Keg	ion (if Applicable)			1	For Official Use Only	
-	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
,	Alex Boskovich						
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693	alex.boskovid	ch@acgov.o	ra	Date of Original Filing: .	(Month, Day, Year)	
	Function or Event Infor		anga a garia	.9		(Month, Day, Year)	
	Does the agency have a ticke		Van IVI Na I	□ Face Value	of Each Ticket/Pass \$	85 / 20 parking	
	and the same of th		Yes 🛛 No [
E	Event Description A's vs. An	geis Provide Tille/Expla	nation	Date(s)	, 18 , 13		
				⊠ If no: Oakla	and Athletics		
T	licket(s)/Pass(es) provided b	y agency?	Yes No [M If no: Odino	Name of Sou	irce	
V	Vas ticket distribution made	at the behest	No ☐ Yes [If yes. Alam	eda County Supervisor	r Wilma Chan	
1100	of agency official?	? Official's Name (Last, First)					
3. F	Recipients						
	Use Section A to identify the agenc	y's department or u	ınit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
7	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
- 1							
- E	B. Name of Individu	al	Number of Ticket(s)/	. 2500 12 100	Identify one of the followi	ng:	
_	(Last, First)	000-	Pass(es)				
				Ceremonial Role If checking *Ceremo	Other or "Other" describe below:	Income L	
				Ceremonial Role # 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	blic purpose made pursuant	to the agency's policy	
	The Unity Council, 1900 Fruitvale Ave., Ste. 2B, Oakland, CA 94601		20	To reward a non-p seniors in Oaklan	rofit for their contributio	ons to low-income	
	Operates the San Antonio for low-income seniors in C						
	Verification	35330 55033 9					
1	have read and understand FPPC Reg	ulations 18944.1 and					
	Signature of Agency Head or Designe		Alex Bosk	ovich	Senior Legislative Aide	9/5/13 (Month, Day, Year)	

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1.	Agency Name		Date Stamp	California 802			
	Alameda County		1978/2010/06/2013	Form OUZ			
	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	provide explanation in Part 3.)	
	(510) 272-6693	ch@acgov.o	ra	Date of Original Filing:	(Month Day Yeard		
2.	Function or Event Info					(wonin, Day, rear)	
	Does the agency have a tick		Yes⊠ No[Face Valu	ue of Each Ticket/Pass \$ _	85 /\$20 parking	
	Event Description A's vs. As		100 223 110 2		9 , 8 , 13		
	Event Description	Provide Title/Expl	anation	Date(s) _			
	Ticket(s)/Pass(es) provided	by agency?	Yes□ No[a If no: Oa	kland Athletics	10////	
	808 - 8008 - VEREZEN DEC - 150	1000 0 10 10	103 🗀 110 🛭	7	Name of Sc		
	Was ticket distribution made	at the behest	No ☐ Yes [⊠ If yes: Al	ameda County Superviso	or Wilma Chan	
_	of agency official? Official's Name (Last, First)						
3.	Recipients			lan B to Identify on Ind	Buldust - Has Section C to Idea	tife an autolda arganization	
	Use Section A to identify the agen		Number of				
	A. Name of Agency, Departn	nent or Unit	Ticket(s)/ Pass(es)	Describe the	public purpose made pursuan	t to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ring:	
	(Lot, Prof)		Pass(es)	Ceremonial R	tole Other O	Income [
	Gonzalez, Diego		4+		remonial Role" or "Other" describe below:	псото _	
			/park		endance at an event held		
					ze potential County rever		
				Ceremonial R		Income	
				Ir enectony "Cer	remonial Role" or "Other" describe below.		
	C. Name of Outside Organization		Number of	December the		t to the enemade nation	
	(include address and de	escription)	Ticket(s)/ Pass(es)	Describe the	public purpose made pursuan	t to the agency's policy	
4.	Verification						
100	I have read and understand FPPC Re	gulations 18944.1 and	d 18942. I have ve	ified that the distribution	set forth above, is in accordance w	ith the requirements.	
	C		Alex Bosko	vich	Senior Legislative Aid	e 9/6/13	
	. Signature of Agency Head or Design	00	Print Name		T/t/e	(Month, Day, Year)	
	/						

1.	Agency Name Alameda County		3		Date Stamp	California 802	
	Division, Department, or Reg Board of Supervisors	ion (If Applicable)			For Official Use Only	
	Designated Agency Contact	(Name, Title)			1		
	Alex Boskovich						
	Area Code/Phone Number	E-mail	,:		Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6693	alex.boskov	ich@acgov.or	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticket	t policy?	Yes⊠ No[Face Value	of Each Ticket/Pass \$ _	85 /\$20 parking	
	Event Description A's vs. As	tros		Date(s)	9 , 8 , 13		
	Event Description	Provide Title/Exp	lanation.			· · · · · · · · · · · · · · · · · · ·	
	Ticket(s)/Pass(es) provided b	y agency?	Yes □ No 🏻	If no: Oakla	and Athletics		
	Was tisket distribution made	at the behant	No ☐ Yes [Alam	yes: Alameda County Supervisor Wilma Chan		
	Was ticket distribution made at the behest of agency official?			XI If yes: Audit	Official's Name (Last, First)	
3.	3. Recipients • Use Section A to Identify the agency's department or unit. • Use Section B to Identify an Individual. • Use Section B to Identify an Individual.						tify an outside organization.
	A. Name of Agency, Departm	253129297	Number of		blic purpose made pursuant		
	A. Name of Agency, Departm	ent of one	Ticket(s)/ Pass(es)	Describe the pu	and purpose made personn	to the agency a policy	
		Number of	B 11 (75.55				
	B. Name of Individu	Ticket(s)/ Pass(es)	1000 200	Identify one of the follow	ing:		
	Orphila, Jacqueline		4+	Ceremonial Role	Other Donal Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		park	To promote attend	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
			w)	Ceremonial Role # checking "Ceremo	Other Onial Role" or "Other" describe below:	Income	
			Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	t to the agency's policy	
4.	Verification I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ver	rified that the distribution set	forth above, is in accordance wi	Ith the requirements.	
	0		Alex Bosko	ovich	Senior Legislative Aid	e 9/6/13	
	Signature of Agency Head or Besigne	9	Print Name	0	Tale	(Month, Day, Year)	
	Comment:					FPPC Form 802 (4/12)	

1.	Agency Name				Date Stamp	California 802		
	Alameda County				-	FOIII		
	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	E-mail				provide explanation in Part 3.)		
	(510) 272-6693 alex.boskov		ch@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Info	rmation	20.00	TEXT. SALEHER RESIDENCE SECTION				
	Does the agency have a tick	et policy?	Yes⊠ No[☐ Face Value	of Each Ticket/Pass \$ _	85 /\$20 parking		
	Event Description A's vs. As	stros		Date(s)	9 , 8 , 13			
	Even Decempton	Provide Title/Expl	lanation			N		
	Ticket(s)/Pass(es) provided	by agency?	Yes No [☑ If no: Oakla	and Athletics	owce		
	Was ticket distribution made	at the beheet	No ☐ Yes	Alar	meda County Superviso			
	of agency official?	at the benest	Official's Name	(Last, First)				
3.	Recipients							
٠.	Use Section A to identify the agent	cy's department or	dual. • Use Section C to iden	ntify an outside organization.				
	A. Name of Agency, Departm	nent 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)	- 5 - 9.	Identify one of the follow	wing:		
	Chang, Emily		1.000(00)	Ceremonial Role	Other D	Income		
			4/park	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.				
			4/park	Ceremonial Role If checking 'Caram	Other on Other describe below.	Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the po	ublic purpose made pursuar	nt to the agency's policy		
<u>Current</u>	0				X			
4.	Verification	gujátions 78944.1 an	d 18942. I have ve	rified that the distribution se	nt forth above, is in accordance w	with the requirements.		
			Alex Bosko		Senior Legislative Aid			
	Signature of Agency Head or Design	00	Pant Name	0	Title	(Month, Day, Year)		
	Comment:							

		CONTRACTOR DO			<u> </u>	A rubito bocument	
1.	Agency Name				Date Stamp	California 802	
	Alameda County				F19 (1992 F194 (194 50 F154))	A CONTRACTOR OF THE PROPERTY OF	
	Division, Department, or Re	gion (If Applicable	9)		1	For Official Use Only	
	County Administrator's Offi	ice					
	Designated Agency Contact				-		
	Nerissa Riray Area Code/Phone Number	Te			☐ Amendment (Must provide explanation in Part 3.)		
		E-mail			Date of Original Filing:		
_	(510) 272-6984		@acgov.org		bate of original rining.	(Month, Day, Year)	
2.	Function or Event Info			Y 13 1		78.00	
	Does the agency have a tick		Yes 🗵 No		of Each Ticket/Pass \$ _		
	Event Description Baseball			Date(s)09	17 , 13	09 , 18 , 13	
		Provide Title/Exp	lanation	9	120,21,22		
	Ticket(s)/Pass(es) provided	by agency?	Yes ☐ No!	If no: Oakland Athletics			
				Cues		ource	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Susai	n S. Muranishi	(Last Firet)	
_	of agency official? Official's Name (Last, First)						
3.	Recipients						
	Use Section A to identify the agen	cy's department or	Number of	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departm	nent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	GSA		10		mployees for their exe age staff development	emplary service to the	
	B. Name of individe	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow		
					Other Lial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking *Ceremon	Other I	Income	
	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	
4.	Verification	julations 18944,1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance w	ith the requirements.	
	Signature of Agency Head or Designation	ay _	Nerissa R		Executive Assistant	9/12/13 (Month, Day, Year)	
	,	1000					
	Comment:						

						Management of the Control of the Con	
I. Age	ency Name				Date Stamp	California 802	
PW-781-781	meda County		- 2 C			- FOIIII	
Divi	sion, Department, or Re	egion (If Applicable)			1	For Official Use Only	
Boa	ard of Supervisors						
2007	ignated Agency Contac	ct (Name, Title)			1		
Lee	Ann Fergerson, Supe	anvisor's Assistant			177.5		
0.	a Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
10000	0) 272-6691		rson@acgov.org		Date of Original Filing:	Atout Day Vood	
	nction or Event Info				PROPAGE AND AND AND A SECOND	(Month, Day, Year)	
	s the agency have a tic		s No 🗆	Face Value	of Each Ticket/Pass \$ _	3000	
Doc	the second secon	Basebau	S H NO L	a	17 17	- LA - LA	
Eve	nt Description	Provide Title/Explanat	ion	Date(s)	11115		
7877 - 1		AND STATE OF THE S			skland All	Oatros.	
TICK	et(s)/Pass(es) provided	by agency? Ye	s P No 🗆	If no:	Name of S	ource	
Was	I ves				neda County Supervisor S	cott Haggerty, District 1	
of a	agency official?			,00.	Official's Name	(Last, First)	
3. Re	cipients						
	e Section A to identify the age	ency's department or unit	lual. • Use Section C to ide	ntify an outside organization.			
A.	Name of Agency, Depart	tment or Unit	Number of Ticket(s)/	Describe the pu	public purpose made pursuant to the agency's policy		
		The state of the s	Pass(es)	The state of the s	Service Control of the Control of th		
_							
-	R Name of Individual		Number of				
В.	(Last, First)	duai	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	2			To promote atten	dance at a county sponso	red event in order :ome [
	Dick Nay	000	2		ntial county revenue for co		
	MCK Ma	900		parking sales			
				725 N AD 75 N A 25 N A 25 N A		1900/904-55	
				Ceremonial Role	Other onial Role" or "Other" describe below.	Income	
		2.		n cheering continu			
C.	Name of Outside Or	ganization	Number of	Describe the number	blic number made number	at to the assessule nellow	
٥.	(include address and		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy	
_							
4 1/0	161 41						
	rification Freed end understand FPPC R	egulations 18944.1 and 18	942. I have verifie	ed that the distribution set	forth above, is in accordance w	vith the requirements.	
2	Loan Stra					0 10	
7	Signature of Agensy Heed or Designature	Company of the Compan	e Ann Ferge	erson	Supervisor's Assistar	(Month, Day, Year)	
	- January of Physics Charles of County		, and remine			(month, bay, real)	
Cor	nment:						

eremonial Role Even	ts and Ticke	t/Pass Dis	tributions	555545	A Public Document
Agency Name	to till items			Date Stamp	California 802
Alameda County					For Official Use Only
Division, Department, or Reg	ion (if Applicable)				
Board of Supervisors			135.50	1.0	
Designated Agency Contact	(Name, Title)			1	
Lee Ann Fergerson, Super				Amendment (Mus	provide explanation in Part 3.)
Area Code/Phone Number	E-mail			Date of Original Filing	(Month, Day, Year)
(510) 272-6691	leeann.fergers	on@acgov.or	g		(Month, Day, rear)
Function or Event Info Does the agency have a tick Event Description Ticket(s)/Pass(es) provided	Ret policy? Y Provide Title/Explan	Yes No □	Face Valu Date(s) —	e of Each Ticket/Pass \$ 9,16,13 Dakland 2	Medici
		-	/ AI	ameda County Supervisor	Scott Haggerty, District 1
Was ticket distribution made of agency official?	e at the behest	No ☐ Yes ☐	If yes:		e (Last, First)
Name of high	Brown		Ceremonial I	Identify one of the fo	Income
Anna Pop	e	2	To promote at to maximize p arking sales	tendance at a county spon otential county revenue for	sored event in order come
Name of Outside of (Include additions and	rganization Landription)	Nomber of Tintuite)? Pass(bu)	Describe th	e public purpase made pare	cant to the aganoy's pollay.
The state of the s	used	2	Retu	rned	
	cm sca		100,00	701-00	

1.	Agency Name			Date Stamp California 8	
	Alameda County Division, Department, or Reg	gion (If Applicable)		-	Form SUZ
	Board of Supervisors				8
	Designated Agency Contact	(Name, Title)		-	
	Lee Ann Fergerson, Super	visor's Assistant			
	Area Code/Phone Number	E-mail		Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6691	leeann.fergerson@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information Does the agency have a ticket Event Description Ticket(s)/Pass(es) provided by Was ticket distribution made of agency official?	et policy? Yes No A 'S Bustal Provide Title/Explanation by agency? Yes P No	Date(s) 1	of Each Ticket/Pass \$	heletics out Haggerty, District 1
3.	Recipients				
	Use Section A to identify the agence A. Name of Agency, Departm	Number of		dual. • Use Section C to iden	
	B. Name of Individu	al Number of Ticket(s)/		Identify one of the follow	ing:
	Jay Ewing	Pass(es)	To promote attend to maximize potent parking sales	lance at a county sponsored tial county revenue for cond	d event in order come
1			Ceremonial Role # checking "Geremon	Other Innial Role" or "Other" describe below.	Income .
	C. Name of Outside Organ (include address and des	nization Number of Ticket(s)/Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	Verification have read land understand FPPC Regu. Signature of Agency Head or Designee	Lee Ann Fer	gerson	forth above, is in accordance with Supervisor's Assistant Title	the requirements. 9-75-13 (Month, Day, Year)

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	on (if Applicable)				. s. sinom day only
	Board of Supervisors	9354				
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assistan	t		Amendment (Mark	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail	384			
	(510) 272-6691	leeann.ferger	son@acgov.c	org	Date of Original Filing	(Month, Day, Year)
	Function or Event Information Does the agency have a ticket Event Description Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official?	t policy? Le Aut Provide Title/Exple y agency?	Yes P No D Co ruy nation Yes P No D No D Yes P	Date(s)	Name of S Official's Name	ource Scott Haggerty, District 1
3.	Recipients	VIII TAL THE SULTING				
	Use Section A to identify the agence Name of Agency, Department			ual. • Use Section C to ide	ntify an outside organization.	
	B. Name of Individue	al .	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Mario Juar	22	4	To promote attende to maximize potent parking sales	ance at a county sponsor ial county revenue for co	ed event in order come C ncession and
				Ceremonial Role If checking *Ceremon	Other describe below	Income [
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy
_	Vouldingstion					
•.	Verification I have read and understand FPPC Regulation Signature of Agency Head or Designation		18942. I have verifi ee Ann Fergo		orth above, is in accordance v Supervisor's Assistan	0 27 1
	Comment:				(777)	

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form For Official Use Only Alameda County 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: (Month, Day, Year) leeann.fergerson@acgov.org (510) 272-6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No No **Event Description** Title/Explanation Yes P No Ticket(s)/Pass(es) provided by agency? Name of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No ☐ Yes ☑ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(ss) Number of Name of Individual identify one of the following: B. Ticket(s)/ Pass(os) (Last, Fire) To promote attendance at a county sponsored event in order ncome to maximize potential county revenue for concession and parking sales Rachelle Cartillar Income Other 🔽 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number of Describe the public purpose made pursuant to the agency's policy Name of Outside Organization Ticket(s)/ Pass(os) (include address and description) 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 Supervisor's Assistant Lee Ann Fergerson Print Name Comment:

Agency Report of:

					A Lapite pocuitibile			
1.	Agency Name	1		Date Stamp	California 802			
	Alameda County Division, Department, or Region (If Applica	nble)			For Official Use Only			
	Board of Supervisors Designated Agency Contact (Name, Title)			-				
	Lee Ann Fergerson, Supervisor's Assis	tont						
	Area Code/Phone Number E-mail	tant		☐ Amendment (Must	provide explanation in Part 3.)			
		gerson@acgov	.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 \$ _	222.00			
	Event Description Raiders	Luxury 5	Suite _{Date(s)} 10	27,13				
	Provide Tiffe/E	xplanation	. (2511)				
	Ticket(s)/Pass(es) provided by agency?	Yes 🔽 No 🗆	If pot:	Name of Se	ource			
	Was ticket distribution made at the behest	No Yes ∑	If yes:Alam	neda County Supervisor S	cott Haggerty, District 1			
	of agency official?	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Official's Name	(Last, First)			
3.	Recipients							
	Use Section A to identify the agency's department Name of Agency, Department or Unit	Number of	LETT LINE AND SOUTH AND A	ual. • Use Section C to ider				
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy			
3		_						
ī	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:			
į		Pass(es)	Ceremonial Role	Other	Income 🔲			
				ulat Role" or "Other" describe below:	media 🗖			
8			Ceremonial Role	Other	Income 🔲			
				ilal Role" or "Other" describe below:	moone 🗖			
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the out	lic purpose made pursuant	to the agency's policy			
1	(include address and description)	Pass(es)						
,-	Taylor Family tound	18	To reward a For its co	school or nonprofit or ntributions to the con	rganization nmunity			
	5555 Arroyo Road	e Liver	rmore CA	1 94550				
. '	Verification			1.000				
	haive read and undersignd FPPC Regulations 18944.1 a.	nd 18942. I have verifi	ied that the distribution set fo	orth above, is in accordance with	th the requirements.			
	Tully 11/1	Lee Ann Ferge	erson S	Supervisor's Assistant				
	Signature of Agenty Read or Ossignee	Print Name		Title	(Month, Day, Year)			
(Comment: Alcarip where	sick,	dyingfor	Disabled.	Children			
	with termin	al 111	resses ,	FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)			
	00 0 1.				,			

-		Mark to the same of the same o				A Lapite Docatifield
1.	Agency Name				Date Stamp	California 202
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicable))		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	·
	Lee Ann Fergerson, Superv	risor's Assista	nt			
	Area Code/Phone Number	E-mail			. ∐ Amendment (Must p	rovide explanation iп Part 3.)
	(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		·		
	Does the agency have a ticke	t policy?	Yes ☑ No	☐ Face Value o	of Each Ticket/Pass \$	4000
	Event Description BAS	EBALL	()	Date(s)	122,13	
	Event besomption	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	☐ If no: <u>O</u>	orland A	thletics
	Was ticket distribution made a	ut the beheat		Alam	Name of Sol eda County Supervisor Sc	
	of agency official?	it the benest	No ☐ Yes	☐ If yes:	Official's Name (L	
?	Recipients					
٥.	Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individu	al. ● Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
			Pass(es)			
	B. Name of Individua	l A	Number of Ticket(s)/		Identify one of the following	20
	(Last, First)		Pass(es)			
				Ceremonial Role	Other Other	Income
				5.155	arriage of state december below.	
	,			Ceremonial Role [If checking "Ceremonia	Other D al Role" or "Other" describe below:	Income
_						
(Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
-	T. 1. P. 1. C	. 1-		:		
	Taylorfanuly to 5555 Amoyo Roa	rundation	2	To reward a	school or nonprofit o	rganization
	, 1	<u>u</u>			ontributions to the cor	nmunity
	Livermore, CA a	4550				
	Verification					
	have read and understand FPPC Regula	tions 18944.1 and	18942. I have ver	rified that the distribution set for	rth above, is in accordance with	the requirements.
H	10 hr Darter	and the same of th	ee Ann Ferg		Supervisor's Assistant	104-12
1	Signature of Agency Head or Designee		Print Name		Title	(Month; Day, Year)
		- And	00000	-11. Al	al. ildx.	
(Comment: K CUM	p-101-	termin	aug II (Million	-

100						A rubic bocument
١.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only
	Board of Supervisors				2	
	Designated Agency Contact	Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@aconv	ora	Date of Original Filing:	
_	Function or Event Infor		nda@acgov.	org .	British and a second second	(Month, Day, Year)
	Does the agency have a ticke	U50017300 US	N 1571 . h	Eace Value of	of Each Ticket/Pass \$ _	22.00
			Yes⊠ No			
	Event Description Oakland A	Provide Title/Expl	n Astros	Date(s)	06 , 13	
			anation	Oakla	nd Ale	
	Ticket(s)/Pass(es) provided by	y agency?	Yes No	☑ If no: Oakla	Name of Sc	ource
	Vella Blahad Guardan Blahad					
	Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)					
3.	Recipients					
٠.	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individe	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		olic purpose made pursuan	
			Pass(es)			
		Number of				
	B. Name of Individual	N.	Ticket(s)/ Pass(es)		Identify one of the follow	ring:
				Ceremonial Role	Other 🗵	Income
	Aro-Valle, Barbara		2		nial Role" or "Other" describe below:	
			2		ance at an event held	
					potential revenue fron	
					Other	Income
			2	If checking "Geremon	pial Role" or "Other" describe below:	
	O Name of Outside Organ	luntlan	Number of			Name and the second
	C. Name of Outside Organ (include address and des	cription)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
			()			
_						
4.	Verification					
	I have read and understand FPPC Regu	fallons 18944,1 and				ith the requirements
	MAC		Michelle D		Supervisor's Aide	10013
	Signalus of Againty Head or Designee		Print Nam	0	Tille	(fronth, Day, Year)
	Comment:					

١.	Agency Name				Date Stamp	California 802	
	Alameda County			Form —			
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	-				
	Michelle Dianda						
	Area Code/Phone Number	E-mail				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	-,,				
	Does the agency have a ticket	0.007000000000000000000	Yes⊠ No!	☐ Face Value	of Each Ticket/Pass \$.	22.00	
	Event Description Oakland A	N's vs. Texas F	Rangers	Date(s) 09	9 , 02 , 13		
	Event Description	Provide Title/Exp					
	Ticket(s)/Pass(es) provided b	y agency?	Yes □ No!	☑ If no: Oakla	nd A's	An inches	
	Mos tisket distribution made	at the beheat		Valle	99900000000000000000000000000000000000		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2 Official? Name (Last, First)						
_	Recipients						
•	Use Section A to identify the agence	y'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 pursua	nt to the agency's policy	
			Number of				
	B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
	Archuleta, Justin			Ceremonial Role If checking "Ceremo	Other IX	Income 🗆	
			2		ance at an event held potential revenue from	d at a County facility in m sales.	
			2	1 2 24 V SHE PAS A CALL LARS TO VIVE	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	blic purpose made pursua	nt to the agency's policy	
_			÷ i				
١.	Verification There read and understand FPPC Reg.	ulations 18944.1 an	d 18942. I have ve Michelle D			with the requirements.	
	Signature of Agency Head or Designe	0	Print Nam		Supervisor's Aide	(Month, Day, rear)	
	Comment					, ,	
	Comment:						

					A Fublic Document	
. Agency Name		Date Stamp	California 802			
Alameda County					Form For Official Use Only	
Division, Department, or F	Region (If Applicable)		2	For Official Use Only	
Board of Supervisors					× ×	
Designated Agency Conta	ict (Name, Title)			1		
Michelle Dianda						
Area Code/Phone Number	r E-mail				provide explanation in Part 3.)	
(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Inf	formation				1000-1009	
Does the agency have a ti	cket policy?	Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$ _	92.45	
Event Description Profess	sional Bull Riders	Series	Date(s)0	9 , 07 , 13		
Ticket(s)/Pass(es) provide	AND THE RESERVE OF THE PARTY OF		If no. Golde	n State Warriors		
ricket(a)/Fass(es) provide	d by agency?	Yes No		Name of Source		
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2					District 2	
of agency official?				Official's Name ((Last, First)	
 Recipients Use Section A to Identify the ag 	jency's department or	unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to iden	atify an outside organization.	
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
		Number of				
B. Name of Indiv	ridual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
Shipley, Kim		4	If checking *Ceremo. To promote attend	Other Manual Rate" or "Other" describe below: Jance at an event held potential revenue from		
			Ceremonial Role	Other Initial Role" or "Other" describe below:	Income	
C. Name of Outside O		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy	
J. Verification (have read and understand FP™C)	Regulations 18944.1 and	d 18942. I have ve	orified that the distribution set	forth above, is in accordance w	ith the requirements.	
Signiture of Agency Head or Des	ignae	Michelle D		Supervisor's Aide	(Month, Day, Year)	
Comment:						

1.	Agency Name		Date Stamp	California 802					
	Alameda County Division, Department, or Region	M Applicable				For Official Use Only			
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	Board of Supervisors								
	Designated Agency Contact (Na	me, Title)			7.2				
	Michelle Dianda				Amendment /Must o	rovide explanation in Part 3.)			
		-mail	ti co						
	(510) 272-6692 n	nichelle.dian	da@acgov.	org	Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Informa	ation				22.00			
	Does the agency have a ticket p		Yes 🛛 No [of Each Ticket/Pass \$ _				
	Event Description Oakland A's	vs. LA Ange rovide Title/Expla	nation		, 16 , 13	09 , 17 , 13			
	Ticket(s)/Pass(es) provided by a	gency?	Yes No [If no: Oaklar	nd A's				
			ico 🗀 ito i		Name of So				
	Was ticket distribution made at the	he behest	, Richard- Supervisor I	District 2					
_	of agency official?				Olhcial's Name (i	Last, First)			
3.	Recipients					12 V NEW 1 10			
	Use Section A to identify the agency's	department or u	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.				
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy				
			rass(vs)						
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:			
	5			Ceremonial Role # checking "Ceremon	Other Initial Role" or "Other" describe below:	Income			
				(100 m)					
				Ceremonial Role		Income			
				If checking "Ceremon	nial Role" or "Other" describe below:				
	0								
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy			
	Abode Services 40849 Fremont Blvd, Fremont, CA 94538		2	To reward a non-procommunity.	rofit organization for its	s contributions to the			
	Provides housing and services homeless population	s to	8						
1.	Verification								
	Theve read and understand FPPS Regulation	ons 18944.1 and	18942. I have ve	rified that the distribution set f	forth above, is in accordance wi	th the requirements.			
			Michelle Di	anda	Supervisor's Aide	9/4/13			
	Signature of Agiths I flead or Designee		Print Name	0	Title	(Month Day, Year)			
	Comment:					1			

						AT abile bocament		
1.	Agency Name				Date Stamp	California 802		
	Alameda County			101111				
	Division, Department, or Region	n (if Applicable))		1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Na	me, Title)			1			
	Michelle Dianda							
		-mail			Amendment (Must	provide explanation in Part 3.)		
	(510) 272-6692 n	nichelle.dian	da@acgov.	org	Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Informa	ation				(monar, bay, real)		
	Does the agency have a ticket p	olicy?	Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$.	22.00		
	Event Description Oakland A's				9 , 18 , 13			
	Event Description	Provide Title/Expla	nation					
	Ticket(s)/Pass(es) provided by a	igency?	Yes □ No I	If no: Oaklar	land A's			
					Name of S	T = 1, T = 1, 1 1 1 1 1 1 1 1 1		
	Was ticket distribution made at the behest No ☐ Yes ☒ If ye of agency official?				, Richard- Supervisor	Uast First		
_	WARLE TO THE WALL OF THE PARTY OF THE CO.				Contrara Manue	(2004, 7 1100)		
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		Number of		olic purpose made pursuant to the agency's policy			
	A. Name or Agency, Department	or Unit	Ticket(s)/ Pass(es)	Describe the pub	onc purpose made pursuar	it to the agency's policy		
			Nousbased					
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ving:		
	(10000000000000000000000000000000000000		Pass(es)	Ceremonial Role	Other 🗆	Income		
					nial Role" or "Other" describe below.			
				3371 345 3 5 7 4 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5				
				Ceremonial Role	Other Dial Role* or *Other* describe below.	Income		
				n breaking colonion	narrane or other desemble bottom.			
	C. Name of Outside Organiza		Number of Ticket(s)/	Describe the but	olic purpose made pursuan	at to the against helicu		
	(include address and descri	iption)	Pass(es)	Describe the put	nic purpose made pursuar	it to the agency's policy		
	Abode Services		2	To reward a non-pr	rofit organization for it	s contributions to the		
	40849 Fremont Blvd, Fremont	t, CA 94538	2	community.				
	Provides housing and service	s to						
	homeless population							
1.	Verification							
	I have read and understand FPPC Regulati	ons 18944.1 and	18942. I have ve	rifled that the distribution set f	forth above, is in accordance w	ith the requirements.		
			Michelle Di	ianda	Supervisor's Aide	9/4/13		
	Signature of Agency Head or Designee		Print Nam	0	Title	(Month, Day, Year)		
	Comment:							
	OUTIFICITE .							

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	Agency Name				Date Stamp	California 802		
925	Alameda County							
ī	Division, Department, or Reç	jion (If Applicable)		1	For Official Use Only		
	Board of Supervisors							
ī	Designated Agency Contact	(Name, Title)			1			
	Michelle Dianda							
7	Area Code/Phone Number	E-mail				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				0.0000000000000000000000000000000000000		
	Does the agency have a ticke	1971 515 CH PURENCE	Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$ _	174.00		
E	Event Description Marc Anth	nony Concert	anation	Date(s)	, 27 , 13			
		Provide TiberExpr		Golde	n State Warriors			
	Ticket(s)/Pass(es) provided b	y agency?	Yes No	If no: Oolde	Name of So	urce		
١	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2					District 2		
	of agency official?		Official's Name (Last, First)				
s. 1	Recipients							
	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy		
-								
				4				
-			N					
1	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Harris Man				Other 🗵	Income		
	Esterlla, Martha		2	If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her contributions to the				
				community.	unity volunteer for her contributions to the			
	Ni			Ceremonial Role		Income		
	Nunez, Lupe		2		niel Role" or "Other" describe below:	contributions to the		
				community.	unity volunteer for her contributions to the			
(C. Name of Outside Orga		Number of Ticket(s)/	Describe the nut	olic purpose made pursuant	to the agency's nolloy		
_	(include address and de	scription)	Pass(es)	, souther the pas	and purpose made pursuant	to the agency a policy		
			10					
	Verification							
1	have read and understand PPPC Reg	ulations 18944.1 and				th the requirements.		
-	Signature of Agency Head or Designe		Michelle Di		Supervisor's Aide			
	alginature of Agency read of Designe		Print Nam		Tille	(Month, Def. Year)		
(Comment:			+				

Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda	a 802					
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda						
Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda	al Use Only					
Designated Agency Contact (Name, Title) Michelle Dianda						
Designated Agency Contact (Name, Title) Michelle Dianda						
Michelle Dianda						
Amendment (Must crowide evaluation						
Area Code/Phone Number E-mail	Amendment (Must provide explanation in Part 3.)					
The state of the s						
(510) 272-6692 michelle.dianda@acgov.org Date of Original Filing: (Month, Day, 1) Function or Event Information	rear)					
Does the agency have a ticket policy? Yes □ No ☒ Face Value of Each Ticket/Pass \$						
Event Description Sensation Concert Date(s) 09 , 14 , 13						
Ticket(s)/Pass(es) provided by agency? Yes No No No If no: Golden State Warriors						
Name of Source	Name of Source					
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2	, Richard- Supervisor District 2					
of agency official? Official's Name (Last, First)	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.						
	Describe the public purpose made pursuant to the agency's policy					
Pass(es)						
B. Name of Individual Number of Ticket(s)/ Identify one of the following:						
Pass(es)						
Golden, Brandon Golden, Brandon Golden, Brandon Golden, Brandon Golden, Brandon	Income					
4 To promote attendance at an event held at a County f	acility in					
order to maximize potential revenue from sales.	domey iii					
Ceremonial Role Other	Income [
If checking "Ceremonial Role" or "Other" describe below:						
Number of 1						
C. Name of Outside Organization (include address and description) Number of Tick(s)/ Describe the public purpose made pursuant to the agency's	policy					
(include address and description) Pass(es)						
. Verification	187					
Have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirement	10010					
Michelle Dianda Supervisor's Aide 9 Signature of Agency Head or Designee Print Name 7the 1th	12/3					
Signature of Agency Head or Designee Print Name 7ttle	onth, Day, Fear)					
Comment:						

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	Agency Name				Date Stamp	California 802
	Alameda County					101111
	Division, Department, or Region (If Applicable)			1	For Official Use 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.dianda@acgov.org		.ora	Date of Original Filing: (Month, Day, Year)		
_	Function or Event Infor					(Month, Day, Year)
[Does the agency have a ticke		Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$ _	222.00
	그 사이 10 10 10 10 10 10 10 10 10 10 10 10 10			(17. T. J		
	Event Description Oakland Raiders vs. Jaguars Game Date(s) 09			10 1 13		
	Ticket(s)/Pass(es) provided by	and the same of th		⊠ If no: Oakla	nd Raiders	
	ricket(s)/Fass(es) provided by	y agency r	Yes No		Name of So	
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Valle	, Richard- Supervisor,	District 2
	of agency official?				Official's Name (Last, First)
	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)/		Describe the put	Describe the public purpose made pursuant to the agency's policy		
-	MICH SHAMONTH CONCRUENCES	10 11 12 12 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Pass(es)	- ACCHANGE (CANALE)	SECTION OF THE SECTIO	
ě						
				+		
3	B. Name of Individual Number of				200	
j	(Lost, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	1			Ceremonial Role		Income
Jaramillo, Jaime		2		munity volunteer for his service to the public.		
				To reward a comm	iunity volunteer for his	service to the public.
				Ceremonial Role	Other 🗆	Income
					nial Rale" or "Other" describe below:	moone 🗀
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
į	(include address and des	cription)	Pass(es)			
	Verification					
	have read and understand FPPC Regu	lations 18944.1 and	i 18942. I have ve	orified that the distribution set I	forth above, is in accordance wi	th the requirements.
	VI		Michelle D	ianda	Supervisor's Aide	9/13/12
	Signature of Agency Head or Designee		Print Nam	00	TiNe	(Month, Gay, Year)
	Comment Includes 1 parkin	g pass at the	value of \$35	5		A STATE OF THE STA
	Comment	A .	The second secon			

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١.	Agency Name			- 4	Date Stamp	California 802		
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	Board of Supervisors							
	Designated Agency Contact	Name, Title)			1			
	Michelle Dianda							
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6692		nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)		
	Function or Event Infor					(Month, Day, Year)		
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	222.00		
	Event Description Oakland R	Provide Title/Exp	lanation	Date(s)	7 100 1 10			
	Ticket(s)/Pass(es) provided b	v agency?	Yes □ No I	If no: Oaklar	nd Raiders			
	Tronci(a)/i das(ca) provided b	y agonoy i	Tes 🗆 NO		Name of Sc			
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2					District 2		
	of agency official?	of agency official? Official's Name (Last, First)						
١.	Recipients		TWALSA GOLDSAGILIAN A		ANGA 1-TREASON ON LABOR CENTRAL MARKET AND AND A	accession and a construction of the constructi		
	Use Section A to identify the agency	y's department or	Number of	tion B to identify an individe	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit		Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy			
			Pass(es)					
	<u> </u>							
						,		
	B. Name of Individua (Lost, First)	at	Number of Ticket(s)/		Identify one of the follow	ing:		
	Ellis, Lorrin		Pass(es)	Ceremonial Role	Other 🛛	Income 🔲		
					niel Role" or "Other" describe below:	Income		
			5	To promote attendance at an event held at a County facility in				
					potential revenue from			
					Other	Income		
				If checking "Ceremon	nial Role" or "Other" describe below:			
	Name of Outside Organization		Number of					
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy		
00	Verification							
	have read and understand FPPC Regu	lations 18944.1 an	d 18942. I have ve	orified that the distribution set t	forth above, is in accordance wi	ith the requirements;		
	11/1/2/2		Michelle Di		Supervisor's Aide	9/23/12		
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day Year)		
		V				Western A. State of the State o		
	Comment: Includes 1 parking	g pass at the	value of \$35)				

. Agend	y Name				Date Stamp	California OAO		
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		c (value, rine)						
	le Dianda ode/Phone Number	IE mail			Amendment (Must	provide explanation in Part 3.)		
	72-6692	E-mail	nda@acaeu	ora	Date of Original Filing:	·		
			nda@acgov.	org		(Month, Day, Year)		
	ion or Event Info		=	- Face \/elice	of Each Ticket/Dage 6	222.00		
	e agency have a tick	8005 T000 00 5500	Yes 🗵 No		of Each Ticket/Pass \$ _			
Event D	escription Oakland	Provide Title/Exp	laastian	Date(s)10	0 , 06 , 13			
		гломае тивисхрі	anation	Oakla	nd Paiders			
Ticket(s	s)/Pass(es) provided	by agency?	Yes No I	☑ If no: Oakla	Name of S	ource		
Was tic	ket distribution made	at the behest	No T Vee I	Valle	, Richard- Supervisor	District 2		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)							
. Recip	ients							
		ncy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.		
A. 1	Name of Agency, Departr	nent or Unit	Number of Ticket(s)/	Describe the put	ublic purpose made pursuant to the agency's policy			
	A. Name of Agency, Department of Onic			Pass(es)				
			Number of					
В.	Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
	-		Pass(es)	Ceremonial Role	Other 🛛	Income		
Bucci,	Michael				nial Role" or "Other" describe below:			
			2	To reward a comm	unity volunteer for his	service to the public.		
				Ceremonial Role		Income		
				II checking "Geremor	nial Role" or "Other" describe below:			
C.	Name of Outside Orga	anization	Number of					
C.	(include address and d		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy		
1.0								
. Verific		outations 18044 1 and	1 18042 have ve	died that the distribution sat	forth above, is in accordance w	of the distance of the control of th		
11 71	and understand race re	guianons rooss, ranc				9/22/12		
1	11/2		Michelle Di		Supervisor's Aide	1/62/15		
VSIQU	nature of Allehoy Head or Design		Print Nam		Title	(Month, Daf, Year)		
Commo	ent: Includes 1 park	ing pass at the	value of \$35					

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	oard of Supervisors esignated Agency Contact ((Alema Title)				
		(Name, ritle)				
1000	ichelle Dianda	·			☐ Amendment (Must	provide explanation in Part 3.)
	ea Code/Phone Number	E-mail			Date of Original Fillings	
	10) 272-6692		nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
	unction or Event Infor					222.00
	es the agency have a ticke		Yes 🛛 No [Face Value o	of Each Ticket/Pass \$ _	The state of the s
Ev	ent Description Oakland F	Raiders Game		Date(s)10	0 , 06 , 13	
		Provide Title/Exp	lanation	Oakla	nd Poiders	
Tic	cket(s)/Pass(es) provided b	y agency?	Yes□ No[☑ If no: Oakla	Name of S	ource
W	as ticket distribution made a	at the behest	No ☐ Yes I	Valle	, Richard- Supervisor	
	f agency official?	at the bellest	No ☐ Yes [If yes:	Official's Name	(Last, First)
B	ecipients					
	Jse Section A to identify the agenc	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A	. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
-						
В	. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
D	utra, John J.				Other Anial Role" or "Other" describe below.	Income
			2	To reward a comm	unity volunteer for his	s service to the public.
				Ceremonial Role # checking "Ceremon	Other Inial Role" or "Other" describe below	Income
c	Name of Outside Organ (include address and de-		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
_						
4	erification					THE STATE OF THE S
1/3	ave read and understand PRPC Regu	ulations 18944.1 an				with the requirements.
П,			Michelle Di		Supervisor's Aide	9/23/15
V	Signature of Agency Head or Designed	9	Print Nem	0	Title	(Month, Day, Year)
C	omment: Includes 1 parkir	ng pass at the	value of \$35	5		A.
-	OTTOTAL CONTRACTOR OF THE PARTY					The second secon

Ceremonial Role Events and Ticket/Pass Distributions

Function or Event Information Ones the agency have a ticket policy? Yes No Face Value of Each Ticket/Pactent Description Function or Event Information Ones the agency have a ticket policy? Yes No Face Value of Each Ticket/Pactent Description Function or Event Information Face Value of Each Ticket/Pactent Description Face Value of Each Ticket/Pact	Form For OU2 For Official Use Only (Must provide explanation in Part 3.) Filling:
Solard of Supervisors Solard Agency Contact (Name, Title) Michelle Dianda	For Official Use Only (Must provide explanation in Part 3.) Filling: (Month, Day, Year) SS \$ 222.00 me of Source visor, District 2 Name (Last, First) It to identify an outside organization.
Amendment Amen	(Must provide explanation in Part 3.) Filling:
Amendment Amen	Filling:
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Amendment Date of Original Amendment Amendment Date of Original Date of Original Amendment Date of Original Date	Filling:
Amendment Date of Original Amendment Amendment Date of Original Date of Original Amendment Date of Original Date	Filling:
Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Passed No Date(s) 10 / 06 / 13 Event Description Oakland Raiders Game Date(s) 10 / 06 / 13 Event Description Provide Titler/Explanation Ticket(s)/Pass(es) provided by agency? Yes No No No Oakland Raiders Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency of the official offici	ss \$
Provide Title/Explanation	ss \$
Event Description Oakland Raiders Game Provide Titler/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Raiders Vas ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section Conticers A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made provided the pass(es) Dutra, Dominic Provide Titler/Explanation If no: Oakland Raiders No: Valle, Richard- Supertificates No: Officials Officia	me of Source visor, District 2 Name (Last, First)
Name of Individual Name of Individual Name of Individual Last. First) Name of Individual Name of Individual Last. First) Name of Individual	me of Source Visor, District 2 Name (Last, First) to identify an outside organization.
Name of Individual Name of Individual Name of Individual Last. First) Name of Individual Name of Individual Last. First) Name of Individual	me of Source Visor, District 2 Name (Last, First) to identify an outside organization.
Vas ticket distribution made at the behest of agency official? Recipients Use Section B to identify an individual. • Use Section B to identify an individual. • Use Section Continue of Ticket(s)/ Pass(es) B. Name of Individual (Last First) Number of Ticket(s)/ Pass(es) Dutra, Dominic Number of Ticket(s)/ Pass(es) Ceremonial Role Other Section B to identify an individual. • Use Section Continue of Ticket(s)/ Pass(es) Ceremonial Role Other Section B to identify an individual. • Use Section Continue of Ticket(s)/ Pass(es) Ceremonial Role Other Section B to identify an individual. • Use Section Continue of Ticket(s)/ Pass(es) Ceremonial Role Other Section B to identify an individual. • Use Section Continue of Ticket(s)/ Pass(es)	visor, District 2 Name (Lest, First) to identify an outside organization.
Vas ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Dutra, Dominic Number of Ticket(s)/ Pass(es) Ceremonial Role Other Other Community volunteer of Ticket(s)/ Pass(es)	visor, District 2 Name (Lest, First) to identify an outside organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pass(es) Number of Ticket(s)/ Pass(es) To reward a community volunteer to the pass of the pass o	to identify an outside organization.
Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C Coremonial Role Use Section B to identify an individual. Use Section C Coremonial Role Use Section B to identify an individual. Use Section B to identify an individual. Use Section B to identify an individual. Use Section C Coremonial Role Use Section B to identify an individual. Use Section C Coremonial Role Use Section B to identify an individual. Use Section B to identify an individual. Use Section B to identify an individual Use Section B t	to identify an outside organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Ticket(s)/ Pass(es) Number of Ticket(s)/ Ticket(s)/ Pass(es) To reward a community volunteer of Ticket(s)/ To reward a community volunteer of To reward a com	PRINCIPLE TO THE PRINCIPLE OF THE PRINCI
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	PRINCIPLE STATE OF ST
Pass(es) Pass(es)	ursuant to the agency's policy
Ticket(s)/ Pass(es) Ceremonial Role Other Dutra, Dominic 2 Ceremonial Role Other To reward a community volunteer of the community volunteer of th	¥
Ticket(s)/ Pass(es) Ceremonial Role Other Dutra, Dominic 2 Ceremonial Role Other To reward a community volunteer of the community volunteer of th	
Ticket(s)/ Pass(es) Ceremonial Role Other Dutra, Dominic 2 Ceremonial Role Other To reward a community volunteer of the community volunteer of th	
Ticket(s)/ Pass(es) Ceremonial Role Other Dutra, Dominic 2 Ceremonial Role Other To reward a community volunteer of the community volunteer of th	
Dutra, Dominic 2 Ceremonial Role Other If checking "Ceremonial Role" or "Other" description of the community volunteer to t	o following:
Dutra, Dominic 2 # checking "Ceremonial Role" or "Other" description of the community volunteer of t	2012-2014-101-07-07-07-07-07-07-07-07-07-07-07-07-07-
To reward a community volunteer	Income
Ceremonial Role Other	
	The second second second
If checking "Ceremonial Role" or "Other" descri-	Income
	oa belaw:
Name of Outside Organization Number of	USA TENNAMENTAL CONTRACTOR AND A SERVICE
Name of Outside Organization (include address and description) Pass(es) Describe the public purpose made pass(es)	ursuant to the agency's policy
Verification	
trave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accor	dance with the requirements.
Michelle Dianda Supervisor's	
Signature of Agency Head or Designee Print Name Title	Aide 9/24/13
	Aide 9/24/3

					A Fublic Document	
. Agency Name				Date Stamp	California 802	
Alameda County					101111	
Division, Department, or Re	gion (If Applicable)			1	For Official Use Only	
Board of Supervisors						
Designated Agency Contact	(Name, Title)			-	31	
Michelle Dianda Area Code/Phone Number	IE mall			☐ Amendment (Must p	rovide explanation in Part 3.)	
	E-mail	da@aaaau	ora	Date of Original Filing:		
(510) 272-6692	michelle.dian	da@acgov.	org		(Month, Day, Year)	
. Function or Event Info				(Fort Total Days	141.50	
Does the agency have a tick		Yes⊠ No[of Each Ticket/Pass \$ _		
Event Description Pink Con	cert		Date(s)10) 10 13		
	Provide Title/Explai	nation				
Ticket(s)/Pass(es) provided	by agency?	Yes No [If no: Golder	n State Warriors Name of So	11770	
NATO O MICHOLOM AND	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle					
Was ticket distribution made of agency official?	at the benest	, Richard- Supervisor	Last, First)			
				Cinciar a realite (Edol, Fridy	
. Recipients						
Use Section A to identify the agen	cy's department or u	Number of	tion B to identify an individu	ual. • Use Section G to iden	tify an outside organization.	
A. Name of Agency, Departn	nent or Unit	Ticket(s)/ Pass(es)	Describe the pub	ublic purpose made pursuant to the agency's policy		
		1 000(00)				
		Number of				
B. Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
Riener, Eileen				Other Other Other Other Other Other Other Other	Income _	
3176-502-5040-777-7500-50		4	To reward a community volunteer for her service to the public.			
			Ceremonial Role		Income _	
			ir checking "Gereman	nial Role" or "Other" describe below:		
C. Name of Outside Orga	anization	Number of	B 1 - 1 - 1			
(include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy	
*						
. Verification						
I have read and understand FPPC Re-	gulations 18944.1 and	18942. I have ve	wified that the distribution set t	forth above, is in accordance wi	th the requirements,	
		Michelle Di	ianda	Supervisor's Aide	9/24/13	
Signature of Agency Head or Design	00	Print Nam		Title	(Wonth, Day Year)	
			1		30000000000000000000000000000000000000	
Comment:			_ 1_1			

1.	Agency Name		Date Stamp	California 802			
	Alameda County			- FOIIII			
	Division, Department, or Reg	gion (If Applicable)		1	For Official Use 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	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month Day Year)	
2.	Function or Event Info	rmation				(Monn, Day, real)	
	Does the agency have a tick	et policy?	Yes⊠ No!	☐ Face Value of	of Each Ticket/Pass \$ _	222.00	
	Event Description Oakland	Raiders vs. Ch			0 , 06 , 13		
	Event Description	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided I	by agency?	Yes □ No I	If no: Oakla	nd Raiders		
					Name of St		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, Richard- Supervisor, District 2 Official's Name (Last, First)						
_						1	
3.	Recipients • Use Section A to identify the agen	cv's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departm	Number of	Terror State and a second	over over a constitution of the second	a vintage and a second www.ave.		
	A. Name of Agency, Departin	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
		9		4			
			W				
	B. Name of Individu	ual	Number of Ticket(s)/		Identify one of the follow	ving:	
			Pass(es)	Ceremonial Role	Other 🛛	Income	
	Van Buren, Obray				nial Role" or "Other" describe below.	7 19 7 V 2 19 19 19 19 19 19 19 19 19 19 19 19 19	
			2	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
					Other Inial Role" or "Other" describe below.	Income	
				n diadating distance	The or other desired book.		
				1/			
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the nul	blic purpose made pursuar	at to the agency's policy	
	(include address and de	escription)	Pass(es)	Describe the pur	one purpose made paradar	n to the agency a poncy	
ŧ.	Verification	WALES OF A PROPERTY CARD			SECONDO SOCIONE PROGRESO DE LOS DE LA COMPANA DE LA COMPAN	netivo and accommodes again	
	I have read and understand FPPC Reg	julations 18944,1 an	d 18942. I have ve	rifled that the distribution set	forth above, is in accordance w	with the requirements.	
	MULE		Michelle D	ianda	Supervisor's Aide	1/30/13	
	Signature of Agency Head or Designa	00	Print Nom	0	Title	(Menth, Day Year)	
	Comment: Includes 1 parki	ng pass at the	value of \$35	j.			

٠,	orememen redic Ever	ito ana mo	nour doo	Diotributions		A Fublic Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County		-1	T VIIII				
	Division, Department, or Reg	gion (If Applicable)		1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Alex Boskovich				_			
	Area Code/Phone Number	E-mail			Amendment (Must pre	and a management of an experience of the same of		
	(510) 272-6693	alex.boskov	ich@acgov.o	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 \$	60		
	Event Description Disney or	n Ice		Date(s)1	0 , 19, 13			
	Event Description	Provide Title/Expl	lanation					
	Ticket(s)/Pass(es) provided I	by agency?	Yes ☐ No[☑ If no: Golde	en State Warriors Name of Sou			
	Mary Haland all abolic all and assert a		- Alan	neda County Supervisor				
	Was ticket distribution made of agency official?	at the benest	No ☐ Yes [⊠ If yes: Alan	Official's Name (L.	ast, First)		
3.								
э.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Departm		Number of Ticket(s)/		public purpose made pursuant to the agency's policy			
			Pass(os)					
						1		
	B. Name of Individe	ual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
	Chan, Jennifer			Ceremonial Role If checking "Cerem	Income			
			4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.				
					Other Other Occide below:	Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the po	ublic purpose made pursuant	to the agency's policy		
	·							
4.	Verification I have read and understand FPPC Re-	gulations 18944.1 an	d 18942. I have ve	orified that the distribution se	t forth above, is in accordance with	h the requirements.		
	0		Alex Bosk	ovich	Senior Legislative Aide			
	Signature of Agency Head or Designee Print Name Comment:				Title	(Month, Day, Year)		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** Alameda County For Official Use Only Division, Department, or Region (if Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) ☐ Amendment (Must provide explanation in Part 3.) Alex Boskovich Area Code/Phone Number Date of Original Filing: _ alex.boskovich@acgov.org (Month, Day, Year) (510) 272-6693 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Yes ⊠ No □ Does the agency have a ticket policy? Date(s) 10 , 18 , 13 Event Description Disney on Ice Provide Title/Explanation If no: Golden State Warriors Yes No 🗵 Ticket(s)/Pass(es) provided by agency? Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No ☐ Yes ☒ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. Ticket(s)/ Pass(es) Number of Identify one of the following: Name of Individual B. Ticket(s)/ Pass(es) Other Income Ceremonial Role If checking "Geremonial Role" or "Other" describe below. Aindow, Dena To promote attendance at an event held at a County facility in 4 order to maximize potential County revenue from sales. Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Describe the public purpose made pursuant to the agency's policy Name of Outside Organization Ticket(s)/ (include address and description) Pass(es) Verification

I have read and inderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 9/26/13 Senior Legislative Aide Alex Boskovich (Month, Day, Year) Print Name Signature of Agency Head or Designee 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			I OIIII			
	Division, Department, or Re	gion (If Applicable	9)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			_		
	Alex Boskovich	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6693	ich@acgov.o	ro	Date of Original Filing:			
_		ich@acgov.o	rg .		(Month, Day, Year)		
2.	Function or Event Info			□ Face Valu	e of Each Ticket/Pass \$ _	60	
	Does the agency have a tick		Yes 🛛 No [
	Event Description Disney o	n Ice Provide Title/Exp.	fo #	Date(s)	10 , 20 , 13		
		Provide HillerExp.	ranation	Gol	den State Warriore		
	Ticket(s)/Pass(es) provided	by agency?	Yes No [☑ If no: Go	den State Warriors Name of Sc	ource	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Ala				ameda County Superviso		
	of agency official?	at the beliest	No LI res L	△ If yes:	Official's Name ((Last, First)	
2	Recipients						
٥.	Use Section A to identify the ager	ncy's department or	unit. • Úse Sec	tion B to identify an indi	vidual. • Use Section C to iden	itify an outside organization.	
	A. Name of Agency, Departr		Number of		public purpose made pursuan		
	A. Name of Agency, Departs	Ticket(s)/ Pass(es)	Describe the	paone purpose made paratism	the bulleting hardware to the afferted a bound		
	B. Name of Individual (Last, Feat) Brown, Sienna		Number of Ticket(s)/	Identify one of the following:		ving:	
			Pass(os)				
						Income	
	Diowii, Sierina		4	- 1000 CONT. CONT.	To promote attendance at an event held at a County facility		
					ze potential County reve		
				Ceremonial Ro	ole Other O	Income	
				omonial Role" or "Other" describe below:			
			U.				
	C. Name of Outside Org	Number of Ticket(s)/	Describe the	public purpose made pursuan	t to the agency's policy		
	(include address and d	escription)	Pass(es)				
	<u> </u>						
				,			
4.	Verification/	1	-				
	I have read and understand FPPC Re	guiations 18944.1 an	d 18942. I have ve	rified that the distribution :	set forth above, is in accordance w	rith the requirements.	
			Alex Bosko	ovich	Senior Legislative Aid	le 9/26/13	
	Signature of Agency Hyrad or Design	100	Print Name	0	Title	(Month, Day, Year)	
	Comment:					EBBC Form 802 (4/42)	

1.	Agency Name		Date Stamp				
	Alameda County		Form				
	Division, Department, or Re	gion (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contac	t (Name, Title)					
	Alex Boskovich						
	Area Code/Phone Number	E-mail			The second secon	provide explanation in Part 3.)	
	(510) 272-6693) 272-6693 alex.boskovich@acgov.org				(Month, Day, Year)	
2.	Function or Event Info	ormation					
	Does the agency have a tic	ket policy?	Yes⊠ No!		of Each Ticket/Pass \$.		
	Event Description Marc An	thony		Date/s\	9 , 27 , 13		
	Cvent Description 2	Provide Title/Expl					
	Ticket(s)/Pass(es) provided	by agency?	Yes □ No I	✓ If no: Golden ———————————————————————————————————	en State Warriors		
	Was ticket distribution made	a at the beheat	neda County Supervis				
	of agency official?	No 🗌 Yes I	If yes:	Official's Name	(Last, First)		
2	Recipients					-	
•	Use Section A to identify the age	ncy's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Depart	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuar	nt to the agency's policy		
			Pass(es)				
	B. Name of Individ	dual	Number of Ticket(s)/	P KIFA - 23	Identify one of the following:		
	(Lost, Fast)		Pass(es)		raentily one of the follow	wing.	
	Moran, Alberto			Ceremonial Role		Income	
	Woran, Alberto	2	If checking "Coromonial 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	Other	Income _	
			2	If checking "Cerem	If checking "Ceremonial Role" or "Other" describe below:		
			1000				
			Number of	1		MASSON ASSOCIATION OF THE WARREN	
	C. Name of Outside Org		Ticket(s)/ Pass(es)	Describe the po	ublic purpose made pursuar	nt to the agency's policy	
	Viii——————————————————————————————————						
1.	Verification /						
**	I have read and understand FPPC Re	egulations 18944 + and	d 18942. / have ve	villed that the distribution se	t forth above, is in accordance w	with the requirements.	
	1	//	Alex Bosk	ovich	Senior Legislative Aid	de 9/25/13	
	Signature of Agency Head or Dosig	new	Print Nam	0	Title	(Month, Day, Year)	
	Comment:					EDDC Form 802 (4/42	

Ceremonial Role Events and Ticket/Pass Distributions

						A I done becamen	
١.	Agency Name				Date Stamp	California 802	
	Alameda County					T C I III	
	Division, Department, or Re	gion (if Applicable	9)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Alex Boskovich						
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6693		ich@acgov.o	ra	Date of Original Filing:		
2.	Function or Event Info		icii@acgov.o	. 9		(Month, Day, Year)	
	Does the agency have a tick		Yes 🖾 No [T Face Value	of Each Ticket/Pass \$ _	30	
		현재 경향 중심하다 바라 여기	Yes [A] No [
	Event Description A's vs. Twins Date(s) 9 , 19 , 13						
	T-1-1/10		and Athletics				
	Ticket(s)/Pass(es) provided	by agency?	Yes No [Name of Se		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan						
	of agency official?				Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to Identify the agent	cy's department or	unit. • Use Sec	tion B to identify an individ	fual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	nt to the agency's policy	
			Pass(es)				
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	wing:	
	Rosario, Dionisio		Pass(es)	Ceremonial Role		Income 🗆	
	Rosario, Dionisio		2	To promote attend	nial Rote" or "Other" describe below: lance at an event held potential County reve	at a County facility in	
	X			Ceremonial Role	Other	Income	
			2		nial Role" or "Other" describe below.		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	nt to the agency's policy	
1.	Verification						
	I have read and understand PPPC Reg	gulations 18944.1 an	d 18942. I have ve	rified that the distribution set	forth above, is in accordance w	vith the requirements.	
			Alex Bosko	ovich	Senior Legislative Aid	le 9/17/13	
	Signature of Agency Head or Dealgn	00	Print Name	9	Tille	(Month, Day, Year)	
	Comment:						

A	Pul	bli	C	Documen	1
_				DOCUMENT	٠

00	remornal Noie Ever	to and no	Ketri daa i	Distributions		A Public Document		
1.	Agency Name				Date Stamp	California 802		
	Alameda County					Form For Official Use Only		
	Division, Department, or Reç	jion (If Applicable	9)			For Orlicial Ose 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	ich@acgov.or	g	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Infor	mation				000/#05		
	Does the agency have a tick		Yes ⊠ No □	Face Value	of Each Ticket/Pass \$ _	222/\$35 parking		
	Event Description Raiders v	s. Jaguars		Date(s) 9	, 15 , 13			
	Event description	Provide Title/Exp	lanation					
	Ticket(s)/Pass(es) provided t	y agency?	Yes □ No 🛭	If no: Oakla	nd Raiders Name of So	urca		
	Mee tieket dietributien made	at the beheat		Alam	neda County Superviso			
	Was ticket distribution made of agency official?	at the benest	No ☐ Yes 🛭	If yes:	Official's Name (Lost, First)		
2	Paciniante							
	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, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy		
	7							
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:				
	Arnerich, Ken		3		nial Role" or "Other" describe below:	Income		
			3	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.				
			3		Other untal 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		
				30	- E			
	Verification	ulations 18944.1 an	d 18942. I have ver	ified that the distribution set	forth above, is in accordance w	ith the requirements.		
	a second		Alex Bosko	vich	Senior Legislative Aid	e 9/13/13		
	Signature of Agency Head or Dasigne		Print Name		Title	(Month, Day, Year)		
	+ 1 parking pas							

1.	Agency Name Alameda County		Date Stamp California Form For Official Use On				
	Division, Department, or Re Board of Supervisors	gion (If Applicable)		- Por Official One Only		
	Designated Agency Contact	(Name, Title)			_		
	Amy Shrago Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
		770000000000000000000000000000000000000	9000001000		Date of Original Filing:	09/30/13	
_	(510) 272-6695	amy.shrago	@acgov.org			(Month, Doy, Year)	
2.	Function or Event Info				-15 T-1 6	30.00	
	Does the agency have a tick		Yes 🗵 No	-	of Each Ticket/Pass \$ _		
	Event Description Oakland	A's Baseball		Date(s)	9 , 1 , 13		
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided	by agency?	Yes ☐ No I	If no: Oakla	and A's Name of S	ource	
	Was ticket distribution made	at the helicet	No ☐ Yes	✓ If yes: Cars		C.	
	of agency official?	at the benest	Official's Name	(Last. First)			
-							
3.	Recipients • Use Section A to identify the ager	cy's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departs		Number of Ticket(s)/ Pass(es)		ıblic purpose made pursuan		
			· manquay		4		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	s)/ Identify one of the following:		ving:	
	La, La			Caremonial Role # checking *Corona	Other Sonial Role or "Other describe below	Incomo 🗆	
			2	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales			
		k k	= 1	Geremonial Role # chacking *Corone	Other One Other describe below.	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	public purpose made pursuant to the agency's policy		
4	Varification						
4.	Verification I have read gott underfload FPPC Re	gulations 18944.1 and	f 18942. I have ve	wified that the distribution se	t forth above, is in accordance v	with the requirements.	
	25 Mags		Amy Shr	ago	Supervisor's Assistar	nt 9/30/13	
	Supplied of Money House of Configuration	via .	Print Nom	0	7itla	(Month, Day, Year)	

1.	Agency Name Alameda County		Date Stamp	California 802 Form 802			
	Division, Department, or Re	gion (If Applicable	9)			For Official Ose Only	
	Board of Supervisors					l l	
	Designated Agency Contact	(Name, Title)		N. V. W.			
	Amy Shrago				Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	@aaaau ara		Date of Original Filing: 09/30/13		
2	(510) 272-6695 Function or Event Info		@acgov.org		out or original charge	(Month, Day, Year)	
4.	Does the agency have a tick		Yes⊠ No I	□ Face Value	of Each Ticket/Pass \$	30.00	
			TESIZI NO		9 , 2 , 13		
	Event Description Oakland	Provide Title/Exp	lanation	Date(s)	<i>y</i> 12 10	0 1 4 1 10	
	Ticket(s)/Pass(es) provided	by agency?	Yes□ No[M If no: Oakla	and A's		
					Name of Sou	urco	
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes	If yes: Care	official's Name (t	ost, First)	
2							
3.	Recipients • Use Section A to identify the agent	cy's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		iblic purpose made pursuant		
	D Name of Individ	Number of					
	B. Name of Individual		Ticket(s)/ Pass(es)	Identify one of the following:			
	Spencer, Scott		4		onial Rale" or "Other" describe below	Income ☐	
					mote attendance at a County facility in order to maximize ial County revenue from parking and concession sales		
				Ceremonial Role # checking "Gerein	Other Onial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of	Describe the public purpose made pursuant to the agency's policy			
	C. Name of Outside Org.		Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy	
	C. Name of Outside Org. (include address and d		Ticket(s)/	Describe the pu	iblic purpose made pursuant	to the agency's policy	
	C. Name of Outside Org.		Ticket(s)/	Describe the pu	iblic purpose made pursuant	to the agency's policy	
4.	Verification	escription)	Ticket(s)/ Pass(es)				
4.	(include address and d	escription)	Ticket(s)/ Pass(es)	rified that the distribution se		th the requirements.	

						rii dibile becallidire			
1.	Agency Name				Date Stamp	California 802			
	Alameda County					For Official Use Only			
	Division, Department, or Reg	jion (If Applicable	9)			For Onicial Ose Only			
	Board of Supervisors								
	Designated Agency Contact	(Name, Title)		Miles de la companya					
	Amy Shrago								
	Area Code/Phone Number	E-mail	14-7-7-7-7		Amendment (Most provide explanation in Part 3.)				
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing	09/30/13 (Month, Day, Year)			
2.	Function or Event Info	mation				20.00			
	Does the agency have a tick		Yes⊠ No		of Each Ticket/Pass \$.				
	Event Description Oakland	A's Baseball		Date(s)	, 3 , 13				
		Provide Title/Exp	lanation						
	Ticket(s)/Pass(es) provided t	y agency?	Yes□ No!	If no: Oakla	Ind A's Name of 5	ource			
	Was ticket distribution made	at the behest	No ☐ Yes	If yes: Cars					
	of agency official?	or the bonds	Official's Name	(Last, First)					
3.	Recipients								
	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, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	nt to the agency's policy			
	B, Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:				
	Brooks, Rodney			Ceremonial Role	Other 🗵	Income			
	brooks, redirey		2	(- 1. B. R. B.		her exemplary service to			
				Ceremonial Role	Other	Income			
				If chacking *Coratrio	nial Role" or "Other" describe below				
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the pu	Describe the public purpose made pursuant to the agency's policy				
		7	Pass(es)			1,000,000,000,000,000,000,000,000,000,0			
4.	Verification	ulations 18944 1 po	d 18942 (bayo ya	rolled that the distribution set	forth above, is in accordance	with the requirements			
	1/ March)	Amy Shr		Supervisor's Assista				
	Adminific of Agency Head or fasigne	10	Print Nam	MATERIAL DESCRIPTION OF THE PARTY OF THE PAR	Tille	(Month, Day, Year)			
	Comment:								

	New York							
C	eren	nonia	Role	Events	and	Ticket/Pas	ss Dist	ributions

						A Fublic Document			
1.	Agency Name			[6]	Date Stamp	California 802			
	Alameda County					Form For Official Use Only			
	Division, Department, or Reg	jion (If Applicable	9)			454 (645) 104 104			
	Board of Supervisors								
	Designated Agency Contact	(Name, Title)							
	Amy Shrago				Amendment /Musico	rovide explanation in Part 3.)			
	Area Code/Phone Number	E-mail				00/30/13			
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)			
	Function or Event Info					30.00			
	Does the agency have a tick		Yes 🗵 No	to the second se	of Each Ticket/Pass \$				
	Event Description Oakland	A's Baseball	VIII.	Date(s) 9	, 6 , 13	9 , 22 , 13			
		Provide TalesExpl	fanotion	Oaklar	ad A'e				
	Ticket(s)/Pass(es) provided t	y agency?	Yes No	If no: Oaklar	Name of So	urce			
	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 agent	cy's department or	tion B to identify an individu	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 pub	lic purpose made pursuant	to the agency's policy			
			-		-				
	B. Name of Individu	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:				
	Shrago, Amy		2		lat Role" or "Other" describe below.	Income			
				the public	y employee for his or	her exemplary service to			
	ν.			Ceremonial Role If checking Ceremon	Other Discribe below:	Income			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Describe the p		ablic purpose made pursuant to the agency's policy				
	Verification There read And understand FPPC Reg	ulations 18944.1 aa	d 18942. I have ve	urified that the distribution set I	forth above, is in accordance wi	th the requirements.			
	(A Shrang) Amy Shrago			ago	Supervisor's Assistan	t 9/30/13			
	Significant Agency Hears & Casigna	10	Print Nan		Title	(Month. Day. Year)			

, 1	Sourch . rol			
	Caramonial	Role Events	and Ticket/Page	Distributions

_						The second secon	
1.	Agency Name			Date Stamp California 8			
	Alameda County					Form For Official Use Only	
	Division, Department, or Reg	jion (If Applicable	9)			To dinam out only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Amy Shrago	Ÿ.			F		
	Area Code/Phone Number	E-mail			Amendment (Mast provide explanation in Part 3.) 09/30/13		
(510) 272-6695 Date of Original Filing: 09/30/13 O9/30/13							
2.	Function or Event Info	rmation				30.00	
	Does the agency have a tick		Yes 🛛 No		of Each Ticket/Pass \$ _		
	Event Description Oakland	A's Baseball		Date(s)	9 , 7 , 13		
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided I	by agency?	Yes ☐ No	If no: Oakla	and A's Name of S	OWCO	
	Was ticket distribution made	at the behavi	N. [] V.	☑ If yes: Care		All GO	
	of agency official?	at the benest	No ☐ Yes	IXI If yes:	Official's Name	(l.ost. First)	
3	Recipients						
٠.	Use Section A to identify the agent	cy's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	at to the agency's policy	
	-		, majory				
			Number of				
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following:		
	Leung, Chris			Ceremonial Role If checking "Cerem	Other 🛭 oxial Rale" or "Other" describe below	Income	
			2		dance at a County faci evenue from parking a	lity in order to maximize and concession sales	
				Ceremonial Role # checking "Cerem	Other Other Other Other Other Other Other Other Other	Income .	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)		public purpose made pursuant to the agency's policy		
_	Mariff and a						
4.	Verification Linova read and understand FPPC Reg	gulations 18944.1 an	d 18942. I hava ve	erified that the distribution se	t forth above, is in accordance v	with the requirements.	
	So heys)		Amy Shr	ago	Supervisor's Assista	nt 9/30/13	
	Marchanic of Agancy of Sad Davign	ne)	Print Nan	00	TiNo	(Month, Day: Year)	
	Comment:						

1.	Agency Name			Date Stamp	California 802			
	Alameda County				100000000000000000000000000000000000000	FOIIII -		
	Division, Department, or Re	gion (If Applicable	9)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Amy Shrago							
	Area Code/Phone Number	E-mail			Amendment (Mast provide explanation in Parl 3.)			
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filling: 09/30/13 (Month, Day, Year)			
2.	Function or Event Info	rmation		7				
	Does the agency have a tick	et policy?	Yes 🛛 No	☐ Face Value	of Each Ticket/Pass \$ _	30.00		
	Event Description Oakland	A's Baseball		Date(s) 9	, 8 , 13			
	Even Description	Provide Title/Exp	lanation					
	Ticket(s)/Pass(es) provided	by agency?	Yes□ No!	If no: Oakla	nd A's Name of So	numa.		
	Was ticket distribution made	at the behast		If yes: Cars		Arto		
	of agency official?	at the benest	No ☐ Yes	If yes:	Official's Name	(Lost, First)		
3.	Recipients							
٥.	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, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy		
			Pass(us)					
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	ving:		
			Pass(es)	Ceremonial Role	Other 🛛	Income		
	Brown, James			57777578787878787878	ontal Role" or "Other" describe below			
			2		lance at a County facil evenue from parking a	ity in order to maximize nd concession sales		
				Ceremonial Role	Other	Income .		
				If checking "Cereme	onial Rola" or "Other" describe helow.			
	C. Name of Outside Org.		Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy		
	(include address and d	escription)	Pass(os)					
		-						
4	Verification							
4.	I have read agd upderstand FPPC Re	gulations 18944.1 ar	rd 18942. I have ve	arified that the distribution set	forth above, is in accordance w	with the requirements.		
	15hung		Amy Shr	ago	Supervisor's Assistar	nt 9/30/13		
	Magature of Agency Heaf or Gesign	000	Print Nan	THE RESERVE TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	7/0/0	(Month, Day, Year)		
	//							
	Comment:							

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(Ceren	nonial	Role	Events	and '	Ticket/Pass	Distrib	utions

				I'.				
1.	Agency Name				Date Stamp California 802			
	Alameda County					Form OUZ		
	Division, Department, or Re-	gion (If Applicable	0)		7	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Namo, Title)			1			
	Amy Shrago							
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6695		@acgov.org		Date of Original Filing:	09/30/13 (Month, Day, Year)		
2.	Function or Event Info		0 0 0			Intolian, Day, Yeary		
	Does the agency have a tick		Yes 🗵 No	☐ Face Value	of Each Ticket/Pass \$ _	30.00		
	Event Description Oakland		130 22 110					
	Event Description	Provide Title/Exp	lanation	Date(s)	5 1.0 1.0			
	Ticket(s)/Pass(es) provided	by agency?	Yes □ No I	If no: Oakla	and A's			
	ποιοιίσλη ασοίσση μιστικόσι	ey againey.	les 🗆 🖂		Name of Sc	ource		
	Was ticket distribution made	at the behest	No ☐ Yes	If yes: Cars	son, Keith	a - 1 F/- A		
	of agency official?				Official's Name (Last, F#8f)		
3.	Recipients							
	Use Section A to identify the agent	cy's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ider	tify an outside organization.		
	A. Name of Agency, Departm	nent or Unit	Ticket(s)/	Describe the pu	iblic purpose made pursuan	t to the agency's policy		
			Pass(es)					
	B. Name of Individ	Number of		Identify one of the fellow	dani			
	D. (Last, Fast)	Ticket(s)/ Pass(es)		Identify one of the following:				
				Ceremonial Role		Income		
	Spencer, Scott		2		antal Role" or "Other" describe below:	ity in order to mayimize		
					evenue from parking a	ity in order to maximize nd concession sales		
				Ceremonial Role		Income		
					orial Role" or "Other" describe helow:			
				NATIONAL SECTION AND AND AND AND AND AND AND AND AND AN				
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the pu	iblic purpose made pursuan	t to the agency's policy		
	(include address and de	escription)	Pass(es)					
4.	Verification							
	I have read and understand FPPC Reg	gulations 18944.1 an	d 18942. I havo ve	rified that the distribution se	t forth above, is in accordance w	ith the requirements.		
	858 Mago		Amy Shr	ago	Supervisor's Assistan	nt 9/30/13		
	Signature of Agency tylind or Design	00	Print Nam	on .	Title	(Month, Day: Year)		
	Commont							
	Comment:							

						A Labite Becament	
1.	Agency Name			Date Stamp	California 802		
	Alameda County		2010/04/20			For Official Use Only	
	Division, Department, or Re	gion (If Applicable	9)			For Onicial Cat City	
	Board of Supervisors						
	Designated Agency Contac	t (Name, Title)					
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation				20.00	
	Does the agency have a tick		Yes 🗵 No [of Each Ticket/Pass \$ _		
	Event Description Oakland	A's Baseball Provide Title/Expl	lanation	Date(s)9	<u>, 19 , 13 </u>	· //	
	Ticket(s)/Pass(es) provided	by agency?	Yes□ No[If no: Oaklar	nd A's	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 ager	ncy's department or		tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departs	ment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuar	t to the agency's policy	
				W//// 100 100 100 100 100 100 100 100 100			
	B. Name of Individ	fual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Simpson, Sam				Other S	fncome	
			2			lity in order to maximize and concession sales	
				Ceremonial Role II checking "Caremon	Other	Income 🔲	
	C. Name of Outside Org		Number of Ticket(s)/ Pass(es)	s)/ Describe the public purpose made pursuant to the agen		nt to the agency's policy	

4.	Verification I have reed agd understand FPPC Re	gulations 18944.1 an	d 18942. I have ve	wified that the distribution set i	forth above, is in accordance w	with the requirements.	
	In Shrews		Amy Shr	Shrago Supervisor's Assistant 9/30/			
	Significant Agancy Hoghar Davig	200	Print Nam	0	Title	(Month, Day, Year)	
	Comment:	0					

Ceremonial	Role Events	and Ticket/Pass	Distributions

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Region (If Applicable)					For Onicial Ose Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.) 09/30/13
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				20.00
	Does the agency have a tick		Yes 🗵 No		of Each Ticket/Pass \$ _	
	Event Description Oakland A's Baseball Date(s) 9				9 , 20 , 13	
	Every Decompton	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Oaklar			and A's	ource	
	Was ticket distribution made at the behast					
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Carso of agency official?			Official's Name	(Last, First)	
3.	Recipients					
3.	Use Section A to identify the agent	cy's department or	unit. • Use Sec	tion B to identify an individ	dual. • 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	
			1.000,000			5
			·			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Greene, Hannah			Ceremonial Role	Other Officer of Other describe below	Income .
	Oreene, Haman		2			her exemplary service to
				Ceremonial Role II checking "Cerem	Other Denial Role or "Other" describe below	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	nt to the agency's policy
4.	Verification These read and understand FPPC Reg	gulations 18944.1 an	d 18942. I have ve	orified that the distribution se	t forth above, is in accordance v	with the requirements.
	affect -		Amy Shr	ago	Supervisor's Assistar	nt 9/30/13
	Sarfuno d'Agancy riosa ac Design	on	Print Nan		Tido	(Month, Day: Year)
	Comment:					

Ceremonial	Role Events	and Ticket/Pass	Distributions

1.	Alameda County Division, Department, or Region (# Applicable)			Date Stamp	California 802 Form For Official Use Only	
	Board of Supervisors Designated Agency Contact (Name, Title)				- A	(Inches A. S. 1906) 7060 V. (1969)
	Amy Shrago Area Code/Phone Number (510) 272-6695	E-mail amy.shrago	@acgov.org		☐ Amendment (Mast) Date of Original Filing:	09/30/13 (Month, Dey, Year)
Function or Event Information Does the agency have a ticket policy? Event Description Oakland A's Baseball Provide Title/Explain Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest			Yes⊠ No lanation Yes□ No I No□ Yes	Date(s)	and A's	ource
3.	of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency of department or unit. Number of Ticket(s)/ Pass(es)					ntify an outside organization.
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	
	Jenkins, Kevin		4	B. (1) 보고 있다면 사용하다 내용하다 다 보다.	onlal Role" or "Other" describe below	her exemplary service to
				Ceremonial Role II chesking "Ceram	Other Oneal Role or "Other" describe holow:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuan	it to the agency's policy
4.	Verification I have read and understand FPPC Reg	gulations 18944.1 an	d 18942. I have ve		t forth above, is in accordance w Supervisor's Assistar	
	Silvande of Agency Hop or Design	90	Print Nav		Titlo	(Month, Day, Your)

(4,5)						AT abile becamen
1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form For Official Use Only	
	Division, Department, or Region (If Applicable)					
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filling:	4 : [10] [10] [10] [10] [10] [10] [10] [10]
	(510) 272-6695	amy.shrago		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info			150 DECEMBER 1000		30.00
	Does the agency have a tick		Yes X No [of Each Ticket/Pass \$ _	
	Provide Title/Explanation) , 21 , 13		
	Ticket(s)/Pass(es) provided	by agency?	Yes□ No[☑ If no: Oakla	ind A's	
	The second and the second seco			Name of Se	ource	
Was ticket distribution made at the of agency official?		at the behest	No ☐ Yes [No ☐ Yes ☑ If yes: Carson, Keith Official's Name (Last, First)		
_					Chicago a Harrie	nam. r nay
	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		Number of Ticket(s)/			
			Pass(es)			
			1 1			
	A THE RESERVE OF THE		-	200-000-00-00		
	B. Name of Individ	Number of			dono	
	D. (Last, Fast)	5707.	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Geremonial Role		Income
				If checking "Geremo	unial Bole" or "Other" describe below.	
				Ceremonial Role	Other	Income
				If chacking 'Coreins	onial Role" or "Other" describe below.	
			Number of			
	C. Name of Outside Orga (include address and d		Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
			Pass(es)			
	Youth Alive! 3300 Elm Stre Oakland, CA 94609	eet	2	To reward a school to the community	ol or nonprofit organiza	ation for its contributions
	Canana, OA 54005			to the community		
	*					,
_						
4.	Verification I have read and anderstand FPPC Re-	nulations 18944.1 an	d 18942. I have ve	rilied that the distribution set	forth above, is in accordance v	with the requirements.
	110/2 -	,	Amy Shra		Supervisor's Assistar	
	Signature of Agency Head Dawig	00	Print Name		Supervisor's Assistar	(Month, Day, Year)
	//					
	Comment:					

•	.acrich			
C	Ceremonial	Role Events	and Ticket/Pass	Distributions

1	Assess Norse				Date Otomo	California -
1.	Agency Name			Date Stamp	California 802	
	Alameda County				For Official Use Only	
	Division, Department, or Region (# Applicable)				The state of the s	
	Board of Supervisors				1	
	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, Dey, Year)
2	Function or Event Info	, ,	0 0 0			(monot boy root)
	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	250.00
	Conneties		103 [2] 140			
	Event Description Sensation	Provide Title/Exp	14 , 13			
	Golde			en State Warriors		
	100 100			Name of S	ource	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Cars			on, Keith		
	of agency official?		140 L 163	101 11 yes	Official's Name	(Lost, First)
3.	Recipients					
٥.	Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/		olic purpose made pursuant to the agency's policy	
			Pass(es)			
			1			
	B. Name of Individe	ual	Number of Ticket(s)/ Pass(cs)	Geremonial Role	Identify one of the follow	
	B. Name of Individu	ual	Ticket(s)/ Pass(os)	Geremonial Role # checking "Gerem		Income [
	B. Name of Individ	ual	Ticket(s)/	# checking "Gerein To reward a Cour	Other S	Income [
	B. Name of Individ	val	Ticket(s)/ Pass(os)	If checking "Cerem To reward a Cour the public	Other outlier outlier outlier of Other describe below ty employee for his or	her exemplary service to
	B. Name of Individ	val	Ticket(s)/ Pass(os)	If checking "Cerem To reward a Cour the public Ceremonial Role	Other outlier outlier outlier of Other describe below ty employee for his or	her exemplary service to
	B. Name of Individ	anization	Ticket(s)/ Pass(os)	If checking "Gerein To reward a Cour the public Ceremonial Role If checking "Gerein	Other Other Other Other Other Other Other Other Other	her exemplary service to
	B. Name of Individe (Last First) Cabrera, Stephanie C. Name of Outside Organical (include address and december)	anization	Ticket(s)/ Pass(os) 4 Number of Ticket(s)/	If checking "Gerein To reward a Cour the public Ceremonial Role If checking "Gerein	Other Sound Role" or "Other" describe below ty employee for his or Other Other Down Role" or "Other" describe below	her exemplary service to
4.	B. Name of Individual (Last First) Cabrera, Stephanie C. Name of Outside Organization	anization ascription)	Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a Cour the public Ceremonial Role If checking "Cerem Describe the pu	Other South Role" or "Other" describe below thy employee for his or Other South Role" or "Other" describe below ship to the south a below	Income Complete to the exemplary service to the agency's policy
4.	B. Name of Individe (Last First) Cabrera, Stephanie C. Name of Outside Organical (include address and december)	anization ascription)	Number of Ticket(s)/ Pass(es)	If checking "Cerem To reward a Cour the public Geremonial Role If checking "Cerem Describe the pu	Other South Role" or "Other" describe below thy employee for his or Other South Role" or "Other" describe below ship to the south a below	her exemplary service to Income

100						
1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form For Official Use Only	
	Division, Department, or Region (# Applicable)				For Official Ose Only	
	Board of Supervisors					,
	Designated Agency Contact (Name, Title)			1		
	Amy Shrago			- Amendment (Mark	resolide evidentalles in Ded 2.1	
	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	rmation				19
	Does the agency have a tick		of Each Ticket/Pass \$ _			
	Event Description Cal football Date(s) 08 / 31 /					
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Onive			ersity of California - Be	ource	
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:					
	of agency official?		140 [Q] 169 [Li ii yes	Official's Namo	(Lost, First)
3.	Recipients					
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual.				dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	at to the agency's policy
			Pass(es)			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ving:
	Carson, Keith		Pass(os)	Ceremonial Role # checking "Ceremo	Other S	Income
	outon, rom		2		ion about the operatio otentially operated by	n of a facility similar to the County
			1.0	Ceremonial Role # chacking "Cerains	Other Dunial 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 pursual	nt to the agency's policy
	(mondo address and a	osot ipicony	Pass(es)			
4	Verification					
4.	Verification I have read agd understand FPPC Re	gulations 18944.1 an	d 18942. I have ve	erified that the distribution se	t forth above, is in accordance v	with the requirements.
	16 Shann		Amy Shr	ago	Supervisor's Assistar	nt 9/30/13
	Asylauno of Agency rolla of Davige	ion .	Print Nam		Title	(Month, Day, Yaar)
	/					
	Comment:	ido	Print Nan	349	Title	(Month, Day, Ya

Ceremonial	Role Events	and Ticket/Pass	Distributions

_						White the same of
1.	Agency Name			Date Stamp California 8		
	Alameda County				Form For Official Use Only	
	Division, Department, or Region (# Applicable)				7	For Olligial Ose Only
	Board of Supervisors					
	Designated Agency Contact	Designated Agency Contact (Name. Title)				
	Amy Shrago				_	
	Area Code/Phone Number E-mail				Amendment (Must pr	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				N/09563615036
	Does the agency have a tick	et policy?	of Each Ticket/Pass \$	250.00		
	Event Description Sensation Date(s) 9				9 , 14 , 13	, ,
	Event Description	Provide Title/Expl				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Gok			en State Warriors		
	100 100			-	Name of So	WC0
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes			If yes: Cars	son, Keith Official's Name (l	nst First
_	of agency official?				Omenia vanno (i	eat. Fray
3.	Recipients				deel a Use Section C to ident	Uf an autoida accomination
	Use Section A to identify the agency's department or unit. Number of Number of					70 TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTA
	A. Name of Agency, Departm	Ticket(s)/ Describe the pu		ublic purpose made pursuant to the agency's policy		
			r anatony			
		70,70				
	B. Name of Individual N				Identify one of the following:	
	(Last, Fest)	27/4	Ticket(s)/ Pass(es)			
	Cornen Veith			Ceremonial Role	Other Other Other Other Other Other Other	Income
	Carson, Keith		4		dance at a County facili	ty in order to maximize
					evenue from parking ar	
				Ceremonial Role	Other 🗆	Income
					onial Role" or "Other" describe below.	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the pu	ublic purpose made pursuant	to the agency's policy
	(metada adaless and de	oscii, piioti,	Pass(os)			
			-			
4.	Verification					Maria Ma
	I have read and sollers and EPPC Re-	gulations 18944.1 an				
	Spormago		Amy Shra	ago	Supervisor's Assistan	
	Spindly of Agency Head & Borngh	00	Print Nam	0	7160	(Month, Doy, Year)
	0					
	Comment:					EPPC Form 802 (4/12)

1.	Agency Name			Date Stamp California 802		
	Alameda County					- Form
1	Division, Department, or Regi	on (if Applicabl	(e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Name, Title)			-	
	Lee Ann Fergerson, Supervi		und.			
			irit		Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail				Date of Original Filings	
_			erson@acgov.o	ig .	•	(Month, Day, Year)
D	Function or Event Inform			Face Makes	of Each Ticket/Pass \$.	75000
	Does the agency have a ticket	policy?	Yes No 🗆	Face value of	of Each Ticket/Pass \$.	270
	Event Description	sation		_ Date(s)	114/15	
		Provide Title/Exp	olanation	(_	21.)	
	Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐ If no:			If no:	Name of S	Course
-	A			Alan	neda County Supervisor S	
	Was ticket distribution made at the behest No Yes Yes If yes:			If yes:	Official's Name	(Last, First)
_						20 M M M M M M M M M M M M M M M M M M M
	Recipients • Use Section A to identify the agency	's department o	runit. • Use Section	n B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
			Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
	B. Name of Individua		Number of		14.00	19/4/1
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	wing:
				Ceremonial Role	Other	Income
				If checking "Ceremon	nial Role" or "Other" describe below	
						dd la cades
	- 1			to maximize pote	dance at a county sponse ntial county revenue for c	ored event in order oncession and
	Frun Wickle	W	4	parking sales		
	49.1	THE A. LEWIS CO.				
	C Name of Outside Organ	ization	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursual	nt to the agency's policy
			1 1			
			-			
	Verification					
(I have read and understand FPPC Regul	ations 18944,1 ar	nd 18942. I have verifie	ed that the distribution set	forth above, is in accordance v	with the requirements.
1	tulin or le	_	Lee Ann Ferge	erson	Supervisor's Assista	nt 9-(3-1)
	Signature of Agency Head or Designee		Print Name		TiNo	(Month, Day, Year)
	Comment:					

I. Agency Name	Agency Name Alameda County Division, Department, or Region (If Applicable)			California 802
Alameda County				roini —
Division, Department, or R				For Official Use Only
Board of Supervisors				
Designated Agency Contac	ct (Name, Title)			
Lee Ann Fergerson, Supe	ervisor's Assistant	ļ.	Amendment (Must)	
	Area Code/Phone Number E-mail			provide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@acgov.	org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Infe	ormation			171/00
Does the agency have a tic	ket policy? Yes ⊠ No □	Face Value of E	Each Ticket/Pass \$ _	179.00
Event Description	Provide Title/Explenation	Date(s)	12713	
Ticket(s)/Pass(es) provided	by agency? Yes⊠ No⊡	If no: GSV	V	
		Name of Se	ource Scott Haggerty, District 1	
Was ticket distribution mad of agency official?	e at the behest No ☐ Yes ☐	If yes:	Official's Name	W 11/4 1
			Olliciar's Name	(Last, Prist)
. Recipients				
Use Section A to identify the agency's department or unit. Use Section B to identify an individed Number of				
A. Name of Agency, Depar	tment or Unit Ticket(s)/ Pass(es)	Describe the public	purpose made pursuan	t to the agency's policy
B. Name of Indiv	Idual Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow Other Role or Other describe below:	Income 🔲
Vanessa Joh	vn504 4	To promote attendar to maximize potentia parking sales	ace at a county sponsor	red event in order :ome oncession and
C. Name of Outside Or (include address and		Describe the public	purpose made pursuan	at to the agency's policy
have read and anderstand FPPC R	egulations 18944.1 and 18942. I have verill		upervisor's Assistar	nt sept 91
	Lee Ann Ferg			

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Reg	ion (If Applicable	/e)			For Official Use Only
	-	Юн (п Аррисаы				
	Board of Supervisors Designated Agency Contact ((Name Title)				
	Lee Ann Fergerson, Superv Area Code/Phone Number	E-mail	☐ Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6691		erson@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		4400		(
	Does the agency have a ticke	t policy?	Yes 🛍 No 🗆	Face Value o	of Each Ticket/Pass \$ _	8500
	Event Description	BUL	<u>/</u>	_ Date(s) <u> </u>	,20,13	
	•	Provide Title/Exp	olanation	, , ,	ekland &	al Dofice
	Ticket(s)/Pass(es) provided b	y agency?	Name of Sc	durce		
	Was ticket distribution made a	at the behest	No ☐ Yes █	If yes: Alam	neda County Supervisor S	
	of agency official?		- τ	,	Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agence		r unit. • Use Section Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
					Other Inial Role" or "Other" describe below:	income 🗌
				Ç		
	- 0			To promote a	ttendance at a county spo	nsored event in order
	Delotaror				potential county revenue for	
	7 17 CM GM		9			
	C Name of Outside Organ	nization	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
			·			
				10 15 10 11 11 11 11 1 4550 (511)		
4.	Verification have read and understand FPPC Regu	lations 18044 1 at	nd 18042 have verific	d that the distribution set :	forth above is in accordance w	ith the requirements
(Lead D. A sol a		Lee Ann Ferge		Supervisor's Assistan	A 12 0
	Signature of Agency Agad or Designed	9	Print Name	15011	Title	(Month, Day, Year)
	()					
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

-	A manage Name					
1.	Agency Name				Date Stamp	California 802
	Alameda County			For Official Use Only		
	Division, Department, or Reg	ion (If Applicable		-		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	1			
	Lee Ann Fergerson, Superv	risor's Assista				
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				Ann -00
	Does the agency have a ticke	t policy?	Yes No	☐ Face Value o	of Each Ticket/Pass \$ £	1900 50°
	Event Description	Seball		Date(s)	7,16,13	
	Event Description	Provide Title/Exp	lánation	Date(s)		
	Ticket(s)/Pass(es) provided b	v agency?	Yea No	□ If no:	akland A	Muetra
	., ., .,	, - ,		/	Name of S eda County Supervisor Sc	
	Was ticket distribution made a	at the behest	No ☐ Yes	If yes:	Official's Name	
	of agency official?		•		Oniciai s ivame	(Last, First)
3.	Recipients					
	Use Section A to identify the agence		Number of	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy
			i usa(cs)			
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	uina:
	(Last, First)	30	Pass(es)		identity one of the follow	wing,
				1	Other	Income
				ii checking Ceremor	nial Role" or "Other" describe below.	
	. 0			To promote attenda	ance at a county sponsore	ed event in order come
	Dane Vaco		17	to maximize potent parking sales	tial county revenue for cor	ncession and
	rivna rope	,	1	parking sales		
	C. Name of Outside Organ (include address and de-		Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy
	(11111111111111111111111111111111111111	20,,p.,,	Pass(es)			
						-
4.	Verification					
1	I have read and understand EPPC Regu	ulations 18944.1 an				2100
	Dille III	<u></u>	Lee Ann Fe		Supervisor's Assistar	$\frac{1}{1}$ $\frac{9-13-15}{1}$
	Signature of Agericy Headfor Designed)	Print Nam	ne	Title	`(Month, Day, Year)
	Comment:	/				•

1.	Agency Name				Date Stamp	California 802	
(7.17)	Alameda County		10000000000000000000000000000000000000	Form OUZ			
	Division, Department, or Reg	jion (if Applicable)			1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-	1	
	Lee Ann Fergerson, Super-	visor's Assistan					
	Area Code/Phone Number E-mail				Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6691	leeann.ferge	rson@acgov.or	g	Date of Original Filing	:(Month, Day, Year)	
2.	Does the agency have a ticket policy? Event Description Revert Information Does the agency have a ticket policy? Event Description Revertible Title/Explain		Yes □ No □	_ Date(s)	of Each Ticket/Pass		
					meda County Supervisor Official's Name	Scott Haggerty, District 1	
3.	Recipients	Heart W. C		ALA 1200 1800 1 1800 1800		1 8000 HARON YS 18	
	Use Section A to identify the agent	cy's department or t	_	B to identify an individ	lual. • Use Section C to ide	entify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	ibe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	To promote atte to maximize pot parking sales	Identify one of the follo endance at a county spons ential county revenue for	sored event in order — me —		
	100 10 10 10 10 10 10 10 10 10 10 10 10		,	Ceremonial Role If checking "Ceremo	Other Duniel 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	
					i		
4.	Verification If have read and understand FPPC Res Signature of Agency Head or Designation Comment:	Gr	1 18942. I have verified Lee Ann Ferger Print Name		forth above, is in accordance Supervisor's Assista	N MM 17	

I. Agency Name		Date Stamp	California 802			
Alameda County					Form For Official Use Only	
Division, Departm	ent, or Region (If Applicat	ole)			To olidai oso oliy	
Board of Supervi	sors					
	cy Contact (Name, Title)				(a)	
Lee Ann Fergers	on, Supervisor's Assist	_				
Area Code/Phone			provide explanation in Part 3.)			
(510) 272-6691	leeann.ferg	gerson@acgov.	org	Date of Original Filing:	(Month. Day, Year)	
. Function or Ev	vent Information				AND THE PROPERTY OF	
Does the agency I	have a ticket policy?	Yes No [ie of Each Ticket/Pass \$.	222-00	
E Binting	Raiders Fo	COLUMN TO THE RESERVE OF THE PARTY OF THE PA	Detector	6,23,13	, ,	
Event Description	Provide Title/E	CONTRACTOR OF THE PARTY OF THE				
Ticket(s)/Pass(es)	provided by agency?	35W				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, p	Name or a				
	ition made at the behest	Alameda County Supervisor S Official's Name				
of agency official	11			Oniciai's Name	(Cast, rust)	
3. Recipients						
	ntify the agency's department	Number of	on B to identify an ind	lividual. • Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
		Number of		n I was a work of the constant	v	
B. Nan	B. Name of Individual		Identify one of the following:		wing:	
lat Mi	John Mitkif		To promote atte	endance at a county sponsore tential county revenue for con	d event in order ncome	
John Pa	INT	l	parking sales			
			Ceremonial R	ole Other	Income	
			If checking "Cer	remonial Role" or "Other" describe below		
C. Name of	C Name of Outside Organization		Describe the public purpose made pursuant to the agency's policy		at to the amount of author	
	Idress and description)	Ticket(s)/ Pass(es)	Describe the	public purpose made pursual	nt to the agency's policy	
4				70 1		
4. Verification	- 1 - 200 August 190 - 190 - 190 August 190 - 190 August 190 - 190 - 190 August 190 - 190 - 190 August 190 -			3800 - 26 - 100 100	195499	
	and FPPC Regulations 18944.1	and 18942. I have ven	fied that the distribution	set forth above, is in accordance v	with the requirements.	
Helengr (les	Lee Ann Ferg	jerson	Supervisor's Assista	nt 8/22/13	
Signature of Agends	Head or Designee	Print Name		Title	(Month, Day, Year)	
Comment:						

1.	Agency Name				Date Stamp	California OOO
	Alameda County					Form 802
	Division, Department, or Regi	on (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
	Lee Ann Fergerson, Superv	isor's Assistar				
	Area Code/Phone Number	E-mail		.200	Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgc	ov.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation	•			
	Does the agency have a ticker	t policy?	Yes ☐ No	Face Value o	of Each Ticket/Pass \$ _	60,00
	Event Description 2570	yon lee		Date(s) 10	, 16, 13	1 1
		Provide Title/Expl	anation	. 0.9	`	
	Ticket(s)/Pass(es) provided by	agency?	Name of Soi			
	Was ticket distribution made a	t the behest	Yes No No Yes	ر م Alamı	eda County Supervisor Sc	
	of agency official?	t the beneat	No 🗀 Yes	If yes:	Official's Name (L	ast, First)
3.	Recipients					
٠.	Use Section A to identify the agency	's department or u		ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
					lic purpose made pursuant	to the agency's policy
			Pass(es)			
•				-		
9	B. Name of Individual				Identify one of the following	ng:
				Ceremonial Role [Other I	Income 🔲
				Ceremonial Role	Other Dial Role" or "Other" describe below:	Income
					2 2. 2 3000,00 000,01	
(Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant (to the agency's policy
_	How sprit Sc	hool			school or nonprofit or ntributions to the com	
	3930 Parish Fremont CA 91	Avenue 45310	4	1		
	Verification					
	have read and understand FPPC Regula	tions 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
Y	July Ivers	L	ee Ann Fer	gerson S	Supervisor's Assistant	9-27-13
4	Signature of Agency Flead or Designee		Print Nam		Title	(Month, Day, Year)
,	Comment Parocky	al Sol	rool			

1.	Agency Name				Date Stamp	California 802
	Alameda County Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	***********			
	Lee Ann Fergerson, Superv	isor's Assistar				
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgo	v.org	Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticker	t policy?	Yes 🔲 No	☐ Face Value o	of Each Ticket/Pass \$ a	3000
	Event Description A:s	BASEP Provide Title/Expla	19,13			
	Ticket(s)/Pass(es) provided by	agency?	KLAND P	AIDERS		
	Was ticket distribution made a of agency official?	t the behest	eda County Supervisor S Official's Name			
3.	Recipients					
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use						ntify an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			Describe the pub	lic purpose made pursuan	it to the agency's policy
	B. Name of Individual Number of Ticket(s)/					
	(Last, First)		Pass(es)		Identify one of the follow	ang:
					∐ Other ∐ ial Role" or *Other" describe below:	Income 🔲
	James Ro	obles	2	To promote attend to maximize poten parking sales	lance at a county sponsor tial county revenue for co	red event in order ne ne ne ne ne ne ne ne neession and
	C. Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	t to the agency's policy
•						
					·	
	Verification					
1	have read and understand FPPC Regula	tions 18944.1 and 1 - 🖊	8942. I have ver	ified that the distribution set fo	rth above, is in accordance wit	th the requirements.
•	Signature of Agency fleed or Designee	<u> </u>	ee Ann Ferg		Supervisor's Assistant	(Month, Day, Year)
(Comment:					

	Agency Name				Date Stamp	California 802	
1	Alameda County					T OILII	
D	ivision, Department, or Re	gion (If Applicabl		For Official Use Only			
Е	Board of Supervisors			V			
10.	esignated Agency Contac	t (Name, Title)	-				
L	ee Ann Fergerson, Supe	rvisor's Assista					
	rea Code/Phone Number	E-mail	Amendment (Must	provide explanation in Part 3.)			
(510) 272-6691	leeann.ferge	erson@acgov.o	org	Date of Original Filing	(Month, Day, Year)	
F	unction or Event Info	rmation				Carried to	
D	oes the agency have a tic	ket policy?	of Each Ticket/Pass \$ _	3000			
CONTROL OF THE CO					,21,13		
Ticket(s)/Pass(es) provided by agency? Yes ♥ No □ If no: OA					KLAND A	THIETICS	
۱۸	as ticket distribution made	at the hebest	Name of S neda County Supervisor S				
	of agency official?	at the beliest	Official's Name				
6	tecipients						
	Use Section A to identify the age	ncy's department or	unit. • Use Sectio	n B to identify an individe	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				
-					<u> </u>		
В	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
\	VICTOR ARC	BULA	2	To promote attend to maximize poter parking sales	dance at a county sponsor ntial county revenue for co	red event in order ome ncession and	
-				Ceremonial Role If checking "Ceremoni	Other liel Role" or "Other" describe below:	Income	
С	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	erification we read and understand FPPC Reg	(/	18942. I have verified			0 10 1	
11	Signature of Agency Head of Designe	-	Lee Ann Ferge	rson S	Supervisor's Assistant		
(signature or agency rread or Designe	· ·	Finn Humo		1 456	(Month, Day, Year)	

4	Agency Name				D. (- 0)	Lower December	
١.			Date Stamp	California 802			
	Alameda County Division, Department, or Re	nion /// Applicable	0.1		4.	For Official Use Only	
		gion ("Applicable	,				
	Board of Supervisors						
	Designated Agency Contac	t (Name, Title)					
	Lee Ann Fergerson, Supe	rvisor's Assista	D Amondment (44-44				
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6691	leeann.ferge	erson@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation				0-00	
	Does the agency have a tick		of Each Ticket/Pass \$ _	3000			
	Event Description A'5	Baseba	,20,13	, ,			
	Event Description	Provide Title/Exp.	lanation				
	Ticket(s)/Pass(es) provided	by agency?	bland De	heletics			
			Name of Se neda County Supervisor S	T 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
	Was ticket distribution made of agency official?	at the behest	Official's Name				
_			Chiciar's ivame	Last, Firsty			
3.	Recipients	sode department or	unit - Hee Seetle	on B to Identify on Individual	unt - Han Continu C to Live		
	Use Section A to identify the agency's department or unit. N				and the same of th		
	A. Name of Agency, Departr	nent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
				-			
						30	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
			Pass(es)				
			10.00		lance at a county sponsore		
	Derrik Edo	1 Z 1	parking sales	to maximize potential county revenue for concession and parking sales			
	DELLIK FOR	19	_				
				Ceremonial Role	Other 🗆	Income	
				If checking *Ceremon	ilel Role" or "Other" describe below:		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
	• • • • • • • • • • • • • • • • • • • •		Pass(es)	All R. S. S. S. S. S.			
	X.						
	Verification						
1	have read and understand FPPC Reg					7. 21 -	
	July Wy	and the same of th	ee Ann Ferge	erson	Supervisor's Assistant	9-18-13	
	Signature of Agendy Head or Designe	e	Print Name		Title	(Month; Day, Year)	
	Comment:						
(SOLUTION.						

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

_						30110 5	
1.	Agency Name				Date Stamp	California	802
	Alameda County					Form	
	Division, Department, or Regi	ion (If Applicable,)			For Official U	se Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	·				
	Lee Ann Fergerson, Superv	ie∩r'e Aeeistar	nt				
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in l	Part 3.)
	(510) 272-6691		rson@acgov.oi	ra	Date of Original Filing	:(Month, Day, Year	
<u>_</u>	Function or Event Infor			9		(моптп, Day, Year	7
۷.	Does the agency have a ticke		Yes No 🗆	Face Value o	of Each Ticket/Pass \$.	2000	
	bocs the agency have a tioke	Bacal	ak / /	α	14/ 17		
	Event Description	Provide Title/Expla	anation	_ Date(s)	110113		/
	T. 1. (() (D) () () (1) (1)	·	•	4	lel and N	Moto	5
	Ticket(s)/Pass(es) provided b	y agency?	Yes No 🗆	If no:	Name of S)
	Was ticket distribution made a	at the behest	No ☐ Yes ☐	If yes:	neda County Supervisor		trict 1
	of agency official?			11 y 00.	Official's Name	(Last, First)	
3.	Recipients				.***		
	Use Section A to identify the agence	y's department or u	unit. • Use Section	B to identify an individu	ıal. ● Use Section C to ide	ntify an outside organ	ization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	nt to the agency's po	licy
			Pass(es)			ANNE STATES	
							
			1				
			Number of				
	B. Name of Individual (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
			1 233(63)	To promote attan	dance at a second		ome 🗆
	Dave Campbel	A	17_	to maximize poter	dance at a county sponso ntial county revenue for c	ored event in order oncession and	
	JAVO CONTRA DO V	C		parking sales			
	, and the second				<u></u>		
				Ceremonial Role			Income
				if checking "Ceremon	ial Role" or "Other" describe below	r.	
	Name of Outside Organ	al-sellan	Number of			(a)	
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's po	olicy
				···			
4.	Verification						
(-I have read and understand FPPC Regu	_					1-1 12
	JULIXA) 	Lee Ann Ferge	rson	Supervisor's Assista		11-15
	Signature of Agency Read of Designer	§	Print Name		Title	(Month	ı, Day, Year)
	Commont						
	Comment:						

						TIT dibito a codifficite	
. Agency	Name			The state of the s	Date Stamp	California 802	
Alameda	County					roilli	
Division, D	epartment, or Re	gion (If Applicable)		1	For Official Use Only	
Board of 9	Board of Supervisors						
	Agency Contact	(Name, Title)			1		
Alex Bosk							
	Phone Number	E-mail			☐ Amendment (Must)	provide explanation in Part 3.)	
(510) 272			ich@acgov.o	ora	Date of Original Filing:		
	or Event Info		ion@aogov.o			(Month, Day, Year)	
	gency have a tick		Yes⊠ No[□ Face Value (of Each Ticket/Pass \$ _	222	
		장마리하였다. 김 경기 없는	res 🔼 No				
Event Des	cription Raiders v	/s. Eagles Provide Title/Expl	lanation	Date(s)	1 1 3 1 13		
Ticket(s)/P	ass(es) provided	by agency?	Yes No [Name of Sc		
Was ticket	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Alam					or Wilma Chan	
of agency	of agency official?				Official's Name	(Last, First)	
. Recipier	its						
		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			Number of Ticket(s)/	Describe the pul	olic purpose made pursuan	it to the agency's policy	
		4	Pass(es)				
В.	Name of Individ	ual '	Number of Ticket(s)/	Malacia	Identify one of the follow	ving:	
	(Last, First)		Pass(es)				
McCormic	k Tom			Ceremonial Role	Other Inial Role" or "Other" describe below:	Income	
Wiccomin	ж, топ		3		o promote attendance at an event held at a County facility in		
					potential County reve		
				Ceremonial Role	Other	Income	
			- V	If checking *Ceremo	nial Role" or "Other" describe below:		
			8				
	lame of Outside Org clude address and d		Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	it to the agency's policy	
	onder address and a	ooon,p.non,y	Pass(es)				
-							
I. Verificat		2	1 100 10 11		forth above to be accordance or	with the ensurements	
I have read an	d understand PPO Re	gulations 18944,1 an			forth above, is in accordance w		
1			Alex Bosk		Senior Legislative Aid		
Signatur	e of Agency Head or Design	000	Print Nam	90	Title	(Month, Day, Year)	
Comment							
Comment							

Event Description Warriors vs. Kings Date(s) 11 , 2 , 13								
Alex Boskovich Area Code/Phone Number [610] 272-6693 alex. boskovich@acgov.org Date of Original Filling: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 25 Event Description Warriors vs. Kings Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ 11 / 2 / 13 /		Agency Name				Date Stamp		
Division, Department, or Region (If Applicable) Board of Supervisors		Alameda County					Form	
Designated Agency Contact (Name, Title)			gion (If Applicable)			For Official Use Only	
Designated Agency Contact (Name, Title)		Board of Supervisors						
Alex Boskovich			(Name, Title)			-		
Amendment (Must provide explanation in Pet 3) Date of Original Filing: Month, Day, Year)								
Section or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$			IE-mail			Amendment (Must p	rovide explanation in Part 3.)	
Event Description Warriors vs. Kings				ich@acgov.o	ra	Date of Original Filing:	Marth Cau Vand	
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	_			ion@acgerno	. 9		(Month, Day, Year)	
Event Description Warriors vs. Kings Date(s)				Ves IV No I	☐ Face Value	of Each Ticket/Pass \$ _	250	
Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? Recipients *Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. *Use Section C to identify an outside organization. A. Name of Agency, Department or Unit		경영영영 경영 교육 시간 대한 경영	현대 경기 전에 내려가 되었다.	Tes DI NOL				
Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan Officials 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 Number of Ticket(s)/ Pass(es) B. Name of Individual Grimaldi, Jane Number of Ticket(s)/ Pass(es) Ceremonial Role Other Individual To reward a community volunteer for her service to the public. Ceremonial Role Other Individual To reward a community volunteer for her service to the public. Ceremonial Role Other Individual Individual To reward a community volunteer for her service to the public. Ceremonial Role Other Individual Individual To reward a community volunteer for her service to the public. Ceremonial Role Other Individual Indivi		Event Description	Vs. Kings Provide Title/Exp.	1 , 2 , 13				
Was ticket distribution made at the behest of agency official? No Yes Alameda County Supervisor Wilma Chan of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) B. Name of Individual (Last Free) Identify one of the following: Identify one of the following: Income If the the the property of the public purpose made pursuant to the agency's policy Grimaldi, Jane 4 Ceremonial Role Other Income If the the public purpose is the public purpose of the following: Income If the the public purpose is the publ		T		en State Warriors				
B. Name of Individual (Last, First) B. Name of Agency, Department or Unit Pass(es) B. Name of Individual (Last, First) Ceremonial Role (Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role (Describe Delow: To reward a community volunteer for her service to the public. Ceremonial Role (Describe Delow: To reward a community volunteer for her service to the public. Ceremonial Role (Describe Delow: To reward a community volunteer for her service to the public. Ceremonial Role (Describe Delow: Describe the public purpose made pursuant to the agency's policy Pass(es) Pass(es) A. Verification I have read and understand FFBC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.		ionale), assista, promise of the E				Name of So		
B. Name of Individual (Last, First) B. Name of Agency, Department or Unit Pass(es) B. Name of Individual (Last, First) Ceremonial Role (Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role (Describe Delow: To reward a community volunteer for her service to the public. Ceremonial Role (Describe Delow: To reward a community volunteer for her service to the public. Ceremonial Role (Describe Delow: To reward a community volunteer for her service to the public. Ceremonial Role (Describe Delow: Describe the public purpose made pursuant to the agency's policy Pass(es) Pass(es) A. Verification I have read and understand FFBC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.		Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alam				neda County Superviso	r Wilma Chan	
See Section A to identify the agency's department or unit. See Section B to identify an individual. See Section C to identify an outside organization.		of agency official?				Official's Name (Last, First)	
A. Name of Agency, Department or Unit Number of Ticket(s)	j.							
A. Name of Agency, Department or Unit Ticket(s) Pass(es)		Use Section A to identify the agent	cy's department or	dual. • Use Section C to iden	tify an outside organization.			
B. Name of Individual (Last, First) Identify one of the following: Grimaldi, Jane		A. Name of Agency, Departm	Ticket(s)/	Describe the pu	ibe the public purpose made pursuant to the agency's policy			
B. Name of Individual (Last, Fest) Grimaldi, Jane Ceremonial Role Other Income Incom				Pass(es)		2 to De Margh Nach Con Clare		
B. Name of Individual (Last, First) Grimaldi, Jane								
B. Name of Individual (Last, First) Caremonial Role Other Income H. checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the public. Ceremonial Role Other Income H. checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income H. checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy A. Verification Interest of the public purpose of the forth above, is in accordance with the requirements.								
Grimaldi, Jane Ceremonial Role Other Income Inco		Name of Individual Number of						
Grimaldi, Jane 4		B. (Last, First)			Identify one of the follow	ing:		
To reward a community volunteer for her service to the public. Ceremonial Role Other Incommunity relation		2270679435 2017743				The state of the s	Income	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Income of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es)		Grimaldi, Jane		4	L			
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 Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.				16.54	To reward a com	munity volunteer for ner	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 the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy I have read and understand FPRC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.				_	Ceremonial Role	Other 🗆	Income [
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) 1. Verification I have read and understand FPBC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.								
Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) 1. Verification I have read and understand FPBC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					Ta			
Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) 1. Verification I have read and understand FPBC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.								
(include address and description) Pass(es) Nerification I have read and understand FPBC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.		C. Name of Outside Orga			Describe the p	ublic purpose made pursuan	t to the agency's policy	
1. Verification I have read and understand FPBC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.		(include address and description)						
1. Verification I have read and understand FPBC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.				1				
I have read and understand FPBC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.								
I have read and understand FPBC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.								
I have read and understand FPBC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.								
	1.		AVANTA ANTIQUEST SANTONA ASSOCIA	en and a second	OST ON THE RESERVE OF THE SECOND OF THE SECO	51 - 1 47 5 1 57 M - 10 7 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Union and an	
A CONTRACT OF THE PARTY OF THE		I have read and understand FPRC-Re	gulations 18944.1 an	nd 18942. I have ve	rified that the distribution se	et forth above, is in accordance w		
		000		Alex Bosk	ovich	Senior Legislative Aid	and the second s	
Signature of Agency Head or Designer Print Name Title (Month, Day, Yea		Signature of Agency Head or Design	00	Print Nam	0	Title	(Month, Day, Year)	
Comment:		Comment:					- X	

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I. Ag	jency Name				Date Stamp	California 802
Ala	ameda County					rom
(100)	ision, Department, or Reg	ion (If Applicabl	le)		100	For Official Use Only
Во	ard of Supervisors					
	signated Agency Contact	Name, Title)			+	
Ale	ex Boskovich					
	a Code/Phone Number	E-mail	-			provide explanation in Part 3.)
	10) 272-6693	alex.boskov	/ich@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2. Fu	nction or Event Infor	mation				
Do	es the agency have a ticke	t policy?	Yes⊠ No[☐ Face Value	of Each Ticket/Pass \$ _	222
Eve	ent Description Raiders vs	s. Eagles		Date(s) 1	1 , 3 , 13	
Eve	ant Description	Provide Title/Exp	olanation			
Tic	ket(s)/Pass(es) provided b	y agency?	Yes ☐ No [⊠ If no: <u>Oakla</u>	and Raiders Name of S	Tauraa
144-	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Alameda County Supervisor Wilma Chan					
	s ticket distribution made a agency official?	it the benest	Official's Name	(Last, First)		
			_			
	ecipients se Section A to identify the agenc	y's department o	r unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.
			Number of	The second of the second second	ıblic purpose made pursuar	
Λ	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			and purpose mass parame		
Α.			1 445(45)			
A.						
— —						
A	Name of Individu (Lest, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	A) (10)
В.	(Lost, Firel)	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking 'Gerem		Income [
В.	Name of Individu (Lest, First) con, Colin	al	Number of Ticket(s)/	If checking *Cerem To promote atten	Other on ontal Role" or "Other" describe below	income [
В.	(Lost, Firel)	al	Number of Ticket(s)/ Pass(es)	If checking *Cerem To promote atten order to maximize Ceremonial Role	onlal Role" or "Other" describe below dance at an event held potential County reve	tncome [d at a County facility in enue from sales.
В.	con, Colin	nization	Number of Ticket(s)/ Pass(es)	If checking *Cerem To promote attentorder to maximize Ceremonial Role If checking *Cerem	Other onial Role" or "Other" describe below dance at an event held potential County reve	Income I d at a County facility in enue from sales.
B.	con, Colin Name of Outside Organ	nization	Number of Ticket(s)/ Pass(es) 2	If checking *Cerem To promote attentorder to maximize Ceremonial Role If checking *Cerem	Other Other Other onial Role" or "Other" describe below dance at an event held potential County reve Other Other onial Role" or "Other" describe below	Income [d at a County facility in enue from sales.
B. La	Name of Outside Organ (include address and de	nization scription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking *Gerem To promote attentorder to maximize Geremonial Role If checking *Gerem Describe the p	Other onial Role" or "Other" describe belowed ance at an event held by potential County revenue of other or "Other" describe belowed as the control of the c	Income [
B. La	Name of Outside Organ (include address and de	nization scription)	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking *Cerem To promote attentorder to maximize Ceremonial Role If checking *Cerem Describe the p	Other onial Role" or "Other" describe belowed ance at an event held by potential County revenue of other or "Other" describe belowed as the control of the c	Income [

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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)				
	Alex Boskovich	•				<u> </u>
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693		ich@acgov.o	ora	Date of Original Filing:	(Month, Day, Year)
)	Function or Event Inform		ion (ega og o vi o			(Month, Day, Year)
٠.	Does the agency have a ticket		Yes⊠ No	□ Face Value o	of Each Ticket/Pass \$ _	550/\$30-parking
	_ ·	· -	TES [A] INO			
	Event Description Warriors vs. Thunder Provide Title/Explanation Date(s)				1413	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golder				n State Warriors	
	ricket(s)/Pass(es) provided by	agency?	Yes No	Lans.	Name of Sc	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alam			eda 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	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit			Describe the pub	olic purpose made pursuan	t to the agency's policy
	Pass(es)					
	B. Name of Individua	Number of				
	(Last, First)	•	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
				1	Other	Income
	Brekke, Ryan		4 +park	l ·	nial Role" or "Other" describe below:	-4 - O4 f
				To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
				Ceremonial Role		Income
					nial Role" or "Other" describe below:	moone _
			64 ·			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy
	(include address and des	cription)	Pass(es)			
		•				
4.	Verification			de say kayanin sa kanana waka na sana ka na sakara sa ka sa ka sa		
	I have read and Inderstand FPPC Regu	lations 18944.1 an	d 18942. I have ve	erified that the distribution set t	forth above, is in accordance w	ith the requirements.
			Alex Bosk	ovich	Senior Legislative Aid	e 10/30/13
	Signature of Agency Head or Designee		Print Nam	ne	Tille	(Month, Day, Year)
			,			
	Comment:	 				

١.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Region	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (A	Jame Title)				
		varro, rido)				·
	Alex Boskovich				Amendment (Must)	provide explanation in Part 3.)
		E-mail			Date of Original Filing:	,
	(510) 272-6693		ich@acgov.o	org	Date of Original Filling.	(Month, Day, Year)
<u>.</u>	Function or Event Inform					700/\$30-parking
	Does the agency have a ticket		Yes⊠ No.		of Each Ticket/Pass \$ _	***************************************
	Event Description Warriors vs	s. Lakers		Date(s)10) , 30 , 13	
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No [⊠ If no: <u>Golde</u> i	n State Warriors	
	Was tisket distribution made at the behast ALTIVE ST. Alam					
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alam of agency official?				eda County Superviso	(Last, First)
						1
3.	Recipients		"	the District the Control of the Control		utifi, an autalda avaanization
	• Use Section A to identify the agency	's department or	Number of			
	A. Name of Agency, Department or Unit Ticket(s)/			Describe the pub	olic purpose made pursuan	t to the agency's policy
			Pass(es)			·
	Number of Number of					
	B. Name of Individua	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role	Other	Income 🔲
	Harris, Chiara		1 +nark	•	nial Role" or "Other" describe below:	
			4 +park	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
						<u></u>
				Ceremonial Role	Other inial Role" or "Other" describe below:	Income L
				if thething defende	mar riole of other decombe below.	
	Name of Outside Organi	ization	Number of			
	Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	it to the agency's policy
	Miles			- Carried Commence of the Comm	· · · · · · · · · · · · · · · · · · ·	W
		w				
			_		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
4.	Verification	-4	d 400 40 15	and the state of t	forth above to in accordance	with the requirements
	I have read and understand FPPC Regul	ations 18944.1 an				
			Alex Bosk		Senior Legislative Aid	
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)
	Comment					
	Comment:/					

						AT abile becamen
Ī.	Agency Name	÷			Date Stamp	California 202
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicable)				For Official Use Only
	Poord of Supervisors					
	Board of Supervisors Designated Agency Contact (Name Title)				
		vame, me)				
	Alex Boskovich				Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Date of Original Filling:	
	(510) 272-6693	alex.boskovid	ch@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				222/\$35 parking
	Does the agency have a ticket	policy?	Yes 🗵 No 🏻		of Each Ticket/Pass \$	ZZZ/400 parking
	Event Description Raiders vs	. Eagles		Date(s) 11		
	Evolt Booonplion	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by	/ agency?	nd Raiders Name of Soc			
			Yes 🗌 No [
	Was ticket distribution made a	t the behest	No ☐ Yes [✓ If yes: Alame	eda County Superviso Official's Name (I	r vviima Chan
	of agency official?		200 personal anno 100 million (100 million (Onicial's Ivaine (L	asi, riisi)
3.	Recipients					
	• Use Section A to identify the agency	/'s department or ι	, 	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
			Pass(es)			HARLE BURGER STATE OF THE STATE
	NAME OF THE PROPERTY OF THE PR					
			Number of			
	B. Name of Individua	al	Ticket(s)/		Identify one of the follow	ng:
			Pass(es)	Ceremonial Role	Other 🗆	Income
	Murphy, Engla				nial Role" or "Other" describe below:	
			2/park		ance at an event held	
				order to maximize	potential County rever	ue from sales.
				Ceremonial Role	Other	Income
			,	If checking "Ceremon	nial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des	ization	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
	(morade address and des	ocupation,	Pass(es)			
4.	Verification					
	I have read and inderstand FPPC Regu	lations 18944.1 and	l 18942. I have ve	erified that the distribution set i	forth above, is in accordance wi	th the requirements.
			Alex Bosk	ovich	Senior Legislative Aid	e 10/30/13
	Signature of Agency Head or Designed)	Print Nam		Title	(Month, Day, Year)
	1 1 navina					
	Comment: + 1 parking pass					

		CONTRACTOR STATE SECURIOR SERVICE AND A PROPERTY OF SECURIOR SECUR	U	
. 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 (Nar	ne, Title)		-	
Alex Boskovich	22/ 8			
	mail		Amendment (Must	provide explanation in Part 3.)
	ex.boskovich@acgov	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informa		iorg		(Month, Day, Year)
Does the agency have a ticket po		□ Face Value	of Each Ticket/Pass \$ _	\$65
		· —		
Event Description Spookfest 20	13 ovide Title/Explanation	Date(s)	0 , 25 , 13	
r.	ovide ThierExplanation	Golde	n State Warriors	
Ticket(s)/Pass(es) provided by a	gency? Yes□ No	o 🛛 If no: Oolde	Name of S	ource
Was ticket distribution made at th	ne behest No 🗆 Ye	neda County Supervis	or Wilma Chan	
of agency official?		Official's Name	(Last, First)	
. Recipients				
Use Section A to identify the agency's contact the section A to identify the agency's contact the section and the section A to identify the agency's contact the section A to identify the agency is contact the agency is contact. Output D to identify the agency is contact the agency is contact the agency is contact the agency is contact. The agency is contact the agency is contact the agency is contact the agency is contact. The agency is contact the agency is contact the agency is contact the agency is	lepartment or unit. • Use S	ection B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department of	or Unit Number of Ticket(s)/	Describe the pul	blic purpose made pursuar	nt to the agency's policy
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
		Ceremonial Role	Other Inial Role" or "Other" describe below.	Income
*		740771074040477772333		
		Ceremonial Role	Other Inial Role" or "Other" describe below	Income _
C. Name of Outside Organizat		Describe the pul	blic purpose made pursuar	nt to the agency's policy
(include address and descrip	otion) Pass(es)			
San Lorenzo Village Homes A 377 Paseo Grande San Loren			ance at an event held potential County reve	at a County facility in nue from sales.
Ñ				
I. Verification				
I have read and understand FPPC Regulation				
N	Alex Bos		Senior Legislative Aid	
Signature of Agency Head or Designee	Print No	ame	Title	(Month, Day, Year)
Comment:				

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~				1116711

_						A Labite Decament
١.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Re	gion (If Applicable)			To official out only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			2	
	Alex Boskovich					
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
	(510) 272-6693	alex.boskov	ich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation			70	2000 March 1980 March
	Does the agency have a tick	et policy?	Yes⊠ No[☐ Face Value	of Each Ticket/Pass \$ _	\$172.90
	Event Description Kanye W	est		Data(s) 1	0 , 23 , 13	
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided	by agency?	Yes □ No [If no: Golde	en State Warriors	
					Name of So	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alar of agency official?			neda County Superviso	Last First)	
_						
3.	Recipients • Use Section A to identify the ager	ov's department or	unit allee Sec	tion B to identify an individ	tual - Use Section C to iden	tify an outside organization
			Number of		A SECTION AND CONTRACTOR OF THE SECTION OF THE SECT	AND
	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 Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Pass(0s)	Ceremonial Role	Other 🗆	Income _
				If checking *Ceremo	onial Role" or "Other" describe below:	
				Ceremonial Role If checking "Geremo	Other Onial Role" or "Other" describe below:	Income
	2					
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy
	La Clinica de la Raza, 305 Street Oakland, CA 94601		10		I a non-profit for its con ring in Alameda County	tributions to low-income
	Provides culturally compe quality, accessible health				10.	9
4.	Verification I have read and understand FRPC Re	gulations 18944 Van	d 18942. I have ve	nrified that the distribution se	t forth above, is in accordance wi	th the requirements.
	100	_/	Alex Bosk		Senior Legislative Aid	
	Signature of Agency Head or Design	90	Print Nam		Title	(Month, Day, Year)
	/					
	Comment:					

١.	Agency Name				Date Stamp	California 802	
	Alameda County					FOIII	
	Division, Department, or Regi	on (If Applicable)			1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Alex Boskovich			3 1			
	Area Code/Phone Number	E-mail			☐ Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6693	alex.boskovic	h@acgov.o	ra	Date of Original Filing:	(Month, Day, Year)	
			negaogov.o	.9		(Month, Day, Year)	
	Does the agency have a ticket		/ IVI N- I	T Face Value	of Each Ticket/Pass \$ _	\$172.90	
	~ P. P. M.	(Fig. 12)	Yes⊠ No[
	Event Description Kanye We	St Provide Title/Explai	ation	Date(s)) , 23 , 13		
		Provide ThierExplai	ialion	Golde	n State Warriors		
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No [If no:	Name of So	urce	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alan			eda County Superviso	r Wilma Chan		
	of agency official?			Δi li yes	Official's Name (Last, First)	
	Recipients						
	Use Section A to identify the agency	r's department or u	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 pul	Describe the public purpose made pursuant to the agency's policy		
	1						
	B. Name of Individual	ıl	Number of Ticket(s)/ Pass(es)	Anti	Identify one of the follow	ing:	
	9			Ceremonial Role	Other		
				If checking *Ceremo	nial Role" or "Other" describe below:	Income	
				If checking *Ceremo	2 (A. 17 (A. 19) (A. 1	X	
				Ceremonial Role		Income I	
				Ceremonial Role	Other	300 A.D. X	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Other	Income	
	C. Name of Outside Organ (include address and des Asian Health Services, 818 Street, Oakland, CA 94607	cription)	Ticket(s)/	Ceremonial Role If checking "Ceremo Describe the pu	Other Inial Role" or "Other" describe below:	Income Income to the agency's policy	
	Asian Health Services, 818	Webster	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Describe the pu	Other nial Role" or "Other" describe below: blic purpose made pursuan	Income Let to the agency's policy	
1.	Asian Health Services, 818 Street, Oakland, CA 94607 Provides culturally compete to Asian refugees and immi	webster nt health care grants	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Geremo Describe the pu To provide reward and immigrants liv	Other Inial Role" or "Other" describe below: bilic purpose made pursuan a non-profit for its coning in Alameda County	Income Income to the agency's policy	
4.	Asian Health Services, 818 Street, Oakland, CA 94607 Provides culturally compete to Asian refugees and immi	webster nt health care grants	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo Describe the pu To provide reward and immigrants liv	Other Inial Role" or "Other" describe below: bilic purpose made pursuan a non-profit for its coning in Alameda County	Income Income to the agency's policy tributions to low-income /.	

Agency Name	Date Stamp	California 802		
Alameda County			7/72	Form OUZ
Division, Department, or Region (If Applicable	le)			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.)		
	vich@acgov.org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information	non@aogovion			(Month, Day, Year)
Does the agency have a ticket policy?	of Each Ticket/Pass \$	100		
그리다는 경영 내 마리 시간 하고 있는 유민들은 경영 내용에 가장 되었다. 그리고 있는 사람들은 사람들은 사람들이 되었다.	Yes⊠ No□			
Event Description Warriors vs. Trailblazer	planation	Date(s)	0 , 24 , 13	
Ticket(s)/Pass(es) provided by agency?	Yes □ No 🗵	If no. Golde	n State Warriors	
ricket(s)/Pass(es) provided by agency?	Name of Sour			
Was ticket distribution made at the behest	eda County Supervisor	Wilma Chan		
of agency official?		- 1	Official's Name (La	st, First)
Recipients		1/1		
Use Section A to identify the agency's department or	ual. • Use Section C to identif	y an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant to	o the agency's policy
	Pass(es)			
<u> </u>				
B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	
(Lost, First)	Pass(es)		identify one of the followin	
Seekund Melly			Other	Income
Sealund, Molly	2	If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for her service to the p		ervice to the public
		10 Teward a comm	idility volunteer for her a	to the public.
		Ceremonial Role	Other	Income
		If checking "Ceremon	nial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant to	o the agency's policy
	Pass(es)			
	_			
Verification I have read and understand FPPC Regulations 18944.1 as	nd 180d2 I have veril	ad that the distribution set	forth above, is in accordance with	the requirements
A Notice to an one of the state				
	Alex Boskov	icn	Senior Legislative Aide	10/21/13
Signature of Agency Head or Devianes	Dant Name		Title	(Month Day Year)
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)

- read a wind an old or being some year	EX. STILL MY AREA MANAGEMENT AND THE SAME				
		Date Stamp	California 802		
			Form For Official Use Only		
cable)		1	For Official Use Only		
		Amendment (Must)	provide explanation in Part 3.)		
Area Code/Phone Number E-mail (510) 272-6693 alex.boskovich@acgov.org			(Month, Day, Year)		
			(month, buy, rour)		
Yes 🕅 No [T Face Value	of Each Ticket/Pass \$ _	\$172.90		
100 22 110 2	1975 - 1985 TOURS TO BE TO A TOUR TO	0 . 23 . 13			
/Explanation	Date(s)	0 / 20 / 10			
Vac 🗆 No F	If no. Golde	en State Warriors			
Tes 🗆 Not	-	Name of S			
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alar of agency official?					
		Official's Name	(Last, First)		
ecipients					
	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.		
Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy		
Pass(es)					
Number of		the site and the fellowine			
Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
	Ceremonial Role		Income		
	in cheering coronic				
	Ceremonial Role	Other	Income [
			0		
Number of					
Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy		
2	To provide reward including those on	a non-profit for its cor probation, living in Al	ntributions to youth, ameda County.		
.1 and 18942. I have ve	rified that the distribution set	forth above, is in accordance w	with the requirements.		
-					
		Title	(Month, Day, Year)		
	Yes No	Yes No Face Value Date(s) 1 Date(s) 1 Date(s) Set No Yes If no: Golder Gol	Amendment (Must, Date of Original Filing: Yes No Face Value of Each Ticket/Pass \$ = Date(s) 10 / 23 / 13 Date(s) 16 / 23 / 13 Date(s) 17 / 23 / 13 Date(s) 18 / 23 / 13 Date(s) 20 / 23 / 23 / 23 Date(s) 2		

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	remonial Role Even	to and no	Keer ass	Distributions		A Public Document		
. /	Agency Name		Date Stamp	California 802				
1	Alameda County				ñ.			
Ü	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only		
E	Board of Supervisors				5			
	Designated Agency Contact	(Name, Title)			1			
1	Alex Boskovich							
100	Area Code/Phone Number	E-mail			Amendment (Must ρ	rovide explanation in Part 3.)		
	(510) 272-6693	510) 272-6693 alex.boskovich@acgov.org				(Month, Day, Year)		
	Function or Event Infor	mation				(monn, buy, rous)		
	Does the agency have a ticke		Yes⊠ No l	☐ Face Value of	of Each Ticket/Pass \$ _	85/\$20 parking		
	Event Description A's vs. Tig) , 10 , 13			
E	event Description	Provide Title/Expl	anation	Date(s)				
Т	icket(s)/Pass(es) provided b	v agency?	Yes No	⊠ If no: Oaklar	nd Athletics			
1		, -0,	169 🖂 1401		Name of So			
	Vas ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan Official's Name (Lest, First)							
_								
	Recipients Use Section A to identify the agenc	u'a department or	uel a Use Section C to iden	tify an outside organization				
-			Number of					
1	A. Name of Agency, Department	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	t to the agency's policy		
-								
Ē	B. Name of Individu	Number of Ticket(s)/		Identify one of the follow	ing:			
-	Chu, Vincent		Pass(es)	Ceremonial Role If checking "Geremon	Other Inial Role" or "Other" describe below:	Income 🗆		
			3+park		ance at an event held potential County rever			
			3 park	F 1200 CASA SA	Other Initial Role" or "Other" describe below:	Income		
(C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's polic		t to the agency's policy		
i. \	Verification							
1	have read and understand FPPC Regu	ulations 18944.1 and	i 18942. I have ve	erified that the distribution set i	forth above, is in accordance wi	ith the requirements.		
	0		Alex Bosk	ovich	Senior Legislative Aid	e 10/9/13		
	Signature of Agency Head or Designe	0	Print Nam	ne	Title	(Month, Day, Year)		
(Comment:							

1.	Agency Name			Date Stamp California 80			
	Alameda County				8	rom	
	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			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693		ch@acgov.o	rg	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Info	rmation					
	Does the agency have a tick		Yes⊠ No [Face Value of	of Each Ticket/Pass \$.	\$141.50	
	Event Description P!nk cond	cert	A.C.O. (777)	하는데 기가 가장하게 하다 하는데	0 , 10 , 13		
	Event Description	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided I	ov agency?	Yes □ No [If no: Golde	n State Warriors		
	nonon(o)n adoloo) promoca	-, -3,	Ies 🗆 NO		Name of S		
	Was ticket distribution made	at the behest	eda 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	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			rass(va)				
	-						
	B. Name of Individu	Number of	Identify one of the following:				
	CLast, First)		Ticket(s)/ Pass(es)				
	With the With the Control of the Con			Ceremonial Role	Other	Income	
	Gonzalez, Gregory		4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			
				Ceremonial Role		Income	
					nial Role" or "Other" describe below		
			30	4 () () () () () () () () () (
				ν			
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the put	blic purpose made pursua	nt to the agency's policy	
	(include address and de	escription)	Pass(es)				
				- 5			
4.		1					
	I have read and understand FPPC Reg	gulations 18944.1 and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance	with the requirements.	
	0	9	Alex Bosk	ovich	Senior Legislative Ai	de 10/10/13	
	Signature of Agency Head or Design	00	Print Nam	0	Title	(Month, Day, Year)	
				70			
	Commont						

	Agency Name		Date Stamp	California 802		
	Alameda County		87	FOIIII —		
	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only
	Board of Supervisors					
- 1	Designated Agency Contact	(Name, Title)				
	Alex Boskovich					
- 6	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693		ich@acgov.o	org	Date of Original Filing:	(Month Day Year)
_	Function or Event Infor			(month, buy, rous)		
	Does the agency have a ticke		Yes⊠ No I	☐ Face Value of	of Each Ticket/Pass \$	\$172.90
	2 : AN B - 6 NON HOLD NOTE (2015 NOTE) 전 모든 19 10 10 10 10 10 10 10 10 10 10 10 10 10	949.00 mm.			0 , 23 , 13	
	Event Description Kanye We	Provide Title/Expl	lanation	Date(s)		
	Ticket(s)/Pass(es) provided t	ov agency?	Yes□ No I	If no: Golde	n State Warriors	
	ποποιζομή ασσίουμ μιστιασα τ	,	169 🖂 140 [Name of So	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)					
	of agency official?				Omciai s Name (I	.ast, r-trst)
	Recipients					UA total a secondon de se
	Use Section A to identify the agence	Alexand Survey	Number of		and the same of the control of the c	and the Company of the Company of the Company
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the public purpose made pursuant to the agency's policy		
_	7					
1			Number of			
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	150000000000000000000000000000000000000			Ceremonial Role	Other 🗆	Income
	Rivera, Karina				nial Role" or "Other" describe below:	amples, condents to the
			2		ty employee for her ex- age staff development.	
				Ceremonial Role		Income
					nial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
			Pass(es)			
				,		
			-			
	Verification					
	I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ve	nified that the distribution set	forth above, is in accordance wi	th the requirements.
		1	Alex Bosk	ovich	Senior Legislative Aid	e 10/9/13
	Signature of Agency Head or Designation	16	Print Nam	00	Title	(Month, Day, Year)
	Comment:					

						A Fubile Document	
. Agen	cy Name				Date Stamp	California 802	
	da County		96			Form For Official Use Only	
Divisio	n, Department, or Regi	on (If Applicable)			For Official Ose Only	
Board	of Supervisors						
Design	ated Agency Contact (Name, Title)					
Alex B	oskovich						
A-24-6-23-0-20-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-	ode/Phone Number	E-mail			Amendment (Must pro		
	272-6693	alex.boskovi	ch@acgov.o	org	Date of Original Filing: _	Month Day Year	
-	tion or Event Inform		0 0			(Month, Day, Tear)	
	ne agency have a ticker		of Each Ticket/Pass \$	85			
			Yes⊠ No[me 1				
Event D	Description A's vs. Tig	Provide Title/Expl	anation	Date(s)) , 4 , 13		
Ticket/e	s)/Pass(es) provided by	, agancy2	V N	⊠ If no: Oaklar	nd Athletics		
Ticket(a	a)/r ass(es) provided by	agency r	Yes No [-	Name of Sou		
	Vas ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan						
of agency official?			Ar Stan 14 Frankling	1000	Official's Name (L.	ast, First)	
. Recip	oients						
• Use Se	ction A to identify the agency	's department or	ual. • Use Section C to identi	fy an outside organization.			
Α.	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	Num						
В.	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:			
Meeks	s, Nathan		Productive State S		Other Other	Income	
Meeks	s, ivalilari		3	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in			
					potential County reven		
3				Ceremonial Role	Other	Income	
			3	If checking *Ceremon	nial Role" or "Other" describe below:		
_			Number of				
C.	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
			T usu(es)				
				9/			
-							
				8			
Verifi	antion						
	cation	lations 18944.1 and	f 18942. I have ve	rified that the distribution set I	forth above, is in accordance with	the requirements.	
			Alex Bosko				
Sin	nature of Agency Head or Designee		Print Name		Senior Legislative Aide	(Month, Day, Year)	
y	and the state of t		- And twitte	700	THIS.	(mann, supplem)	
Comm	ent:						

١.							
	Agency Name				Date Stamp	California 802	
100	Alameda County					For Official Use Only	
1	Division, Department, or Reg	jion (If Applicable)			For Official Ose Offiy	
	Board of Supervisors					27	
1	Designated Agency Contact	(Name, Title)			1		
	Alex Boskovich				_	NOTICE AND ADDRESS OF A STATE OF	
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6693	alex.boskovi	ch@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	mation					
1	Does the agency have a tick	et policy?	Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$ _	85/4	
	Event Description A's vs. Tig	gers-ALDS gar) , 5 , 13				
9	Ticket(s)/Pass(es) provided t	ov agency?	Yes □ No [If no: Oaklar	nd Athletics		
	Tronon(o)/T doo(oo) provided t	,, «,, «, ,	ies 🗆 140 E		Name of S		
1	Vas ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)						
	of agency official?				Official's Name	(Last, First)	
	Recipients						
9	Use Section A to identify the agen-	cy's department or	Number of	ion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	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 follow	ving:	
	Dell, Jim		Pass(os)		Other Inial Role" or "Other" describe below.	Income _	
	- TO 191		parking		ance at an event held potential County reve	at a County facility in nue from sales.	
			*		Other Initial Role" or "Other" describe below		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy	
	Verification	uulations 18944 1 and	1 18942. I have ve	rified that the distribution set	forth above, is in accordance v	vith the requirements	
	The state of the s						
Š			Alex Bosko	wich	Senior Legislative Aid	le 10/4/13	

						Tit dono boodinone	
1.	Agency Name			Date Stamp California 802			
	Alameda County			Form -			
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	-				
	Alex Boskovich						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693		ich@acgov.c	ora	Date of Original Filing:		
2.	Function or Event Infor		ion@dogov.c	7.9		(Month, Day, Year)	
••	Does the agency have a ticket		Yes 🛛 No	□ Face Value (of Each Ticket/Pass \$ _	60	
			Tes 🔼 No				
	Event Description Disney on Ice Date(s) 10 , 17 , 13						
	T-1-1/-> (D-1-1/-)			Golde	n State Warriors		
	Ticket(s)/Pass(es) provided b	y agency?	Yes No		Name of S		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan						
	of agency official? Official's Name (Last, First)						
3.	Recipients						
	Use Section A to identify the agence	y's department or	ual. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy	
			Pass(es)				
			N	Ø			
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Hernandez, Anna Maria			Ceremonial Role	Other	Income	
	Hernandez, Anna Maria		3	If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for her exemplary service to the			
					age staff development		
				Ceremonial Role	Other	Income	
				If checking "Ceremon	nial Role" or "Other" describe below:		
				0			
			Number of				
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	t to the agency's policy	
			7.000(00)				
_	M						
١.	Verification I have read and undergrand FPPC Regulation	ulations_18944.1 and	d 18942. I have ve	orified that the distribution set	forth above, is in accordance w	ith the requirements.	
			Alex Bosko				
	Signature of Agency Head or Designe	0	Print Nam		Senior Legislative Aid	e 10/7/13 (Month, Day, Year)	
	/						
	Comment:						

						res divisio is o o difficulti		
. Ag	jency Name				Date Stamp	California 802		
Ala	ameda County			FOIIII				
Div	ision, Department, or Reç	jion (If Applicable)			For Official Use Only		
Во	ard of Supervisors							
	signated Agency Contact	(Name, Title)	-					
	ex Boskovich							
10000	a Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	10) 272-6693	alex.boskovi	ch@acgov.c	ora	Date of Original Filing:	(Month, Day, Year)		
	inction or Event Info		01169010			(Month, Day, Year)		
	es the agency have a tick		Yes 🖾 No l	☐ Face Value	of Each Ticket/Pass \$ _	100/\$30-parking		
	: LAN EN LUS (THE ENLUS EN LUS EN LES EN LUS EN	(1) 1) 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,						
Eve	ent Description Warriors	Provide Title/Expl	0 , 7 , 13					
Tiel	ket(s)/Pass(es) provided t	v agency2	Vac 🗖 Na l	If no. Golde	n State Warriors			
He	ket(s)/Fass(es) provided t	by agency r	Yes No		Name of Se			
	s ticket distribution made	neda County Superviso	or Wilma Chan					
of agency official?					Official's Name	(Last, First)		
	Recipients							
• Ut	se Section A to identify the agen	cy's department or	_	tion B to identify an individ	lual. • Use Section C to ider	ntify an outside organization.		
Α.	Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy		
_		ASSESSMENT OF THE PARTY OF THE	Pass(es)	100000000000000000000000000000000000000				
В.	B. Name of Individual Number Ticket Pass (Identify one of the follow	ving:		
Ca	brera, Stephanie		20000000	Ceremonial Role # checking "Ceremo	Other Inial Role" or "Other" describe below:	Income		
			4+park		ty employee for her ex age staff development	emplary service to the		
				Ceremonial Role # checking "Ceremo	Other Inial Role" or "Other" describe below:	Income		
c.	Name of Outside Orga	nization	Number of Ticket(s)/	Describe the pu	ublic purpose made pursuant to the agency's policy			
_	(include address and de	scription)	Pass(es)	Describe the pa	one purpose made parsuan	to the agency o poncy		
_								
Ve	rification							
	rification ve read and understand FPPC Reg	ulatjons 18944.1 and	d 18942. I have ve	orified that the distribution set	forth above, is in accordance w	ith the requirements.		
	12		Alex Bosk		Senior Legislative Aid			
_	Signature of Agency Head or Designe	10	Print Nam		Tille	(Month, Day, Year)		
	//							
Co	mment:							
						MINISTER 1 100 1 1111 0		

1.	Agency Name		Date Stamp California 802				
	Alameda County				X	Form OUZ	
	Division, Department, or Re	gion (If Applicable)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contac	t (Name Title)	-		-		
		t (manie, me)					
	Alex Boskovich	TE			☐ Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number E-mail (510) 272-6693 E-mail alex.boskovich@acgov.org		Date of Original Filing:				
_			cn@acgov.o	ig .		(Month, Day, Year)	
2.	Function or Event Info		v (57) v (T Face Value	of Each Ticket/Pass \$	60	
	Does the agency have a tick		Yes 🛛 No [.			
	Event Description Disney of	on Ice		Date(s)	10 , 16 , 13		
		Provide Tille/Expli	anation	Gold	en State Warriors		
	Ticket(s)/Pass(es) provided	by agency?	Yes No [If no: Gold	en State Warriors Name of Source	00	
	Was ticket distribution made	e at the behest	No ☐ Yes I	☑ If yee. Alai	meda County Supervisor	Wilma Chan	
	of agency official?	out the barroot	Official's Name (Las	st, First)			
3.	700 T 00						
٠.	Use Section A to identify the age	ncy's department or	idual. • Use Section C to identify	an outside organization.			
	A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/	Describe the p	ublic purpose made pursuant to	the agency's policy	
			Pass(es)				
		Number of					
	B. Name of Individual		Ticket(s)/		Identify one of the following	g:	
			Pass(es)	Ceremonial Rol	o Other O	Income	
	Cohen, Amy				nonial Role" or "Other" describe below:	income 🗀	
	macanana seras mas 🕶		5		dance at an event held at		
				order to maximize	e potential County revenu		
				Ceremonial Role		Income	
				If checking "Ceren	nonial Role" or "Other" describe below:		
			1 1				
	O Name of Outside Ore	anization	Number of				
	C. Name of Outside Org		Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant to	the agency's policy	
_							
4.	Verification I have read and understand FPPC Re	soulations 18044 1 and	/ 18942 / have ve	died that the distribution s	at forth above, is in accordance with	the requirements	
	Thave read and understand PPPC Re	rgulations 16944.1 and					
			Alex Bosk		Senior Legislative Aide	10/4/13 (Month, Day, Year)	
	Signature of Agency Head or Desig	neo	Print Nam		THO	(MONUI, Day, Year)	
	Comment:						

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	ion (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assista				
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferg	erson@acgov	org/.org	Date of Original Filings	(Month, Day, Year)
2.	Function or Event Infor	mation				40=000
	Does the agency have a ticke	t policy?	Yes 🖾 No [☐ Face Value o	of Each Ticket/Pass \$ ـ	<i>Bi</i> 1000)
	Event Description War 15	Provide Title/Ex	12,13			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🏻 No [] If no: <u>65</u>	Name of S	ource
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes [☐ If yes:Ala	ameda County Supervis Official's Name	sor Scott Haggerty, District (Last, First)
3.	Recipients • Use Section A to identify the agence	v's department o	runit Allsa Sac	tion B to identify an individu	ual Allea Santian C to ido	ntify an outside organization
	A. Name of Agency, Departme		Number of		olic purpose made pursuar	
	71. Nume of Agency, Departme	int of onit	Ticket(s)/ Pass(es)	Describe the pub	nic parpose made parsuar	it to the agency's policy
	B. Name of Individual (Last, First) Shawn Wilse		Number of Ticket(s)/ Pass(es)	or her exemplar	Identify one of the follow unty employee for hi y service to the publ	Income [
				or to encourage	staff development	
				Ceremonial Role If checking *Ceremon	Other Dial Role" or "Other" describe below.	Income [
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy
		. 1000 100 100 100 100 100 100 100 100 1			A Marine at Committee to the State of the St	1,117,100
1.	Verification					
4	I have read and understand FPPC Regul	<u> </u>	nd 18942. I have ve Lee Ann Fer Print Name	gerson	forth above, is in accordance w Supervisor's Assistar Title	
	Comment:					

						ab boodinone
۱.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assistar	nt			
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691		rson@acgov.o	rg	Date of Original Filing	:(Month, Day, Year)
<u></u>	Function or Event Infor			_	I	1 0 00 p Ato -
	Does the agency have a ticke		Yes∕⊠ No 🗆	Face Value o	of Each Ticket/Pas	#100 8 150
	Event Description Warry	toffeeld	Data(s) 3	, 9, 14	3,20,14	
	Event Description	anation	Date(s)			
	Ticket(s)/Pass(es) provided b	v agency?	Yes ⊠. No 🗆	If no:	<u>SW</u>	
		, , ,	. эо ць 110 🖂	۸۱	Name of S	
	Was ticket distribution made a of agency official?	at the behest	No ☐ Yes ☐	If yes:	neda County Superviso Official's Name	or Scott Haggerty, District 1
_			*		Omciai s Name	(Last, 1 hsty
3.	Recipients • Use Section A to identify the agence	v's department or	unit. • Use Section	n B to identify an individu	ual. • Use Section C to ide	entify an outside organization
			Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy
			N 1 -			
	B. Name of Individual (Last, First)	al	Number of Ticket(s)/		Identify one of the follo	wing:
			Pass(es)	Ceremonial Role	Other	Income
					nial Role" or "Other" describe below	
					pag pas	
				Ceremonial Role	Other Other ial Role" or "Other" describe below	Income
				" chooming Geremon	tota of other describe below	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursua	nt to the agency's policy
	(include address and des	scription)	Pass(es)		parpess made puisua	
	Wells Middle So	Chool	19/2	To reward a	school or nonprofit	organization
	VVOIL') I'IIWWW >C		146	FOR ITS CO	entributions to the co	mmunity
	6800 Penn Drive					
	Dublin CA 945	ole8				
4.	Verification	William william with the second	To the second			
	I have read and understand FPPC Regu	ulations 18944.1 and	d 18942. I have verifie	ed that the distribution set f	forth above, is in accordance	with the requirements.
١	Julia M Cu	4	Lee Ann Ferge	rson	Supervisor's Assista	nt 10/29/13
	Signature of Agency Head or Designed	•	Print Name		Title	(Month, Day Year)
	Federal To	x ID#72	-168569	7 Mad	le School Crah	Feed Anction & Fund

١.	Agency Name				Date Stamp	California 802
	Alameda County					roilli —
	Division, Department, or Regi	on (If Applicabl	e)		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		ında@acgov.	ora	Date of Original Filing	
,	Function or Event Infor		maaagaaga ri	0.9		(Month, Day, Year)
	Does the agency have a ticke		of Each Ticket/Pass \$.	85.00		
	[[[12] [13] [[14] [[14] [[15]		Yes⊠ No			
	Event Description Oakland A	Provide Title/Exp	0 , 04 , 13			
	Ticket(a)/Dasc(ac) provided by		nd A's			
	Ticket(s)/Pass(es) provided by	y agency r	Name of S			
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle				, Richard- Supervisor	District 2
	of agency official?				Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or		tion 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)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
			Pass(es)			Contractor Del Color Color Color
			-			
	D. Name of Individual		Number of			
	B. Name of Individua (Last, First)	11	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	Other 🗵	Income
	Schott, Brian		3	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	nial Role" or "Other" describe below	
					lance at an event held potential revenue fror	l at a County facility in
					Other D	Income 🔲
				100000000000000000000000000000000000000		
	C. Name of Outside Organ	ization	Number of	Describe the nu	blic purpose made pursuar	at to the agency's policy
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy
			=01==0			
	Verification					
	I have read and understand FPPC Regu	lations 18944.1 an	nd 18942. I have ve	rified that the distribution set	forth above, is in accordance v	with the requirements.
	104		Michelle D	ianda	Supervisor's Aide	10/1/13
	Signature of Agency Head or Designee		Print Nam		Title	(Modith, Day, Year)
						E. E
	Comment:		11-11-1-1-1			

MI SCO	7. MUNICIPAL PROPERTY OF THE P					A rabile becament
. Ag	gency Name				Date Stamp	California 802
Ala	ameda County					101111
Div	rision, Department, or Reg	ion (If Applicable)		1	For Official Use Only
Вс	ard of Supervisors					
1000	signated Agency Contact	(Name, Title)			1	
Mi	chelle Dianda					
Tion to	ea Code/Phone Number	E-mail			Amendment (Must pi	
	10) 272-6692		nda@acgov.	org	Date of Original Filing:	(Month Day Year)
	inction or Event Infor					(Month, Day, rear)
	es the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	85.00
				777 C		
Ev	ent Description Oakland A	Provide Title/Exp.	lanation	Date(s)	, , 00 , 10	
Tie	ket(s)/Pass(es) provided b	v agency?	V 🗖 N-1	⊠ If no: Oaklar	nd A's	
110	ket(s)/r-ass(es) provided b	y agency r	Yes No		Name of So	
	s ticket distribution made a	at the behest	No 🗌 Yes	☑ If yes: Valle,	, Richard- Supervisor I	District 2
0	fagency official?		A10 5/80/24 ME42200		Official's Name (L	.ast, First)
. Ro	ecipients	AS S D A	30. 545 263	9 3 15 6 5 752	In 25 6 2 6 6 6 7	24
• U	se Section A to identify the agenc	y's department or		tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
Α	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
_	50 82 3		Pass(es)		W_W	
_			-			
			1			
-	Name of Individua		Number of		VIII S SEVEN VOI JURIANAVE (NOVA) AND VANO SEVEN	Way 1
В.	Name of Individua (Last, First)	ai	Ticket(s)/ Pass(es)		Identify one of the follow	ng:
				Ceremonial Role	Other 🛭	Income
G	utierrez, Stephen		3		ial Role" or "Other" describe below:	
					ance at an event held a potential revenue from	
_				The state of the s		CAST SECTION 1
					Other I	Income
					101	
C.	Name of Outside Organ	nization	Number of	Departure the nut	Ha numana mada numanan	to the assessed nelless
_	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1			
+						
. V/c	rification					
	ve rept and understand FPPC Regu	ilations 18944.1 and	d 18942. I have ve	orified that the distribution set f	orth above, is in accordance wit	th the requirements.
	1/1/		Michelle D	ianda	Supervisor's Aide	10/4/12
V	Signature of Agency Head or Designer		Print Nam		Title	(Month, day, Year)
	Includes 1 parkir	n nace at the	value of \$17	,		
	, illuludes i palkii	u vass at tile	value Of a 1/			

						A Fublic Document
١.	Agency Name				Date Stamp	California 802
	Alameda County					101111
	Division, Department, or Reg	on (If Applicable	9)	8		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		nda@acgov.	ora	Date of Original Filing:	(Month, Day, Year)
,	Function or Event Infor					(Montin, Day, Year)
•	Does the agency have a ticke		Yes⊠ No I	☐ Face Value o	f Each Ticket/Pass \$ _	100.00
	보다면 그렇게 이번 하게 하게 하는 것이 없었다. 그렇게 되었다면 하는 사람들이 되었다. 그렇게 되었다면 하는데 없다.					
	Event Description Warriors v	Provide Title/Exp	lanation	Date(s)	07 13	
	Ti-l-1/-\/D/\id-d b			Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes No [_	Name of S	700771
	Was ticket distribution made a	t the behest	No ☐ Yes I	☑ If ves: Valle,	Richard- Supervisor	District 2
	of agency official?	T.	110 🖂 100 1	II you.	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ıal. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	nt to the agency's policy
		100000000000	Pass(es)			
	B. Name of Individual	nl	Number of Ticket(s)/		Identify one of the follow	ving:
	(Last, First)		Pass(es)			
	Decena, Eduardo		9.8		Other ial Role" or "Other" describe below.	Income
			4			at a County facility in
				order to maximize	potential revenue fror	n sales.
			75	Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below.	Automorphic views
		2000000	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
			Pass(es)			
			_			
			1		8_b	
١.	Verification					85 80 - 7 - 190
	I have read and understand FPPC Regu	lations 18944.1 an				with the requirements.
			Michelle Di		Supervisor's Aide	10/4/13
	Signature of Agency Head or Designee		Print Nam	0	Title	(Month, Day, Year)
	Comment:					
	OOMINION.					

						A Fublic Document	
I. Agency	y Name				Date Stamp	California 802	
Alameda	a County						
Division,	, Department, or Regi	on (If Applicable)		1	For Official Use Only	
Board o	f Supervisors						
	ted Agency Contact (Name, Title)					
	Dianda						
	de/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
(510) 27		michelle.diar	vonne@ehr	ora	Date of Original Filing:		
			ida@acgov.	oig		(Month, Day, Year)	
	on or Event Infor			- Face Value o	of Each Ticket/Deep &	100.00	
	agency have a ticke	1.5	Yes 🗵 No		of Each Ticket/Pass \$	-	
Event De	Event Description Warriors Preseason Game Date(s)) , 24 , 13		
Ticket(s)	/Pass(es) provided by	agency?	Yes □ No I	If no: Golder	n State Warriors		
	,, , , ,	,, .	163 🗀 140	_	Name of Source		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle			, Richard- Supervisor I	District 2		
of agen	cy official?	1			Official's Name (I	.ast, First)	
3. Recipio		8 S R R	51 (6 5)				
-	ion A to identify the agency	's department or	ual. • Use Section C to iden	tify an outside organization.			
A. Na	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)			to the agency's policy	
В.	Name of Individua (Loot, First)	ı	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
			1 444444	Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
				Ceremonial Role	Other	Income	
					ial Role" or "Other" describe below:	moone _	
C.	Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy	
_	(include address and des	cription)	Pass(es)				
	d Arts Council		4		ofit organization for its	contributions to the	
22394 F	Foothill Ave. Haywar	d CA 94541	-	community.			
Support	t art programs in Hay	/ward					
Venter-	atlau						
1. Verifica		lations 18944.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance wi	h the requirements	
11171	1					109/7/12	
Signa	ture of Agency Head or Designee		Michelle Di		Supervisor's Aide		
Signal	to the second of		riin ivam		Title	(Mooth, Day, Year)	
Comme	nt: Includes 1 parkin	g pass at the	value of \$30),			

					A rabile bocament
. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Re	gion (If Applicable	9)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	t (Name, Title)			-	1
Michelle Dianda	W 8				
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6692		nda@acgov.	ora	Date of Original Filing:	
. Function or Event Info		naalgaogov.	Jorg		(Month, Day, Year)
Does the agency have a tick	뭐장 뭐들게 하고 않았다. 맛요?	Yes⊠ No	□ Face Value o	of Each Ticket/Pass \$ _	85.00
	1000 5 C UNION P				
Event Description Oakland	Provide Title/Exp	lanation	Date(s)	, 10 , 13	
Ticket(e)/Dece(ee) provided			⊠ If no: Oaklar	nd A's	
Ticket(s)/Pass(es) provided	by agency?	Yes No		Name of Se	
Was ticket distribution made	at the behest	No ☐ Yes	⊠ If ves: Valle,	, Richard- Supervisor	District 2
of agency official?			,00.	Official's Name	(Last, First)
. Recipients					
Use Section A to identify the agent	icy's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuant to the agency's policy	
1					
B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Austria, Mangee		rass(es)	Ceremonial Role		Income _
Austria, Marigee		3	To promote attenda	ial Role" or "Other" describe below: ance at an event held potential revenue fron	at a County facility in
	1			Other	Income
			If checking "Geremon	ial Role" or "Other" describe below:	
C. Name of Outside Orga		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
. Verification I have read and understand FPPC Res	gulations 18944.1 and	d 18942. I have ve	prified that the distribution set f	orth above. Is in accordance w	ith the requirements.
Signature of Adency Head or Design		Michelle Di	ianda	Supervisor's Alde	10/0/13
Signature of Agency read or Design	00	Print Nam	0	Title	(Morth, Day, Year)
Comment:					

						A rabile becament	
	Agency Name				Date Stamp	California 802	
	Alameda County					roilli	
	Division, Department, or Regi	on (If Applicabl	(e)		1	For Official Use 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	michelle.dia	inda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
	Function or Event Infor	nation				(month) bay, real,	
	Does the agency have a ticke	t policy?	Yes⊠ No!	☐ Face Value o	of Each Ticket/Pass \$	60.00	
	Event Description Disney on	Ice		Data(s) 10) , 19 , 13		
	Event Description	Provide Title/Exp	planation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No I	If no: Golden	n State Warriors		
			No ☐ Yes I	W////-0.02	Name of S		
	Was ticket distribution made a of agency official?	it the behest	, Richard- Supervisor	(Last First)			
						1	
	Recipients • Use Section A to identify the agency	v's department or	runit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ide	ntify 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			
				A			
				3			
	B. Name of Individua	nl .	Number of Ticket(s)/		Identify one of the follow	wing:	
			Pass(es)	Ceremonial Role	Other 🛛	Income	
	Plancarte, Luisanna				nial Role" or "Other" describe below.		
			4			at a County facility in	
					potential revenue fror	ESTATE OF THE STATE OF THE STAT	
					Other	Income	
				If checking "Geremon	nial Role" or "Other" describe below.		
				0.5			
	C. Name of Outside Organ	ization	Number of				
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy	
٠							
	Verification						
	I have read and understand FPRC Regu	lations 18944.1 ar	nd 18942. I have ve	rified that the distribution set t	forth above, is in accordance w	with the requirements.	
			Michelle Di	ianda	Supervisor's Aide	10/10/13	
	Signature of Agency Head or Designee		Print Nam	0	Title	(Month, Day/Year)	
	0						
	Comment:					CONTROL OF THE PROPERTY OF THE	

I. 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 (Na	nme, Title)		-		
Michelle Dianda	N A				
1000 CO 1000 CO	-mail		☐ Amendment (Must)	provide explanation in Part 3.)	
	-man nichelle.dianda@acgov	/ ora	Date of Original Filing:	Charles and the second	
. Function or Event Inform		7.019		(Month, Day, Year)	
		Ease Value	of Each Ticket/Pass \$ _	60.00	
Does the agency have a ticket p		1 1			
Event Description Disney on Id	e	Date(s)	0 , 16 , 13		
,	rovide Tille/Explanation	Colda	on State Marriage		
Ticket(s)/Pass(es) provided by a	agency? Yes□ No	If no: Golde	en State Warriors Name of Source		
Was ticket distribution made at t	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle,				
of agency official?	He beliest No □ Yes	If yes:	e, Richard- Supervisor Official's Name	(Last, First)	
 Recipients Use Section A to identify the agency's 	department or unit. • Use So	ection B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.	
	A Number of			and the commence of the control of t	
A. Name of Agency, Department	or Unit Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant to the agency's policy		
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
		Ceremonial Role If checking *Ceremo	Other Innial Role" or "Other" describe below:	Income [
		Ceremonial Role If checking "Ceremo	Other Dinial Role" or "Other" describe below:	Income [
C. Name of Outside Organiza (include address and descr			blic purpose made pursuan	nt to the agency's policy	
Ruby's Place 1180 B Street, Hayward CA 9	4541 3	To reward a non-p community.	orofit organization for it	s contributions to the	
Provides shelter and supporti to women and children	ve services				
P. Verification I pade read and understand FPPO Regulation Signature of Agency Head or Designee	ons 18944.1 and 18942. I have to Michelle [Dianda	forth above, is in accordance w Supervisor's Aide Title	rith the requirements.	
Comment:				1	

				A Fublic Document
. Agency Name			Date Stamp	California 802
Alameda County				101111
Division, Department, or Re	gion (If Applicable)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact	(Name, Title)		1	
Michelle Dianda			200 PARTONIA STATE AND ANTONIA	
Area Code/Phone Number	E-mail		Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692	michelle.dianda@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Info				(Month, Day, Year)
Does the agency have a tick	3-7-7-7-1-1-1-1-1-1	No □ Face Value	of Each Ticket/Pass \$ _	60.00
Event Description Disney o	Provide Title/Explanation	Date(s)	0 , 17 , 13	
Ticket(s)/Dass(ss) provided		Golde	en State Warriors	
Ticket(s)/Pass(es) provided	by agency? Yes ☐ 1		Name of So	70779
Was ticket distribution made	at the behest No D Y	'es⊠ If ves: Valle	e, Richard- Supervisor	District 2
of agency official?		,	Official's Name (Last, First)
. Recipients				
Use Section A to identify the agent	cy's department or unit. • Use	Section B to identify an individ	fual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departm	nent or Unit Number Ticket(s Pass(es	y Describe the pu	olic purpose made pursuant to the agency's policy	
B. Name of Individ	ual Number Ticket(s Pass(es)/	Identify one of the follow	ing:
81		Ceremonial Role If checking "Ceremo	Other Innial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Geremo	Other on "Other" describe below:	Income
C. Name of Outside Orga (include address and de)/ Describe the pu	blic purpose made pursuant	to the agency's policy
Ruby's Place 1180 B Street, Hayward C	A 94541 5	To reward a non-p community.	profit organization for its	s contributions to the
Provides shelter and supp to women and children	ortive services			
. Verification I bare read and understand FPPC Rec Signalure of Agency Head or Designation Comment:	Michelle	re verified that the distribution set e Dianda Name	forth above, is in accordance wi Supervisor's Aide Title	th the requirements. W/IU/3 (Month, Day/Year)

49.9						A r ubile becament
1.	Agency Name				Date Stamp	California 802
	Alameda County			roilli –		
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6692		nda@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.						(Month, Day, Year)
	Does the agency have a ticket		Yes⊠ No [☐ Face Value	of Each Ticket/Pass \$ _	60.00
	이글의 학생에는 보면 많아 하는 사람들이 없는 것들이 없다.		169 M			
	Event Description Disney on	Provide Title/Expl	anation	Date(s)'	0 / 10 / 13	
	Ticket(s)/Pass(es) provided by			Golde	en State Warriors	
	ricket(a)/r ass(es) provided by	agency :	Yes No E		Name of Se	57.0 (T. 57.4).
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes			If yes: Valle	, Richard- Supervisor	District 2
	of agency official?			, , , , , , , , , , , , , , , , , , , ,	Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agency	's department or		on B to identify an individ	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
		000000000000000000000000000000000000000	Pass(es)	***************************************	Action to a Constitution of the constitution o	
			1 1			
	Number of				and Australia State of the Control o	
	B. Name of Individua	11	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role	Other	Income
			1 1	If checking "Ceremo	onial Role" or "Other" describe below:	
			_			
	V.		1 1	Ceremonial Role	Other Innial Role" or "Other" describe below:	Income
	N.		1 1	in criticising Coronic	man root on Other describe below.	
	C. Name of Outside Organ	ization	Number of			725 325
	(include address and des		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	Ruby's Place		1 200	To reward a non-n	rofit organization for it	s contributions to the
	1180 B Street, Hayward CA	94541	8	community.	nont organization for it	s contributions to the
	Drauldes shalter and suppor	dha asadasa		AND THE STREET OF STREET		7.
	Provides shelter and suppor to women and children	tive services				
1	Verification					
٠.	I have read and understand FPPC Regul	ations 18944.1 and	i 18942. I have veri	fied that the distribution set	forth above, is in accordance w	ith the requirements.
	$M \wedge (1)$		Michelle Dia		Supervisor's Aide	10/11/12
	Signature of Agency Head or Designee		Print Name	midd —	Supervisor's Aide	(Month, Day, Year)
						iponing copy routy
	Comment:					

for all characters are modelled for an experience and the part of				rii abiio boodiiioiit
. Agency Name			Date Stamp	California 802
Alameda County	2		001	1.01111
Division, Department, or Reg	ion (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact ((Name, Title)		7	
Michelle Dianda			1	
Area Code/Phone Number	E-mail		Amendment (Must p	provide explanation in Part 3.)
(510) 272-6692	michelle.dianda@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Infor	mation			(monal, Day, Year)
Does the agency have a ticke	t policy? Yes ☑ N	lo ☐ Face Value	of Each Ticket/Pass \$ _	65.00
Event Description Live 105 S	[44] (14] (14] (15] (15] (16] (16] (16] (16] (16] (16] (16] (16	and an analysis and a	0 , 25 , 13	
Event Description	Provide Title/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by	y agency? Yes □ N	In Island	en State Warriors	
		.0 23	Name of Sc	
Was ticket distribution made a	it the behest No ☐ Ye	es⊠ lfyes: <u>Valle</u>	e, Richard- Supervisor	District 2
of agency official?			Official's Name (Last, First)
. Recipients				SVERIUM, TORRANGE AND MODERN THE MEDITAL PROPERTY OF A DESIGNATION OF A DE
Use Section A to identify the agency	Numbero		dual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departme	ent or Unit Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	t to the agency's policy
B. Name of Individua	Number o Ticket(s)/		Identify one of the follow	ring:
(Cast, Fast)	Pass(es)			
Leocaro, Brenda	98	Ceremonial Role If checking "Ceremo	Other Other Other	Income
OCCUPATION ACTIVITIES	4		dance at an event held	at a County facility in
			potential revenue from	
			Other	Income
		If checking "Ceremo	onial Role" or "Other" describe below:	
C. Name of Outside Organ (include address and des			blic purpose made pursuant	t to the agency's policy
(include address and des	Pass(es)			
		1		
		Alexander - Alexander		
. Verification				asset a ve
I have read and understand FPPC Regu				th the requirements
TU WA	Michelle		Supervisor's Aide	W/4/13
Signature of Agents Head or Designee	Print N	lame	Title	(Month, Day, Year)
Comment:				

1.	Agency Name Alameda County	JULIAN MARKATAN SELEK			Date Stamp	California 802
	Division, Department, or Reg	jion (If Applicabl	le)		1	For Official Use Only
	Board of Supervisors					=
	Designated Agency Contact	(Name, Title)			1	
	Michelle Dianda				D Amondment 44	
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6692	michelle.dia	ında@acgov.	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation				170.00
	Does the agency have a ticke	(A) (B) (B) (B) (B) (B)	Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$.	172.90
	Event Description Kanye We	est Concert Provide Title/Exp				
	Ticket(s)/Pass(es) provided b	y agency?	Yes No	If no: Golde	n State Warriors	
					Name of S	533.7
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Vall of agency official?			, Richard- Supervisor		
					Omciai s ivame	(Last, First)
3.	Recipients					
	Use Section A to identify the agency's department or unit.		Number of			VILLAND COLOR CONTROL
	A. Name of Agency, Department or Unit		Ticket(s)/ Describe the pul Pass(es)		blic purpose made pursuant to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Archuleta, Raquel			Ceremonial Role If checking "Ceremon	Other IX	Income _
	4		4	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
	100.1 1.1				Other 🗵	Income
	Hildreth, Jaken		4	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility ir order to maximize potential revenue from sales.		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy
4.	Verification I have read and understand FPPC Reg	ulations 18944.1 ar				with the requirements
	Signature of Agency Head or Designe	е —	Michelle D		Supervisor's Aide	(Month, Day (Year)
	Comment:					

Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number [5-mail] (510) 272-6692 michelle.dianda@acgov.org Date of Original Filing: (Month, Day, Year)	002
Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number [5-mail] (510) 272-6692 michelle.dianda@acgov.org Date of Original Filling: (Month, Day, Year)	
Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number [5-mail michelle.dianda@acgov.org Date of Original Filling: (Month, Day, Year)	se Only
Michelle Dianda Area Code/Phone Number (510) 272-6692 Function or Event Information Michelle Dianda Amendment (Must provide explanation in Page 1) Date of Original Filling: (Month, Day, Year)	
Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number (510) 272-6692 E-mail michelle.dianda@acgov.org Date of Original Filling: (Month, Day, Year)	
Area Code/Phone Number [510) 272-6692	
Area Code/Phone Number (510) 272-6692 Function or Event Information Amendment (Must provide explanation in Page 2014) Date of Original Filing: (Month, Day, Year)	
(510) 272-6692 michelle.dianda@acgov.org Date of Original Filing: (Month, Day, Year) Function or Event Information	Part 3.)
. Function or Event Information	-
TAL NO SERVICE SER	
Does the agency have a ticket policy? Yee by NATT Face value of Each Ticket/Fass a	172.90
Event Description Kanye West Concert Date(s) 10 , 23 , 13	
Golden State Warriors	
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)	
. 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 organi	ization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's pol	licy
Pass(es)	
B. Name of Individual Number of Ticket(s)/ Identify one of the following:	
Ceremonial Role Other 🗵	Income
Lanip, John If checking "Ceremonial Role" or "Other" describe below:	
To promote attendance at an event held at a County faci order to maximize potential revenue from sales.	lity in
Ceremonial Role ☐ Other ☒	Income
Taylor, Terron If checking "Ceremonial Role" or "Other" describe below: 2	
To promote attendance at an event held at a County faciliorder to maximize potential revenue from sales.	lity in
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 pol	licy
. 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.	22/1-
Michelle Dianda Supervisor's Aide	-2/15
Signature of Agency Head or Designee Print Name Title (Month,	Day Year)
Comment:	

						A Fublic Document		
	Agency Name		Date Stamp	California 802				
	Alameda County							
	Division, Department, or Regi	on (If Applicable		For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Michelle Dianda							
	Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)				
	(510) 272-6692	nda@acgov.org		Date of Original Filing:				
	Function or Event Information							
	Does the agency have a ticket policy? Yes ☑ No [☐ Face Value o	f Each Ticket/Pass \$ _	172.90		
	Event Description Kanye We	st Concert						
	Event Description Kanye West Concert Date(s) 10 , 23 , 13							
	Ticket(s)/Pass(es) provided by agency? Yes □ No ☒ If no: Golde				n State Warriors			
			Name of So					
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes:				lle, Richard- Supervisor District 2 Official's Name (Last, First)			
_	of agency official?	Official's Name (Last, Pirst)					
	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	_							
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)						
,				0				
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Carlos, Fajardo		2		Other Sial Role" or "Other" describe below:	Income		
				To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.				
				POSTURE STATE OF STREET STATE STATE OF STREET STATE ST	Other 🗵	Income		
	Plancarte, Luisanna		2		ial Role" or "Other" describe below:	at a Causty facility in		
			X2.2		ance at an event held potential revenue from			
	C Name of Outside Organ	ization	Number of					
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
						7		
	Verification							
	have read and understand FRPC Regu	lations 18944.1 and	d 18942. I have ve	orified that the distribution set fo	orth above, is in accordance wi	th the requirements.		
	11/1/		Supervisor's Aide	(0)/22/1				
	Signature of Agency Head or Designee		Michelle D		Title	(Month, Day, Year)		
	Comment:							

Agency Name		Date Stamp	California 802							
Alameda County					Form OUZ					
Division, Department, or Reg	gion (If Applicable)		For Official Use Only							
Poord of Cuponings										
Board of Supervisors Designated Agency Contact	(Mame Title)	-								
	(ivame, ride)									
Michelle Dianda		Amendment (Must provide explanation in Part 3.)								
Area Code/Phone Number E-mail										
(510) 272-6692 michelle.dianda@acgov.org				Date of Original Filing:(Month, Day, Year)						
Function or Event Information										
Does the agency have a ticket	et policy?	of Each Ticket/Pass \$ _	172.90							
Event Description Kanye We	est Concert) , 23 , 13								
Ticket(s)/Pass(es) provided b	by agency?	n State Warriors								
		Name of Source								
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle				e, Richard- Supervisor District 2						
of agency official?				Official's Name (Last, First)						
Recipients										
Use Section A to identify the agence	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, Departm	nonactor.		ublic purpose made pursuant to the agency's policy							
X		Pass(es)								
			1							
R Name of Individual		Number of								
B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following:						
25052377255 25073555			Ceremonial Role	Other 🗵	Income					
Jackson, James		4		niel Role" or "Other" describe below:						
			To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.							
				Other Inial Role" or "Other" describe below:	Income					
			ii checking Ceremon	or or other describe below:						
C. Name of Outside Organization		Number of Day 15 - 15								
(include address and description)		Ticket(s)/ Describe the p		ublic purpose made pursuant to the agency's policy						
	60									
Verification										
I have read and understand FIPPC Reg			th the requirements.							
		Michelle	anda	Supervisor's Aide	10V/L/I					
MALE		Michelle Di			1000					
Signature of Agency Head or Designe		Print Nam		Title	(Month, Day, Year)					

100						A i done becamen
	Agency Name				Date Stamp	California 802
	Alameda County			101111		
1	Division, Department, or Regi	on (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)			1	
	Michelle Dianda					
		E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692		nda@acgov.	ora	Date of Original Filing	
_	Function or Event Inform		naa@acgov.	0.9		(Month, Day, Year)
	Does the agency have a ticket		Vee 🔽 Ne	□ Face Value (of Each Ticket/Pass \$.	172.90
	중시 전에 하나 있다면 하다 하는 사람들이 되었다.	J70000000000	Yes 🗵 No			
	Event Description Kanye Wes	Provide Title/Expi	lanation	Date(s)) , 23 , 13	
		Š.		Golde	n State Warriors	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No	If no: Golde	Name of S	Cource
	Was ticket distribution made a	t the behest	No ☐ Yes	☐ If yes:		
	of agency official?		140 LJ 163	Li ii yes	Official's Name	(Last, First)
	Recipients					
١	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy		
	Pass(es)					
			Number of			
	B. Name of Individua		Ticket(s)/		Identify one of the follow	wing:
			Pass(es)	Ceremonial Role	Other 🛛	Income
	Sims, Steven				nial Role" or "Other" describe below	
			4			d at a County facility in
				order to maximize	potential revenue from	
					Other	Income
				If checking *Ceremon	nial Role" or "Other" describe below	*
	O Nome of Outside Occupa	la a fila a	Number of			A Wiley Control and Action Control Control
	C. Name of Outside Organi (include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursua	nt to the agency's policy
-			7 400(00)			
	Verification	-K 10011 1	d 100 to 11			
	have read and understand EPPC Regul	auons 18944.1 an				In the requirements.
	Signature of Assess Harden Services		Michelle D		Supervisor's Aide	
	Signature of Agency Head or Designee		Print Nam	00	Title	(Mipnth, Day, Year)
	Comment:					
	oommon.					

. Agency Name			Date Stamp	California 802
Alameda County			Form OUZ	
Division, Department, or Region	(If Applicable)	1	For Official Use Only	
Board of Supervisors				
Designated Agency Contact (Nam	ne, Title)	-		
Michelle Dianda				
	nail		Amendment (Must	provide explanation in Part 3.)
	nan ichelle.dianda@acgov	org	Date of Original Filing:	
		.org		(Month, Day, Year)
. Function or Event Informat		E Velus	of Foots Tielent/Deep &	250.00
Does the agency have a ticket po			of Each Ticket/Pass \$ _	
vent Description Warriors vs. Kings Date(s) 11			1 , 02 , 13	
Pro	vide Title/Explanation	Colda	on State Wessless	
Ticket(s)/Pass(es) provided by ag	jency? Yes ☐ No	If no: Golde	en State Warriors	ource
Vas ticket distribution made at the behest No□ Yes ☑ If yes. Valle,			, Richard- Supervisor	
of agency official?	s ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle agency official?			(Last, First)
Recipients				
N. C.	epartment or unit. • Use Se	ction B to identify an individ	lual. • Use Section C to ide	ntify an outside organization
Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv			ON ONLINE TO THE OWNER OF THE OWNER OF THE OWNER.	ALCO AND THE CONTROL OF THE SUBJECT OF
Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the pu		blic purpose made pursuar	t to the agency's policy	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	vina:
(Last, First)	Pass(es)		Transmitter to the contract of the contract	mig.
				Income
		If checking "Ceremo	nial Role" or "Other" describe below:	
		Ceremonial Role	Other 🗆	Income
			nial Role" or "Other" describe below:	
9		1 6		
C. Name of Outside Organizati		Describe the pu	blic purpose made pursuan	t to the agency's policy
(include address and descript	tion) Pass(es)			t to the agency a poncy
Alameda County Democratic C	entral	To reward a non-p	rofit organization for it	s contributions to the
Committee	4	community		
P.O. Box 3937, Hayward, CA 9	4540			
To encourage people to volunte				
Verification				
I have read and understand FPPC Regulation	ns 18944.1 and 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements,
11/1/2/	Michelle D	ianda	Supervisor's Aide	10/21/12
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
Includes 4	and at the control of the			, ,,
Comment: Includes 1 parking pa	ass at the value of \$20	J		

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

					A I done becament
. Agency Name				Date Stamp	California 802
Alameda County			Form		
Division, Departmen	t, or Region (If Applicable	1	For Official Use Only		
Board of Supervisor	rs				
Designated Agency				-	
	1 3 1				
Michelle Dianda Area Code/Phone Nu	ımber E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6692		nda@accov	ara.	Date of Original Filing:	
		nda@acgov.d	org		(Month, Day, Year)
. Function or Ever				f Food Tiele VD &	200.00
Does the agency have	PRIOR STATE OF STATE	Yes 🗵 No [of Each Ticket/Pass \$ _	
Event Description W	vent Description Warriors vs. Pistons Date(s) Date(s)			, 12 , 13	
	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) pr	Ficket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golder			n State Warriors	24000
Man tiplest distribution	a made at the beheat		- Valle	, Richard- Supervisor	
	Vas ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle of agency official?			Official's Name	(Last, First)
. Recipients	the seeney's department or	unit a Hea Saat	lon B to Identify an individu	ual a Usa Sastian C to Iday	stift, an autolde examination
	• Use Section A to identify the agency's department or un		Service Constitution		and the second s
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	of Individual	Number of Ticket(s)/ Pass(es)	H.	Identify one of the follow	ving:
	1			Other Interest of the Control of the	Income
-			Ceremonial Role If checking "Ceremon	Other Other Other describe below.	Income
	side Organization ss and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	it to the agency's policy
League of Voluntee 8440 Central Ave. S	ers Ste AB, Newark CA	4	To reward a non-procommunity.	rofit organization for it	s contributions to the
Serves children, far Fremont, Newark &	milies and seniors in Union City				
. Verification	No. of the second second		na againt sa	OT SOUTHWAY TO COLOUR THEORY - MANUAL COLOUR FOR	NAZIO SECULIA SECULIA SECULIA SE
I have read and understand	FPPC Regulations 18944.1 and	d 18942. I have ver	rified that the distribution set I	orth above, is in accordance w	with the requirements.
11/12	h	Michelle Dia	anda	Supervisor's Aide	10/21/1-
Signature of Agency Flea	d or Designee	Print Name		Title	(Month, Day, Year)
. Includes	1 parking pass at the	value of \$20			V
Comment:					

						A Fublic Document	
	Agency Name				Date Stamp	California 802	
	Alameda County		1 1	101111			
	Division, Department, or Regi	on (If Applicable	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	1				
	Michelle Dianda						
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6692		nda@acgov.	ora	Date of Original Filing:	(Month, Day, Year)	
	Function or Event Inform					(Month, Day, Year)	
D	Does the agency have a ticket		Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$ _	300.00	
			169 M 140 I	77 1			
	Event Description Warriors vs	Provide Title/Expl	lanation	Date(s)	. 11 13		
	Golden			n State Warriors			
				Name of Sc	ource		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle,			, Richard- Supervisor	District 2		
	of agency official?			,	Official's Name (Last, First)	
_	Recipients	0.0				7	
	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy	
			Pass(es)				
				11			
			Number of				
	B. Name of Individua	1	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			rass(vs)	Ceremonial Role	Other 🗆	Income [
					ial Role" or "Other" describe below:	income L	
				10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
				Ceremonial Role		Income	
				If checking "Geremon	ial Role" or "Other" describe below:		
1	C Name of Outside Organi	ization	Number of	W. (1987) 11 (1987) 11 (1987) 11 (1987) 11 (1987) 11 (1987) 11 (1987) 11 (1987) 11 (1987) 11 (1987) 11 (1987)			
	C. Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Newark Rotary Club		120	To roward a par a	rofit organization for it	a contribution - t- th-	
	Newark Rotary Club P.O. Box 105, Newark CA 9	4560	4	community.	ofit organization for its	s contributions to the	
	Provides support to local no organizations and humanitar						
_		nan enorts					
	Verification	alione 18944 1 and	1 18042 have ve	rified that the distribution set (orth above is in accordance wi	th the seculorments	
		andra roart. r and				101/72/1	
	Signature of Agency Head or Designee		Michelle Di		Supervisor's Aide	<u> </u>	
	Signature or Agency Head or Designee		Print Name	0	Title	(Month, Day, Yelar)	
	Comment: Includes 1 parking	g pass at the	value of \$20),			

						rer distro boodinone
	Agency Name				Date Stamp	California 802
	Alameda County			101111		
	Division, Department, or Reg	ion (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact ('Name, Title)	1			
	Michelle Dianda					
	Area Code/Phone Number	E-mail				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				
	Does the agency have a ticke	t policy?	Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$.	700.00
	Event Description Warriors v	s. Lakers		Date(s)10) , 30 , 13	
		Provide Title/Exp	Colde	- Ctata Marriana		
	Ticket(s)/Pass(es) provided by	y agency?	n State Warriors	ource		
	Was ticket distribution made a	t the behest	, Richard- Supervisor			
	of agency official?	it the beneat	Official's Name	(Last, First)		
	Recipients					
100	Use Section A to identify the agence	y'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, Department or Unit Number Ticket Pass			Describe the pub	olic purpose made pursuar	nt to the agency's policy
	B. Name of Individua	ni .	Number of			
	(Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:		
	Dunckel, Jon		4	Geremonial Role Other III		
					ance at an event held potential revenue fror	l at a County facility in n sales.
			4		Other	Income 🗆
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy
)—————————————————————————————————————					
١.	Verification		+			
	I have lead and understand FPPC Regu	lations 18944.1 and			orth above, is in accordance w	with the requirements
			Michelle Di		Supervisor's Aide	100013
	Signature of Agency Head or Designee		Print Nam	0	Title	(Month, Day, Near)
	Comment:					

_						
١.	Agency Name		Date Stamp	California 802		
	Alameda County			101111		
	Division, Department, or Reg	ion (If Applicabl	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	1			
	Michelle Dianda				22	
	Area Code/Phone Number E-mail				Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6692	michelle.dia	ında@acgov.	org	Date of Original Filing:	(Month, Day, Year)
	Function or Event Information					(monut, Day, Your)
80	Does the agency have a ticke		Yes⊠ No	Face Value of	f Each Ticket/Pass \$ _	300.00
	- NORTHE CONTROL OF STREET					
	Provide Title/Explanation Date(s)					
	Ticket(s)/Pass(es) provided b	v agency?	Yes □ No l	If no: Golde	n State Warriors	and the state of t
				Name of Sc		
	Was ticket distribution made at the behest No		No ☐ Yes	✓ If yes: Valle	Richard- Supervisor	District 2
	of agency official?				Official's Name	(Last, First)
	Recipients					
	Use Section A to identify the agency's department or		unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit		Ticket(s)/	Describe the put	lic purpose made pursuan	t to the agency's policy
			Pass(es)			
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	B. Name of Individu	al	Ticket(s)/	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other itial Role" or "Other" describe below:	ving: Income ☐
	B. Name of Individu	al	Ticket(s)/	If checking "Ceremon Geremonial Role	Other other	Income [
	B. Name of Individue (Last, First) C. Name of Outside Organ (include address and de	nization	Ticket(s)/	If checking "Ceremor Ceremonial Role If checking "Ceremor	Other Other describe below:	Income Income
	(Last, First) C. Name of Outside Organ	nization scription)	Number of	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Income In
	C. Name of Outside Organ (include address and de	nization scription) lation City 94587	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put	Other idal Role" or "Other" describe below: Other idal Role" or "Other" describe below:	Income [
i.	C. Name of Outside Organ (include address and de New Haven Schools Found 33377 Western Ave. Union Support schools with extraactivities and scholarships Verification	nization scription) lation City 94587 curricular	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put To reward a non-put	Other	Income In
	C. Name of Outside Organ (include address and de New Haven Schools Found 33377 Western Ave. Union Support schools with extraactivities and scholarships	nization scription) lation City 94587 curricular	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put To reward a non-put	Other	Income In
	C. Name of Outside Organ (include address and de New Haven Schools Found 33377 Western Ave. Union Support schools with extraactivities and scholarships Verification	nization scription) lation City 94587 curricular	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon Describe the put To reward a non-put community.	Other	Income In

						A I ablic becamen	
	Agency Name				Date Stamp	California 802	
	Alameda County					101111	
	Division, Department, or Regi	on (If Applicable	1	For Official Use 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		nda@acgov.c	ora	Date of Original Filing:		
2.	Function or Event Infor		naa@acgov.c	719		(Month, Day, Year)	
	Does the agency have a ticke		Yes⊠ No[□ Face Value o	f Each Ticket/Pass \$ _	200.00	
	트리트 시간 시간에 하면서 있다. (2012년 1일						
	Event Description Warriors v	Provide Title/Exp					
	Tieleste\(\O_{\text{end}}\)	in and the second	n State Warriors				
	Ticket(s)/Pass(es) provided by	y agency?	Name of Se	770.07			
	Was ticket distribution made a	t the behest	Richard- Supervisor	District 2			
	of agency official?	Vas ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2 of agency official? Official's Name (Last, First)					
	Recipients						
	Use Section A to identify the agency	's department or		ion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy		
			Pass(es)	Monte of State of Sta			
	B. Name of Individua (Last, First)	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Lindsey, Tommie			Ceremonial Role	Other ial Role" or "Other" describe below:	Income	
	Emasey, romine		4			service to the public.	
				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 pursuan	t to the agency's policy	
	(Horado adalogo and dos	enparent,	Pass(es)				
_							
	Verification						
	Theve read and understand FPPC Regu	lations 18944.1 an				In the requirements.	
			Michelle Dia		Supervisor's Aide	<u> </u>	
	V Signature of Agency Head or Designee		Print Name	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Title	(Mgnth, Day, Year)	
	Comment: Includes 1 parkin	g pass at the	value of \$20.				
	OUTIMIENT.						

1.	Agency Name	- CALIDO HOLAPHICK SECTION	Date Stamp	California 802			
	Alameda County			For Official Use Only			
	Division, Department, or Reg	ion (If Applicable					
	Board of Supervisors						
	Designated Agency Contact	Name, Title)	1				
	Michelle Dianda						
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6692	(510) 272-6692 michelle.dianda@acgov.org			Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	mation				0.00.000.000	
	Does the agency have a ticke	t policy?	Yes 🗵 No l	☐ Face Value o	of Each Ticket/Pass \$.	250.00	
	Event Description Warriors v	s. Pacers Provide Title/Expl	lanation	Date(s)01	1 , 20 , 14		
					n State Warriors		
	ricket(a)/r daa(ea) provided b	y agency:	res 🔲 No		Name of S		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle			, Richard- Supervisor	District 2		
	of agency official?				Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agence	y's department or		tion B to identify an individu	ual. • Use Section C to ide	ntify 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			
	2-11-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Pass(es)	- 42-5 (19.2)	American and the contract of t	attice and region of the street and	
	Number of						
	B. Name of Individual		Ticket(s)/ Pass(es)	Identify one of the following:		wing:	
	McDonald, Eileen	McDonald, Eileen			Other Other Other Other	Income	
	money and an		4	To promote attenda		at a County facility in	
	W			Ceremonial Role	Other	Income	
				If checking "Ceremon	nial Role" or "Other" describe below		
	Name of Outside Ocean	lantion	Number of	Portuga des des finales accessos		Composition of an interesting the extreme of a facility	
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy	
					The second second		
ŀ.	Verification						
	have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set f	forth above, is in accordance w	with the requirements.	
			Michelle Di	ianda	Supervisor's Aide	10/29/13	
	Signature of Agency Head or Designee		Print Name	0	Title	(Month, Day Year)	
	Comment: Includes 1 parking	g pass at the	value of \$20),			
	INTERNATIONAL PROPERTY OF THE						

1.	Agency Name Alameda County		Date Stamp	California 802		
	Division, Department, or Reg Board of Supervisors			For Official Use Only		
	Designated Agency Contact Lee Ann Fergerson, Superv		nnt			
i.	Area Code/Phone Number (510) 272-6691	erson@acgov.org		Date of Original Filing:	provide explanation in Part 3.) (Month, Day, Year)	
2.	Function or Event Information Does the agency have a ticket Event Description Warriors by Warriors by Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official?	t policy? pasketball Provide Title/Exp y agency?	Yes No No No No No No No Yes X	If no: GSW	of Each Ticket/Pass \$ _ 2	ource or Haggerty D-1
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B A. Name of Agency, Department or Unit Number of Ticket(s)/				lual. • Use Section C to idea	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ving:
	7			Ceremonial Role	nial Role" or "Other" describe below: Other nial Role" or "Other" describe below:	Income _
	C. Name of Outside Organ (Include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	nt to the agency's policy
	Dublin Partners in Education (DPIE) P.O. Box 2307 Dublin CA 94568		20/4	To reward a school or nonprofit organization For its contributions to the community		
1.	Verification I have read and understand EPPC Regularity of Agency Head or Designed Comment: All proceeds sup		Lee Ann Fergerso	on	forth above, is in accordance w Supervisor's Assistar Title students in the Dublin	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** California Date Stamp 1. Agency Name 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: leeann.fergerson@acgov.org (Month, Day, Year) (510) 272-6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ Yes⊠ No 🗆 Does the agency have a ticket policy? Event Description Warriors Skybox vs. Grizzlies 28 3 Date(s) _ Provide Title/Explanation If no: GSW Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If yes: A.C. Supervisor Haggerty, Dist. 1 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. ame of Agency, Department of Unit Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below:

0/4 F	eward a school or nonprofit orga or its contributions to the comm	inization unity
I have verified that the distribu	lion set forth ebove, is in accordence with the r Supervisor's Assistant	requirements.
Print Name	Tille	(Mohih, Day, Ydar)
m Gen	000	FPPC Form 802 (4/12)
	I have verified that the distribu	I have verified that the distribution set forth above, is in accordance with the manner of the supervisor's Assistant

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name			Date Stamp	California OOO	
Alameda County				Form OUZ	
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)				
Board of Supervisors		,			
Designated Agency Contact (Name, Title)					
Lee Ann Fergerson, Supervisor's Assista					
Area Code/Phone Number E-mail	III		Amendment (Must p	provide explanation in Part 3.)	
	erson@acgo	v ora	Date of Original Filing:		
2. Function or Event Information	oroon (egaogo		· · · · · · · · · · · · · · · · · · ·	(Month, Day, Year)	
Does the agency have a licket policy?	Yes♥☑) No	☐ Face Value o	of Each Ticket/Pass \$ _	85,00	
A15 1878	Pari I	1.0	or Edon Hokely ass \$ _		
Event Description Provide Title/Exp	//)U// lanation	Date(s)	7-4-15		
Ticket(s)/Pass(es) provided by agency?	Van Va	I If no Oak	and Ath	lotios	
ricket(s)/r ass(es) provided by agency:	Yes No		Name of So		
Was ticket distribution made at the behest	No ☐ Yes		eda County Supervisor Sc	ott Haggerty, District 1	
of agency official?	(Official's Name (I	Last, First)	
. Recipients					
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 pub	lic purpose made pursuant	to the agency's policy	
	1.00(00)				
	-				
	Number of				
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
		To promote attendar	nce at a county sponsored	event in order ncome	
		to maximize potentia	l county revenue for conce		
CACALA Smith	7	parking sales	*	•	
<u> </u>					
		Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below:	Income	
			ar area accommondador.		
C. Name of Outside Organization	Number of Ticket(s)/	Doscribe the publ	ic purpose made pursuant t		
(include address and description)	Pass(es)	Describe the publ	ic purpose made pursuant i	to the agency's policy	
Verification					
have read and understand FPPC Regulations 18944.1 and	18942. I have ver	ified that the distribution set fo	rth above, is in accordance with	the requirements.	
HOUNTEN MY	ee Ann Ferg	gerson S	Supervisor's Assistant	10-02-17	
Signature of Agency Head or Designee	Print Name		Title	(Month; Day, Year)	
Comment:					

1. Age	ncy Name				Date Stamp	California OOG
Alam	neda County		200 TO 200 TO SERVICE (1880)	Form 802		
Divisi	on, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
Board	d of Supervisors					
	nated Agency Contact	(Name, Title)	-			
- 9	Ann Fergerson, Superv					
	Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
413 TWA	272-6691		erson@acgov	/.org	Date of Original Filing:	(Month, Day, Year)
. Fund	Function or Event Information					
Does	the agency have a ticke	t policy?	Yes No [Face Value of	of Each Ticket/Pass \$ _	85,00
Event	Description A16	BAS	elare	Date(s)	5.5.13	
Event	Description	Provide Title/Exp				
Ticket	(s)/Pass(es) provided by	y agency?	ekland de	theetics		
	20 20 20		Name of So neda County Supervisor So			
	icket distribution made a jency official?	it the behest	Official's Name (
			Omciai's Name (Last, First)		
7,05,757	pients	's department or	unit a Use Sect	tion E to identify an individu	ual a Usa Sastion C to idea	
	Use Section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency and the agency					
A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
В.	Name of Individua (Last. First)		Number of Ticket(s)/ Pass(es)	TALES.	Identify one of the follow	ing:
Wa	inda thom	DSON	2	To promote attendar to maximize potentia parking sales	nce at a county sponsored il county revenue for conce	event in order 'ncome ession and
				Ceremonial Role If checking "Ceremoni	Other Isla Role" or "Other" describe below:	Income
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	cation ad and understand FPPC Regula	tions 18944.1 and	18942. I have verif	fied that the distribution set fo	orth above, is in accordance with	o the requirements.
11.11	1 ×61		ee Ann Ferg		Supervisor's Assistant	10/2/12
Sigi	nature of Agency/Head or Designee		Print Name		Title	(Month, Day, Year)
						ALL THE TOTAL STATE OF THE STAT
Comm	ent:					

1.	Agency Name				Date Stamp	California 802
_	Alameda County		_	For Official Use Only		
I	Division, Department, or Regi	on (If Applicable	?)	*		7 of Oniosal Coo City
	Board of Supervisors					
ī	Designated Agency Contact (Name, Title)	1			
_	Lee Ann Fergerson, Superv	isor's Assista	Amendment (Must	provide explanation in Part 3.)		
	Area Code/Phone Number	_				
	(510) 272-6691	<u> </u>	erson@acgov.	.org	Date of Original Filing	(Month, Day, Year)
	Function or Event Inform		Yes⊠ No [<u>.</u>		100
	Does the agency have a ticke		of Each Ticket/Pass \$.			
I	Event Description Warriors P	Pre-season ga	0 , 07 , 13			
	Tisles (/s) (December 2) and distribution	·	n State Warriors			
	Ticket(s)/Pass(es) provided by	y agency?] If no: Colde	Name of Source		
١	Was ticket distribution made a	it the behest	eda County Supervis	or Scott Haggerty, D1		
	of agency official?			•	Official's Name	(Last, First)
	Recipients					
-	Use Section A to identify the agency	y's department or	of the state of th	ion B to identify an individ	lual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the pul	blic purpose made pursua	nt to the agency's policy	
-			Pass(es)			
-		, , , , , , , , , , , , , , , , , , ,				
	•					
	B. Name of Individua (Last, First)	l e	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
-	Felicia Hassett				ance at a county sponsor tial county revenue for co	
•				Ceremonial Role		Income
				н опеоліну Сетето	nial Role" or "Other" describe below	•
nico S	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
ž		and the second s	and a second			
		<u> </u>				
					<u> </u>	
	Verification					
ć,	I have read and understand FPPC Regu	ılations 18944.1 an	d 18942. I have ven	ified that the distribution set	forth above, is in accordance	with the requirements.
	July of Cus		Lee Ann Ferg		Supervisor's Assista	$\frac{10}{9} \frac{10}{9} \frac{13}{3}$
	Signature of Agendy Head or Designee	•	Print Name	,	Title	(Month, Daly, Year)
	Comment:					1

1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form OUZ			
	Division, Department, or Regi	ion (If Applicable))			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson, Superv	isor's Assistan	nt				
	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)	
<u>-</u> 2.	Function or Event Infor				L	(monus, buy, roar)	
	Does the agency have a ticke		☐ Face Value o	of Each Ticket/Pass \$ ـ	60.00		
	Event Description Disney on) , 17 , 13			
	Event Description	Provide Title/Expla	anation	Date(s)	/		
	Ticket(s)/Pass(es) provided by	y agency?	n State Warriors				
			Name of S				
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Alame of agency official?				eda County Supervis Official's Name	or Scott Haggerty, D1	
					Smoot o Nume	,,	
3.	Recipients • Use Section A to identify the agency	v's department or u	ınit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
		(A)					
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy	
					·		
	B		Number of		9.77	· 122 (21)	
	B. Name of Individua (Last, First)	ai .	Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
		A Stock State of Stat		1	Other 🛛	Income	
	Scott Haggerty		4	· ·	nial Role" or "Other" describe below		
				To obtain oversight County funding or s	t of facilities or events support	s that have received	
					Other	Income	
				ł	nial Role" or "Other" describe below		
	Alexandra de la companya de la comp						
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursual	nt to the agency's policy	
	functions and des	sonpavii)	Pass(es)				
	<u> </u>						
4.	Verification	ulationa 48044 4 ===	140040 16	orified that the distribution and	forth above in in accordance	with the requirements	
(I have read and understand FPPC Regu						
	Signature of Agency Head or Designee		Lee Ann Fei		Supervisor's Assista	nt 10/7/13	
	Signature of Agenty Fledge of Designed	-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			jinonin, opp, roui)	
	Comment:						

	-			-
Δ	\mathbf{p}_{1}	ıhı	ic	Document
_				Document

Does the agency have a ticket policy? Event Description A's Baseball Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics Was ticket distribution made at the behest of agency official? No Yes Alameda County Supervisor Scott Hagge Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Number of Ticket(s)/Pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Nabeela Amiri Ceremonial Role Other Massible below:	Date Stamp California 802						
Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691 Date of Original Filing: (Month, Dey, Ye Pace Value of Each Ticket/Pass \$ Event Description A's Baseball Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Section B to identify an individual (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 organic in the public purpose made pursuant to the agency's pass(es) Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Name of Individual (Last, Fast)	Hart Bridge						
Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing: (Month, Dey, Ye) 2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No \(\) Face Value of Each Ticket/Pass \(\) Event Description \(\frac{A's Baseball}{Provide TitlerExplanation} \) Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: \(\) Oakland Athletics Was ticket distribution made at the behest of agency official? A. Name of Agency, Department or unit. \(\) Use Section B to identify an individual. \(\) Use Section C to identify an outside org: A. Name of Agency, Department or Unit \(\) Number of Ticket(s)/Pass(es) \(\) Pass(es) \(\) B. Name of Individual (aut. Fast) Pass(es) Nabeela Amiri \(\) Identify one of the following: Ceremonial Role \(\) Other \(\) Identify one of the following:	Use Only						
Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691 leeann.fergerson@acgov.org Date of Original Filing: (Month, Dey, Ye) 2. Function or Event Information Does the agency have a ticket policy? Yes \(\) No \(\) Face Value of Each Ticket/Pass \(\) Event Description \(\frac{A's Baseball}{Provide TitlerExplanation} \) Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: \(\) Oakland Athletics Was ticket distribution made at the behest of agency official? A. Name of Agency, Department or unit. \(\) Use Section B to identify an individual. \(\) Use Section C to identify an outside org: A. Name of Agency, Department or Unit \(\) Number of Ticket(s)/Pass(es) \(\) Pass(es) \(\) B. Name of Individual (aut. Fast) Pass(es) Nabeela Amiri \(\) Identify one of the following: Ceremonial Role \(\) Other \(\) Identify one of the following:							
Area Code/Phone Number (510) 272-6691 leeann.fergerson@acgov.org							
Area Code/Phone Number (510) 272-6691 leeann.fergerson@acgov.org	W. C.						
Date of Original Filling:							
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	acl						
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description A's Baseball Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Find No Yes No Find Name of Source Was ticket distribution made at the behest of agency official? No Yes No Find Name of Source Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside orgonal County Supervisor Scott Hagge Official's Name (Last, First) A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's pass(es) Number of Ticket(s)/Pass(es)	ur/						
Event Description A's Baseball Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland Athletics Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Scott Hagge 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 of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es) Name of Individual (Last, First) Identify one of the following: Name of Individual (Last, First) Identify one of the following: Name of Individual (Last, First) Identify one of the following: Name of Individual (Last, First) Identify one of the following: Other Manuel Individual (Last, First) Identify one of the following: Other Manuel Individual (Last, First) Identify one of the following: Other Manuel Individual (Last, First) Identify one of the following:	30.00						
Ticket(s)/Pass(es) provided by agency? Yes No Goakland Athletics Name of Source Was ticket distribution made at the behest of agency official? No Yes Elf yes: Alameda County Supervisor Scott Hagge Official's Name (Lest, First) Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Recipients Use Section C to identify an outside organization of the following: Describe the public purpose made pursuant to the agency's pass(es) Number of Ticket(s)/ Pass(es) Recipients Use Section B to identify an individual. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es) Recipients Use Section B to identify an individual. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es) Recipients Use Section B to identify one of the following: Recipients Use Section B to identify one of the following: Recipients	,						
Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Scott Hagge Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es)	/						
Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Scott Hagge Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)							
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Nabeela Amiri							
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Recipients Output Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Recipients Output Output	Was ticket distribution made at the behest No Yes If yes: Alameda County Supervisor Scott Haggerty, D1						
Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	of agency official? Official's Name (Last, First)						
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)							
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Number of the following: Number of Ticket(s)/ Pass(es) Nabeela Amiri	anization.						
B. Name of Individual Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Nabeela Amiri Number of Ticket(s)/ Identify one of the following:	ublic purpose made pursuant to the agency's policy						
Name of Individual (Last, First) Ticket(s)/ Pass(es) Ceremonial Role □ Other ☒ Nabeela Amiri Other ☒ If checking "Ceremonial Role" or "Other" describe below:							
Name of Individual (Last, First) Ticket(s)/ Pass(es) Ceremonial Role Other Nabeela Amiri Nabeela Amiri							
Name of Individual (Last, First) Ticket(s)/ Pass(es) Ceremonial Role Other Nabeela Amiri Nabeela Amiri							
Name of Individual (Last, First) Ticket(s)/ Pass(es) Ceremonial Role □ Other ☒ Nabeela Amiri Other ☒ If checking "Ceremonial Role" or "Other" describe below:							
Pass(es) Ceremonial Role ☐ Other ☒ Nabeela Amiri If checking "Ceremonial Role" or "Other" describe below:	ALC: Y						
Nabeela Amiri							
	Income _						
To promote attendance at a county sponsored event to	n mavimize						
potential county revenue for concession and parking sa							
Ceremonial Role Other	Income						
If checking "Ceremonial Role" or "Other" describe below:							
C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's part of the public purpose made pursuant to the agency part of the public purpose made purpose	oolicy						
(include address and description) Pass(es)	ADMONTH N						
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.							
	0/07/13						
Signature of Agency Head or Designee Print Name Title (Mon	th, Day, Year)						
Comment:							

. Agency Name				Date Stamp	California 802	
Alameda County			Form OUA			
Division, Department,	or Region (If Applicable		For Official Use Only			
Board of Supervisors						
Designated Agency Co	ontact (Name, Title)	-				
Lee Ann Fergerson,	Supervisor's Assista					
Area Code/Phone Nun	nber E-mail			<u> </u>	t provide explanation in Part 3.)	
(510) 272-6691	leeann.ferge	erson@acgov	.org	Date of Original Filing	(Month, Day, Year)	
2. Function or Event	Information				222.00	
Does the agency have	· ·	of Each Ticket/Pass \$	222.00			
Event Description Rai	ders Football	1 , 24 , 13				
·	Provide Title/Exp	lanation				
Ticket(s)/Pass(es) prov	vided by agency?	Yes⊠ No [] If no: Oakla	Name of S	Source	
Was ticket distribution	made at the behest	No ☐ Yes 🖸	ار الاستادة Alam	eda County Supervis	sor Scott Haggerty, D1	
of agency official?	made at the beneat	No LI Yes L	∆ If yes:	Official's Name	(Last, First)	
3. Recipients	·					
•	he agency's department or	unit. • Use Sect	ion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.	
A. Name of Agency, D	Department or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursua	nt to the agency's policy	
		Pass(es)				
		-				
B. Name of	Individual	Number of				
D. Name of	, First)	Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
laba Dudabah			Ceremonial Role	Other 🗵	Income [
John Rudolph			If checking "Ceremonial Role" or "Other" describe below: to reward a County employee for his exemplary service to the			
				rage staff developme		
			Ceremonial Role	Other	Income	
				nial Role" or "Other" describe below	v:	
		None				
	de Organization and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy	
. And the second second		rass(es)				
I. Verification I have read and understand FI	PPC Regulations 18944 1 ar	nd 18942. I have ver	ified that the distribution set	forth above, is in accordance	with the requirements.	
Hall Lace	129	Lee Ann Ferg		Supervisor's Assista		
Signature of Agency Head	pr Designee	Print Name		Title	(Month, Day, Year)	
					1,	
Comment:						

gency Report of: eremonial Role Events and Tic	ket/Pass Di	stributions		A Public Documen
Agency Name			Date Stamp	California 802
Alameda County				For Official Use Only
Division, Department, or Region (If Applicable))			1
Board of Supervisors Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assista	nt	-	- Amendment at	and de avalanción la Pari 2 l
Area Code/Phone Number E-mail				provide explanation in Part 3.)
- Tarket Tarket and a fact that the fact the fact that the fact that the fact that the fact that the	erson@acgov.or	rg	Date of Original Filing	(Month, Day, Year)
Function or Event Information				100 00
Does the agency have a ticket policy?	Yes No 🗆		Each Ticket/Pass \$.	60,00
Event Description Disney on	ce	Date(s)	,20,13	
Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by agency?	Yely42 No 🗆	If no: 65	Name of 5	Pauma
	(Alame		Scott Haggerty, District 1
Was ticket distribution made at the behest of agency official?	No 🗆 Yes 🗗	If yes:	Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Section	n B to identify an individua	l. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publi	c purposè made pursua	nt to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
maria Carona	4		ndance at a county spo ential county revenue fo	
4		Ceremonial Role	Other I	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursua	nt to the agency's policy
A		++ 41=10=1================================		
Verification relate road and understand FPPC Regulations 18944.1 er	Lee Ann Ferge		Supervisor's Assista	nt 10-(-1
Signature of Agency, Fleat or Designee Comment:	Print Name		Title	(Month; Day, Year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mall **Date of Original Filing:** leeann.fergerson@acgov.org (510) 272-6691 (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes DO No 🗆 **Event Description** Ticket(s)/Pass(es) provided by agency? Yes No 🗆 Name of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest Official's Name (Last, First) of agency official? Recipients . Use Section A to identify the agency's department or unit. . Use Section B to Identify an Individual. . Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(ss) Number of B. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and rsella Coron parking sales Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Pass(es) Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description) Verification ave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

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

Supervisor's Assistant

Title

Lee Ann Fergerson

Print Name

Signature of Agency Aei

or Desig

						THE WARRENCE TO COMMITTEE TO THE COMMITT
	Agency Name				Date Stamp	California 802
	Alameda County			Form 004		
	Division, Department, or Regi	on (If Applicable	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)]			
	Lee Ann Fergerson, Supervi	isor's Assista	ant		Amendment (Mustr	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6691		erson@acgo\	v.org	Date of Original Filing:	(Month, Day, Year)
<u>.</u>	Function or Event Inform					30.00
	Does the agency have a ticket	•	Yes⊠ No		of Each Ticket/Pass \$ _	
	Event Description A's Baseba	all Provide Title/Exp	olanation	Date(s)9		
	Ticket(s)/Pass(es) provided by	y agency?	Yes⊠ No	☐ If no: Oaklar	nd Athletics	
				in the second	Name of Sc	
	Was ticket distribution made a of agency official?	it the behest	No ☐ Yes	⊠ If yes: Alam	eda County Superviso Official's Name (or Scott Haggerty, D1
3.	Recipients					
	Use Section A to identify the agency	/'s department o		tion B to identify an Individu	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuan	t to the agency's policy
			, 400(00)			
	B. Name of Individua	1)	Number of Ticket(s)/		Identify one of the follow	dno
	(Last, First)		Pass(es)			
	Eric Bakhtiani			Ceremonial Role If checking "Ceremon	Other inial Role" or "Other" describe below:	Income
			2	To promote attenda	ance at a county spor	sored event to maximize
					venue for concession	· · · · · · · · · · · · · · · · · · ·
				l	Other Dial Role" or "Other" describe below:	Income
				ії спескінд Сегетоп	mai Note of Other describe below:	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy
	(include address and des	cription)	Pass(es)	· ·		
	V-(.)8141					
ŀ.	Verification I have read and understand FPPC Regu	lations 18944.1 ai	nd 18942. I have ve	erified that the distribution set f	forth above, is in accordance w	ith the requirements.
	Helle XIII	<u></u>	Lee Ann Fer		Supervisor's Assistar	
	Signature of Agency Head or Designee)	Print Nam		Title	(Month, Day, Year)
		/				
	Comment:					

				·····		· · · · · · · · · · · · · · · · · · ·	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 004	
	Division, Department, or Regi	ion (If Applicable	·)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson, Supervi		nt		Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				,	
	(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	mation				00.00	
	Does the agency have a ticket	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	30.00	
	Event Description A's Baseba	all		Data(a) 9	<u>, 3 , 13</u>		
	Event Description	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided by	v aganav?	V 57 N	□ If no: Oaklar	nd Athletics		
	ricket(s)/rass(es) provided by	y agency?	Yes⊠ No	_	Name of Sour		
	Was ticket distribution made a	at the behest	No ☐ Yes	⊠ If yes. Alame	eda County Supervisor	Scott Haggerty, D1	
	of agency official?		110 🗀 100	ш п усэ. <u></u>	Official's Name (La	ast, First)	
2	Recipients	-					
۶.	Use Section A to identify the agency	v's department or	unit. • Use Sec	ction B to identify an individu	ual. ● Use Section C to identif	fy an outside organization.	
			Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant t	o the agency's policy	
				,			
			Number of				
	B. Name of Individua	al -	Ticket(s)/ Pass(es)		Identify one of the following	ig:	
			i assies)	Ceremonial Role	Other 🗵	Income	
	Letoree Brown				nial Role" or "Other" describe below:		
			2	To promote attendance at a county sponsored event to maximize			
				potential county rev	venue for concession a	nd parking sales.	
				Ceremonial Role	Other	Income	
				If checking "Ceremon	nial Role" or "Other" describe below:		
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant t	o the agency's policy	
	(include address and des	scription)	Pass(es)				
4.	Verification						
	I have read and understand FPPC Regu	ılations 18944.1 and	d 18942. I have ve	erified that the distribution set f	forth above, is in accordance with	the requirements.	
	MULL TU	<u> Wr</u>	Lee Ann Fei	rgerson	Supervisor's Assistant	10/07/13	
	Signature of Agency Head or Designee	, 7	Print Nan	ne	Title	(Month, Day, Year)	
	\)	\mathcal{O}					
	Comment:						

1.	Agency Name				Date Stamp	California O O O	
	Alameda County		Form OU 2				
	Division, Department, or Regi	on (If Applicable	 e)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson, Supervi	isor's Assista	nt				
	Area Code/Phone Number	E-mail			Amendment (Must)	orovide explanation in Part 3.)	
	(510) 272-6691	leeann.ferge	erson@acgov	v.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	nation			1		
	Does the agency have a ticker	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	30.00	
	Event Description A's Baseba	all		Date(s) 9	, 4 , 13	1 1	
	Provide Interest paration						
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	□ If no: <u>Oakla</u> ı	nd Athletics Name of So	ouroo	
	Was ticket distribution made a	it the beheet	N V	ra Alam		or Scott Haggerty, D1	
	of agency official?	it the penest	No ☐ Yes	IX If yes: 7 is in	Official's Name	(Last, First)	
	Recipients						
•	Use Section A to identify the agency	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)/			Describe the put	olic purpose made pursuan	it to the agency's policy	
			Pass(es)				
	B. Name of Individua	al	Number of		14-416 4541-5-11-1		
	(Lest, First)		Ticket(s)/ Pass(es)		Identify one of the follow		
	Bryan Smith				Other 🗵	Income 🗌	
	Dryan Smill		2	•	nial Role" or "Other" describe below: ance at a county spor	nsored event to maximize	
					venue for concession		
				Ceremonial Role	Other	Income	
				If checking "Ceremor	nial Role" or "Other" describe below:		
	C. Name of Outside Organ	nization	Number of				
	(include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy	
1.	Verification						
(f have read and understand FPPC Regu	ılations 18944.1 an			forth above, is in accordance w	vith the requirements.	
1	JULY XX		Lee Ann Fe		Supervisor's Assistar		
	Signature of Agency Head or Designe	•	Print Nam	ne	Title	(Month, Day, Year)	
	Comment:						

						711 dollo Boodillolle
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Superv	nt				
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6691		erson@acgov	v.ora	Date of Original Filing: _	(Month, Day, Year)
2	Function or Event Inform	_	5. 5511@dog01	9		(Month, Day, Year)
۷.	Does the agency have a ticker		Vaa 🔽 Na	□ Face Value o	f Each Ticket/Pass \$	30.00
	- •	•	Yes ⊠ No	—		
	Event Description A's Baseba	AII Provide Title/Exp	lanation	Date(s)8		
		Trovide Hile/Exp		☐ If no: Oaklar	nd Athletics	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗵 No	—	Name of Sou	
	Was ticket distribution made a	it the behest	No ☐ Yes	⊠ If ves. Alame	eda County Supervisor	Scott Haggerty, D1
	of agency official?				Official's Name (La	ast, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ıal. ● Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant (to the agency's policy
			Pass(es)			
			Number of			
	B. Name of Individua	al	Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other 🗵	Income
	Tirta Armstead		2	If checking "Ceremon	ial Role" or "Other" describe below:	
			4			ored event to maximize
					/enue for concession a	· · · · · · · · · · · · · · · · · · ·
				i e	Other ial Role" or "Other" describe below:	Income
				s.rooming coromon	and the state of t	
	○ Name of Outside Organ	ization	Number of	Describe the set	llo augus oo ayada ayaasa da	to the opening a line
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy
				·		
4	Verification			<u>I</u>	<u> </u>	
•••	I have read and understand FPPC Regu	ılations 18944.1 an	nd 18942. I have ve	erified that the distribution set f	orth above, is in accordance with	n the requirements.
	Hellh Dra		Lee Ann Fer	gerson	Supervisor's Assistant	10/07/13
	Signature of Agency Head or Designee)	Print Nam		Title	(Month, Day, Year)
	Camanaanti					

1.	Agency Name				Date Stamp	California OOO
••	Alameda County		Date Stamp	Form 802		
	Division, Department, or Regi	ion (If Applicable	e)		-	For Official Use Only
	_					
	Board of Supervisors Designated Agency Contact ((Mama Titla)	_			
	Lee Ann Fergerson, Superv		☐ Amendment (Must	provide explanation in Part 3.)		
	Area Code/Phone Number (510) 272-6691	E-mail	erson@acgo	v ora	Date of Original Filing	:
2.	Function or Event Infor		ersonwacgo	v.org		:(Month, Day, Year)
٤.	Does the agency have a ticke		Yes⊠ No	□ Face Value (of Each Ticket/Pass \$.	30.00
	Event Description A's Baseb	Provide Title/Exp	31 / 13			
	Ticket(s)/Pass(es) provided by		nd Athletics			
	ricket(s)/r ass(es) provided by	y agency:	Name of S			
		as ticket distribution made at the behest			eda County Supervis	or Scott Haggerty, D1
	of agency official?				Official's Name	(Last, First)
3.	Recipients	-				
	Use Section A to identify the agency	y's department or	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy	
			1 455(55)			
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:		
	(Last, First)		Pass(es)			
	Randy Acosta				Other 🔀 nial Role" or "Other" describe below	Income ∐ r:
	•		2	Ī		nsored event to maximize
				potential county re	venue for concession	ı and parking sales.
				1	Other	
				If checking "Ceremor	nial Role" or "Other" describe below	v
	C. Name of Outside Organ	nization	Number of			1
	(include address and des		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursua	nt to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	
4.	Verification					
1	I have read and understand FPPC Regu	ılations 18944.1 an	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.
1	telli XVC		Lee Ann Fer	rgerson	Supervisor's Assista	nt 10/07/13
1	Signature of Agency Head or Designee)	Print Nam		Title	(Month, Day, Year)
	Comment:					

						A Lapite poculient
1.	Agency Name				Date Stamp	California 802
	Alameda County			101111		
	Division, Department, or Regio	n (If Applicable)		77 2	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Na	ame, Title)	1			
	Lee Ann Fergerson, Supervise	or's Assistar	Amendment at			
	Area Code/Phone Number E	5 888			provide explanation in Part 3.)	
	(510) 272-6691	eeann.ferge	rson@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform		100	2.7 35%	NAME OF STREET	10
	Does the agency have a ticket p	oolicy?	of Each Ticket/Pass \$ _	CeO		
	Event Description 1/15 neg	AND RESIDENCE PROPERTY.	0,20,13			
	F	Provide Title/Expla				
	Ticket(s)/Pass(es) provided by a	agency?	Name of So	urce		
	Was ticket distribution made at t	he behest	eda County Supervisor Scott Haggerty, District 1			
	of agency official?		No ☐ Yes [If yes:	Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agency's	department or u	The same of the sa	ion B to identify an individ	B to identify an individual. • Use Section C to identify an outside organization.	
	A. Name of Agency, Department	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant	to the agency's policy	
			Pass(es)			Market Strategic
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:	
			Pass(es)	Ceremonial Role	Other	D
					nial Role" or "Other" describe below:	Income
			7			
				Ceremonial Role	Other	
					nial Role" or "Other" describe below:	Income
-	C. Name of Outside Organiza (include address and descrip		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
			Pass(es)	-		
	Tri-City Elders Co P.D. Box 5006 Fremon	1 CA			chool or nonprofit orga ributions to the comm	
		-		1 01 110 0011	ribations to the comm	
	94537	1-5006				
_	Verification					
	have read and understand FPPC Regulatio	ns 18944.1 and 1	18942. I have verif	ed that the distribution set for	orth above, is in accordance with	the requirements.
7	ellulvens	L	ee Ann Ferg	erson	Supervisor's Assistant	10-3-13
J	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	To occur	00000	ME 600	N 000 0 1 1 1	Brack, "he	c.C.
(Comment: 10 provide	progra	MS, Ser	vices, and	About 1116	FPPC Form 802 (4/12)
	living in France	ant NI	Purovic	2 (Inina	FPPC Toll-Free Helpline: 86	66/ASK-FPPC (866/275-7772)

I. Agency Name			Date Stamp	California Q02
Alameda County				Form 002
Division, Department, or Region (If Applic	able)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assis	stant			
Area Code/Phone Number E-mail			Amenament (Must p	provide explanation in Part 3.)
(510) 272-6691 leeann.fe	rgerson@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				400.00
Does the agency have a ticket policy?	Yes⊠ No 🗆	Face Value o	of Each Ticket/Pass \$ _	100.00
Event Description Warriors preseason g	game Explanation	Date(s)10	0 , 07 , 13	
Ticket(s)/Pass(es) provided by agency?	Yes⊠ No□	If no: GSW	Name of Sc	Durce
Was ticket distribution made at the behe	t No 🗆 V 🖼	supr		
of agency official?	St No ☐ Yes ☒	i if yes:	ERVISOR SCOTT HA Official's Name ((Last, First)
Recipients Use Section A to identify the agency's department	t or unit. • Use Section	on B to identify an individu	ual. ● Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy
	Pass(es)			
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
PETER IRVING	14/1	Ceremonial Role	Other ital Role" or "Other" describe below:	Income
LIERWING	1/ 1	To promote attenda	ance at a county sponsore ial county revenue for con	d event in order
			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 pub	olic purpose made pursuan	t to the agency's policy
			,	
. Verification I have read and understand FPPC Regulations 18944.	l and 18942. I have verifi	ied that the distribution set t	forth above, is in accordance w	ith the requirements
Mic Dan Dan S	Lee Ann Ferge		Supervisor's Assistar	·
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
Comment				
Comment:				

Agency Name				Date Stamp	California 802	
-	ion (If Applicable	e)	· · · · · · · · · · · · · · · · · · ·	-	For Official Use Only	
-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,				
•	Name,Title)		· ·			
	•	ınt				
Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
(510) 272-6691	leeann.ferge	erson@acgov.or	9	Date of Original Filing	:(Month, Day, Year)	
Does the agency have a ticke Event Description	t policy? OLLEST Provide Title/Exp y agency?	Yes No No No No No No No Yes	Date(s) 10	, 25, 13 SW Name of S	Scott Haggerty, District 1	
Use Section A to identify the agence		Number of Ticket(s)/ Pass(es)				
B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow		
AARON ROBL	-K	14	To promote attenda maximize potential	ance at a county sponsored e county revenue for concession	vent in order to Income LI on and parking sales	
					Income :	
		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy	
V∉rification _/	ulations 18944.1 ar					
	Alameda County Division, Department, or Registration of Supervisors Designated Agency Contact (Lee Ann Fergerson, Supervisors Area Code/Phone Number (510) 272-6691 Function or Event Information Does the agency have a ticket Event Description 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 Robert	Alameda County Division, Department, or Region (If Applicable Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistate Area Code/Phone Number (510) 272-6691 Function or Event Information Does the agency have a ticket policy? Event Description Provide Title/Exp. Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or Unit B. Name of Agency, Department or Unit B. Name of Outside Organization (include address and description)	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number [5-mail leeann.fergerson@acgov.org Function or Event Information Does the agency have a ticket policy? Yes No Destribution Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) B. Name of Individual (Last, First) Pass(es) C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es)	Alameda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691 Function or Event Information Does the agency have a ticket policy? Yes No Date(s) Date(s) Date(s) Event Description Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Garage of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individ A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) B. Name of Individual (seat First) (seat First) Pass(es) C. Name of Outside Organization (include address and description) Number of Ticket(s)/Pass(es) Describe the put Ceremonial Role (include address and description) Number of Ticket(s)/Pass(es) Describe the put Descr	Alarmeda County Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number E-mail	

	Agency Name				Date Stamp	California 802	
	Alameda County					Form 004	
	Division, Department, or Regi	on (If Applicable)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson, Supervi	isor's Assistar	nt				
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)	
)	Function or Event Inform					(Mohai, Day, Tear)	
	Does the agency have a ticker		Yes ☐ No	☐ Face Value of	of Each Ticket/Pass \$ _	172.90	
		•		_) _ 23 _ 13		
	Event Description KANYE W	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided by	Yes⊠ No	☐ If no: GSW				
	7101(0)/1 d00(00) p. 0 11d0 d 2	,	162 🔯 140		Name of Source		
	Was ticket distribution made a	it the behest	No ☐ Yes	If yes: SUPI	ERVISOR HAGGERT Official's Name	Y, DIS1.1	
-	of agency official?				Oniciai s Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agency		unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy	
			. ===(=)				
					1		
			<u> </u>				
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ving:	
	·		Pass(es)	-	,	red event in order ome	
	JESSICA CHRISTAN			to maximize poter	dance at a county sponso ntial county revenue for co		
				parking sales			
				Ceremonial Role	Other Inial Role" or "Other" describe below.	Income	
				il checking Celemon	mar Note of Other describe below.		
	C. Name of Outside Organ	nization	Number of	Describe the pul	ulla anno anno de anno anno	M to the recovery policy	
	(include address and des		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	it to the agency's policy	
	their						
				·			
ŀ.	Verification						
	I have read and understand FPPC Regu	ılations 18944.1 an	d 18942. I have v	erified that the distribution set	forth above, is in accordance v	vith the requirements.	
	Leelen grye	<u> </u>	Lee Ann Fe	rgerson	Supervisor's Assista	$\frac{1}{10}$ $\frac{10}{9}$	
	Signature of Agency Head or Designee	•	Print Nar	me	Title	(Month, Day, Year)	
	Comment:						
	COMMENT.						

I. Agency Name				Date Stamp	California QOO
Alameda County			Form 802		
	t, or Region (If Applicable	-	For Official Use Only		
Board of Superviso					
Designated Agency	Contact (Name, Title)				
	, Supervisor's Assista	nt		☐ Amendment (Must	provide explanation in Part 3.)
Area Code/Phone N	1888 7 P. H.				
(510) 272-6691	leeann.ferge	erson@acgov	.org	Date of Original Filing	(Month, Day, Year)
2. Function or Eve	nt Information				1.000
Does the agency ha	38 FOR EAST CONTROL OF STREET STREET FOR STREET	Yes⊠ No [] Face Value	of Each Ticket/Pass \$ -	1,900
Event Description V	/arriors Skybox vs. Gri	zzlies	Date(s)	3 , 28 , 14	1 1
	Provide Title/Expl	lanation			
Ticket(s)/Pass(es) p	rovided by agency?	Yes⊠ No [If no: GSW	Name of S	
187		707 - 12 To 60 - 10	A.C.	Supervisor Haggerty,	7,700,00
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: A.C. of agency official?				(Last, First)
				Onicial a rvania	icout, r roy
B. Recipients	with a against the adaption of an	unit - Hea Past	lon D to Identify on Individual	dual - Han Bantlan C to Idea	
A second second	y the agency's department or	and the second second second second second			
A. Name of Agency	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public pu			iblic purpose made pursuar	nt to the agency's policy
	THE REAL PROPERTY OF	1 200(00)	Commence of the latest of the		
B. Name	of Individual	Number of	A STREET, SALES		
D. (Last, First)	Ticket(s)/ Pass(es)	· · · · · · · · · · · · · · · · · · ·	Identify one of the follow	ving:
			Ceremonial Role	Other	Income
			If checking "Ceremo	onial Role" or "Other" describe below	
			Ceremonial Role	Other	Income
				onial Role" or "Other" describe below	
			W. C. W. C. W. T. L. C.		
	tside Organization	Number of Ticket(s)/	Describe the nu	iblic purpose made pursuar	at to the agency's policy
(include addre	ess and description)	Pass(es)	Describe the pu	ione purpose made pursuar	it to the agency's policy
Washington Hospi	tal Healthcare	0014	To reward	d a school or nonprofi	t organization
Foundation		20/4	For its	contributions to the	community
2500 MONN	1 1-10		- 1		
J500 Moun	15 94536				
l. Verification					
	FPPC Regulations 18944.1 and	d 18942. I have ver	ified that the distribution set	t forth above, is in accordance v	with the requirements.
Holling	Me O	Lee Ann Ferg	erson	Supervisor's Assistar	nt 108/13/13
Signature of Agency He	ed or Designee	Print Name		Title	(Month, Day, Yelar)
	O Hand I	7	Fremor	1	
Comment:	1000	a m	HENNON	4	

Ceremoniai Role Eveni	is and nickeurass	פווטווטנווטנוט		A Public Document
I. Agency Name			Date Stamp	California 802
Alameda County			Form OUZ	
Division, Department, or Regi	on (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			
Lee Ann Fergerson, Supervi	isor's Assistant		Amondment (Must r	provide explanation in Part 3.)
Area Code/Phone Number	E-mail			·
(510) 272-6691	leeann.fergerson@acgov	org.	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	(0			10000
Does the agency have a ticker	t policy? Yes No [Face Value o	of Each Ticket/Pass \$ _	
Event Description WWY	1015 Pasket	Date(s)	12/15	
	Provide Title/Explanation	. (~	SW	
Ticket(s)/Pass(es) provided by	y agency? Yes-∰ No [Name of So	
Was ticket distribution made a	nt the behest No ☐ Yes [Alaı ☐ If yes:	meda County Supervisor S	
of agency official?		,	Official's Name (Last, First)
3. Recipients • Use Section A to identify the agency	y's department or unit. • Use Sect	tion B to identify an individ	ual. • Use Section C to iden	itify an outside organization.
A. Name of Agency, Departme	ent or Unit Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy
	Pass(es)			
B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Livermore Valler Education Foun	y de la		Other Inial Role" or "Other" describe below:	Income
Encient con Four	au (8)			
WHAT		Ceremonial Role	Other	Income 🔲
			nial Role" or "Other" describe below:	посте 🗖
	Stantion Number of			
Name of Outside Organ (include address and des	Ticket/e\/	Describe the pub	olic purpose made pursuant	to the agency's policy
Livermore Valley		To reward a	school or nonprofit o	organization
Education Found	\		ontributions to the co	
Amorican Swiv	N-xcadenus			-
(0500 Dublin 2)	Slator thusting	CN GUTIS	_p	
I. Verification	OFCIOLIDINO WAI	CA 11000		
k have read and understand FPPC Regul	lations 18944.1 and 18942. I have ver	ified that the distribution set f	forth above, is in accordance wi	th the requirements.
July Jeru	Lee Ann Ferg	gerson	Supervisor's Assistan	t 10/22/13
Signature of Agency Head or Designee	Print Name	•	Title	(Month, Day, Year)
Comment LNEF 15 a	hedicated to re-	storing & enho	incing academ	uc Sextracirricula
DYO avanas	Within the 1	LIEXWONE		FPPC Form 802 (4/12)
Vallou lour	within the Lit Unified School	Dietert	rrro ioii-rree Helpline:	866/ASK-FPPC (866/275-7772)
Variag solv	as more remode	M1911101		

						A i ubile bocument
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assistar	nt			
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgo	v.org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticker	t policy?	Yes ☐ No	☐ Face Value o	f Each Ticket/Pass \$	19000
	Event Description Wary	Provide Title/Expla	cetoul	Date(s)	2,11,13	
	Ticket(s)/Pass(es) provided by	,		If no: G	SW	
	Tionet(s)/i ass(es) provided by	y agency:	Yes 🗗 No		Name of Sou	rce
	Was ticket distribution made a of agency official?	t the behest	No ☐ Yes	☑ If yes: <u>○ℂ</u>	Official's Name (L.	est, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or u		ction B to identify an individu	al. • Use Section C to identi	fy 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
			r ass(es)			
	B. Name of Individua (Last, First)	il	Number of Ticket(s)/ Pass(es)		Identify one of the following	
	Chulk San	tana	4		endance at a county spons tential county revenue for c	
				Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income 🔲
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant l	to the agency's policy
4.	Verification	lations 19044 4 cm	118042 15	orified that the distribution 15	and above is in accordance and	the very fire manufa
	I have read and understand FPPC Regul	4				1 1 -
(Signature of Agency Head or Designee	——————————————————————————————————————	Lee Ann Fer		Supervisor's Assistant	(Month, Day, Year)
	Signature of Agenty Fleet of Designed)	r ant ivall	•	TUG	(Month, Day, Teat)
	Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

riors preseason game Provide Title/Explain ided by agency?	t rson@acgov. Yes⊠ No ☐ e nation Yes⊠ No ☐ No ☐ Yes ∑	Face Value o Date(s) If no:	Date of Original Filing:	(Month, Day, Year) 100.00
intact (Name, Title) supervisor's Assistant ber E-mail leeann.ferger Information a ticket policy? riors preseason gam Provide Title/Explait ided by agency? nade at the behest	t rson@acgov. Yes⊠ No ☐ e nation Yes⊠ No ☐ No ☐ Yes ∑	Face Value o Date(s) If no:	Date of Original Filing: of Each Ticket/Pass \$ of24 13 Name of Soc ERVISOR SCOTT HAG	For Official Use Only rovide explanation in Part 3.) (Month, Day, Year) 100.00
intact (Name, Title) supervisor's Assistant ber E-mail leeann.ferger Information a ticket policy? riors preseason gam Provide Title/Explait ided by agency? nade at the behest	t rson@acgov. Yes⊠ No ☐ e nation Yes⊠ No ☐ No ☐ Yes ∑	Face Value o Date(s) If no:	Date of Original Filing: of Each Ticket/Pass \$ of24 13 Name of Soc ERVISOR SCOTT HAG	rovide explanation in Part 3.) (Month, Day, Year) 100.00
lupervisor's Assistant ber E-mail leeann.ferger leeann	rson@acgov. Yes ⊠ No □ e nation Yes ⊠ No □ No □ Yes ∑	Face Value o Date(s) If no:	Date of Original Filing: of Each Ticket/Pass \$ of24 13 Name of Soc ERVISOR SCOTT HAG	(Month, Day, Year) 100.00
lupervisor's Assistant ber E-mail leeann.ferger leeann	rson@acgov. Yes ⊠ No □ e nation Yes ⊠ No □ No □ Yes ∑	Face Value o Date(s) If no:	Date of Original Filing: of Each Ticket/Pass \$ of24 13 Name of Soc ERVISOR SCOTT HAG	(Month, Day, Year) 100.00
lupervisor's Assistant ber E-mail leeann.ferger leeann	rson@acgov. Yes ⊠ No □ e nation Yes ⊠ No □ No □ Yes ∑	Face Value o Date(s) If no:	Date of Original Filing: of Each Ticket/Pass \$ of24 13 Name of Soc ERVISOR SCOTT HAG	(Month, Day, Year) 100.00
leeann.ferger Information a ticket policy? riors preseason gam Provide Title/Explaided by agency? nade at the behest	rson@acgov. Yes ⊠ No □ e nation Yes ⊠ No □ No □ Yes ∑	Face Value o Date(s) If no:	Date of Original Filing: of Each Ticket/Pass \$ of24 13 Name of Soc ERVISOR SCOTT HAG	(Month, Day, Year) 100.00
leeann.ferger Information a ticket policy? riors preseason gam Provide Title/Explait ided by agency? nade at the behest	Yes No Ce e nation Yes No Ce No Yes Se	Face Value o Date(s) If no:	of Each Ticket/Pass \$ of Each Ticket/Pass \$ of Solution Name of Solution ERVISOR SCOTT HAGE	(Month, Day, Year) 100.00
Information a ticket policy? riors preseason gam Provide Title/Explait ided by agency? nade at the behest	Yes No Ce e nation Yes No Ce No Yes Se	Face Value o Date(s) If no:	of Each Ticket/Pass \$ of Each Ticket/Pass \$ of Solution Name of Solution ERVISOR SCOTT HAGE	(Month, Day, Year) 100.00
a ticket policy? riors preseason gam Provide Title/Explait ided by agency? nade at the behest e agency's department or un	e ^{nation} Yes ⊠ No ☐ No ☐ Yes ∑	Date(s)10	Name of Society Scott HAG	urce .
riors preseason gam Provide Title/Explain ided by agency? nade at the behest agency's department or un	e ^{nation} Yes ⊠ No ☐ No ☐ Yes ∑	Date(s)10	Name of Society Scott HAG	urce .
ided by agency? nade at the behest e agency's department or u	Yes⊠ No⊡ No⊡ Yes∑] If no: GSW	Name of So ERVISOR SCOTT HAC	urce
ided by agency? nade at the behest e agency's department or u	Yes⊠ No⊡ No⊡ Yes∑] If no: GSW If yes: SUPE	ERVISOR SCOTT HA	urce
nade at the behest	No □ Yes 🛭	If no: SUPE	ERVISOR SCOTT HA	urce
e agency's department or u		If yes: SUPE	ERVISOR SCOTT HA	COEDTY DI
		п усо.	Official's Name (I	JUEKTY, DI
	nit. • Use Secti		CC.G. G Hamb (L	Last, First)
	nit. • Use Secti			
partment or Unit		ion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
	Pass(es)			
ndividual First)	Ticket(s)/		Identify one of the follow	ing:
	rass(es)			Income [
		To reward a County employee for his		meome
	2/1			
		or to encourage : —	staff development	
				Income
	2/1			
0	Number of		3	
e Organization and description)	Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
	777.27			
PC Regulations 18044 1 and	18042 have veri	ified that the distribution set :	forth above is in accordance	ith the requirements
_				
Vesignee	⊬nnt Name		litte	(Month, Day, Year)
e a	Organization nd description) C Regulations 18944.1 and	Organization Number of Ticket(s)/Pass(es) C Regulations 18944.1 and 18942. I have veril	Ticket(s)/ Pass(es) 2/1 To reward a Coulor her exemplary or to encourage 2/1 Organization Number of Ticket(s)/ Pass(es) Describe the puber of Ticket(s)/ Pass(es) C Regulations 18944.1 and 18942. I have verified that the distribution set if Lee Ann Fergerson	Ticket(s)/ Pass(es) 2/1 To reward a County employee for his or her exemplary service to the public or to encourage staff development 2/1 Organization nd description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant pass(es) C Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with Lee Ann Fergerson Supervisor's Assistant

1.	Agency Name		Date Stamp	California 802		
	Alameda County			rom		
	Division, Department, or Regi	ion (If Applicable)	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	-			
	Lee Ann Fergerson, Superv	isor's Assistan	it		-	
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgov.org	1	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				THE PERSON NAMED OF THE PE
	Does the agency have a ticker	t policy?	Yes 🖾 No 🗆	Face Value	of Each Ticket/Pass \$	25000
	Event Description WARR		IBALL	Date(s)	, 20, 13	
	Ticket(s)/Pass(es) provided by	Provide Title/Explo v agency?	Yes 🖾 No 🗆	If no:	-sw	
			HOD HOD	٨.,	Name of So	urce Co II II asso
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: ☐ I				meda Caenty Sur	Last, First)
3.	Recipients • Use Section A to identify the agency	y's department or i	unit - a Use Section I	3 to identify an individ	lual - a Use Section C to iden	tify an outside organization
			Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
		Number of				
	B. Name of Individual	nt .	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income
				If checking "Ceremo	rilal Role" or "Other" describe below:	
			11.1			ne 🗆
	ERIC HASS	SETT	4/	To promote atte	ndanco at a county sponsored	event in order to
				maximize poten	tial county revenue for conces	sion and parking sales
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
	(include address and des	icription)	Pass(es)			
4.	Verification	1-11 4004444	10010 11			
1	I have read and understand FPPC Regu	The second second second second second				11 22 12
1	MMYMO		_ee Ann Fergers	son	Supervisor's Assistan	
18	Signature of Agency Head or Designee		Print Name		Tille	(Month, Day, Year)
	Comment:					
						EDDC Form 000 (4/40)

_						AT ablie Becamen	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					For Official Use Only	
	Division, Department, or Rec	jion (If Applicable)		1		
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Lee Ann Fergerson, Super-	visor's Assista	nt				
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6691	leeann.ferge	erson@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	mation					
	Does the agency have a ticke	Yes No 🗆	Face Value of	of Each Ticket/Pass \$ _	25000		
			SKETBALL		-, 4, 14		
	Event Description WARR	Provide Title/Expi		Date(s)			
	Ticket(s)/Pass(es) provided t	ov agency?	Yeard No.	If no:	GSW		
	ricket(a)/r daa(ea) provided t	by agency r	Yes 🖾 No 🗆		Name of S		
	vvas ticket distribution made at the benest No Yes 1 Yes: _			If yes:		Scott Haggerty, District 1	
	of agency official? Official's Name (Last, First)						
3.	Recipients					WANTOWN DOWN IN BUILDING TO THE PARKET VALUE OF	
	Use Section A to identify the agency's department or unit. Use Section B to identify the agency's department or unit.				ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy	
			Pass(es)	day of San			
			Number of	- 1			
	B. Name of Individu	iel	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
			1 000(00)	Ceremonial Role	☐ Other ☐	Income [
					nial Role" or "Other" describe below.		
	¥						
				Ceremonial Role		Income _	
				If checking 'Ceremon	nial Role" or "Other" describe below:		
	C. Name of Outside Orga	nization	Number of				
	(include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy	
		C 11	, i	To removed a	ashasi		
	Sund Busines	5 Guld	4	For its co	school or nonprofit o	organization	
	P.O. BOX 94 Sun	1 00		1 01 113 00	mandations to the col		
	ACTIVITY OF STREET STREET, STR	Charles and the second					
_		94586e					
4.	Verification I have read and understand FPPC Reg	udations 19044 1 ann	d 19049. Uhava wadfad th	at the distribution and	forth above in in accordance w	dth the regularizate	
	Charles of a					11/-11-	
	Illuxvies-		Lee Ann Fergerso	on	Supervisor's Assistar	The second secon	
	Signature of Agency Head or Designe		Print Name		Title	(Month, Dify, Year)	
	Comment: The Grif	a vaises	funds to	help m	autour an	d	
	1. 0.01	1		1		FPPC Form 802 (4/12)	

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1.	Agency Name				Date Stamp	California 802
	Alameda County			101111		
	Division, Department, or Re	gion (If Applicable	9)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	-			
	Lee Ann Fergerson, Super	visor's Assista	nt			
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	erson@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				rmoo
	Does the agency have a tick	et policy?	Yes 🗗 No 🗆] Face Value	of Each Ticket/Pass \$ _	950
	Event Description Wavy	wr5/bas	sletbau	Date(s)	1,14,13	, ,
	Event bescription	Provide Title/Exp.		- The state of the		
	Ticket(s)/Pass(es) provided I	by agency?	Yes No E	If no: GC	2W	
	146			A	Name of S	
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes E	If yes:	eda County Supervisor So Official's Name	
3.	Recipients		(1
٠.	Use Section A to identify the agen-	cy's department or	unit. • Use Secti	on B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A Number of				blic purpose made pursuan	
	74. Raine of Agency, Departm	iont or one	Ticket(s)/ Pass(es)	Describe the pu	one purpose made pursuan	t to the agency's policy
			Numbered			
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:		
	2009//		Pass(es)	To promote attends	ance at a county sponsore	d event in order nome
	T 11	1	111	to maximize potent	ial county revenue for con-	cession and
	Fred Gothe	art	14	parking sales		
	1.00					
				Ceremonial Role		Income
				a checking Coremo	nial Role" or "Other" describe below:	
	C. Name of Outside Orga	nization	Number of	Describe the sec	h ll a company of	
	(include address and de	scription)	Ticket(s)/ Pass(es)	Describe the pur	blic purpose made pursuan	t to the agency's policy
	V ====================================					
	Verification	Average and the		SUSSIEM WATER AND AND		
1	I have read and understand FPPC Reg	ulations 18944.1 and	f 18942. I have verif	lied that the distribution set	forth above, is in accordance w	ith the requirements.
N	selle Xxx 81		Lee Ann Ferg	erson	Supervisor's Assistan	it [6/13/14
V	Signature of Agency Head of Designe	0	Print Name		Tile	(Month, Day, Year)
	Command U					<i>\$</i> 7
	Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

						At abile becamen
1.	Agency Name				Date Stamp	California Q02
	Alameda County			Form OUZ		
	Division, Department, or Regi	ion (If Applicable	e) ^		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Lee Ann Fergerson, Superv	isor's Assista	nt			
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691		erson@acgov.o	ora	Date of Original Filing	
)	Function or Event Infor			. 9		(Month, Day, Year)
	Does the agency have a ticke		Yes □ No □	Face Value o	of Each Ticket/Pass \$ ـ	118.00
	Di	ZAKF	163 110 11	1.1	(9 13	
	Event Description	Provide Title/Expl	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	v agency2	V-XA N-	If no:G	SW	
	Ticket(s)/i ass(es) provided b	y agency:	Yes ₩ No □		Name of S	
	Was ticket distribution made a	at the behest	No ☐ Yes 🕅	If yes:Ala		r Scott Haggerty, District 1
	of agency official?		6		Official's Name	(Last, First)
3.	Recipients			Man Annua	2000	
	Use Section A to identify the agency	y's department or		n B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuar	t to the agency's policy
			Pass(es)			
			Number of			
	B. Name of Individua (Last, First)	31	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
					ance at a county sponsore	
	1 mg 1000 14		111	to maximize potenti parking sales	ial county revenue for cor	cession and
	NOVIDONA		171	paning caree		
	V .		Y			
				Ceremonial Role	Other iial Role" or "Other" describe below.	Income
				onesang coronon	STORY	
	C. Name of Outside Organ	ization	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	it to the agency's policy
			+		7 (1747 - 1747 - 1747 - 1747 - 1747 - 1747 - 1747 - 1747 - 1747 - 1747 - 1747 - 1747 - 1747 - 1747 - 1747 - 17	TANKS AND THE STATE OF THE STAT
	Valitication					
ŀ.	Verification I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have verifie	ed that the distribution set fo	orth above, is in accordance w	vith the requirements
	San Dage					1/10/
	Signature of Agency Head or Designee		Lee Ann Ferge	PISON	Supervisor's Assistar	Modific Day Vacat
	orginators or rigority from or besigned		i ilili ivanie		i nie	(MOIJIII, Day, Tear)
	Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name		Date Stamp California Q 1					
	Alameda County			Form OUZ				
	Division, Department, or Reg	ion (If Applicabl	1	For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	(Name,Title)						
	Lee Ann Fergerson, Superv	isor's Assista	ınt		☐ Amendment (Must	provide explanation in Part 3.)		
	Area Code/Phone Number E-mail					,		
	(510) 272-6691 leeann.fergerson@acgov.org			rg	Date of Original Filing	(Month, Day, Year)		
2.	Function or Event Infor				200.00			
	Does the agency have a ticke	t policy?	Yes ☐ No ☐	Face Value of	of Each Ticket/Pass \$.	200.00		
	Event Description	D. J. C. Till C.	- La	_ Date(s) <u>3</u>	, 9, 14			
		Provide Title/Exp	planation	60	<u> </u>			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔀 No 🗆	If no:	Name of S			
	vas ticket distribution made at the benest No Yes 70 If yes: _ 9			Alaı If ves: Sco	meda County Super ott Haggerty, District	visor		
	of agency official?		7.00	11 900. = 300	ou haggerty, district	1 ,, ,-irst)		
- 3.	Recipients							
	Use Section A to identify the agence	y's department o	ual. • Use Section C to ide	ntify an outside organization.				
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuai	nt to the agency's policy		
	Pass(es)							
	B. Name of Individual (Last, First)	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role ### Checking "Ceremonial"	Identify one of the follow	Income		
				Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income :		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursual	nt to the agency's policy		
	Well's Middle S	School	4/1		rd a school or nonpross contributions to the			
	6800 Penn Drive Dublin CA 9	4568				•		
4.								
	Ina e read and understand FPPC Regu	llations 18944.1 an ∕ ▶	nd 18942. I have verifie Lee Ann Ferge		forth above, is in accordance v Supervisor's Assista	1.4		
	Signature of Agency Nead or Designee		Print Name		Title	(Month, Day, Year)		
	Comment Grades	# 617	88 DW	olin Wife	a School D	istrict		

					711 dibilio boodiliione
1.	Agency Name	Date Stamp California 802			
	Alameda County		Form 002		
	Division, Department, or Region (If Applica	able)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			_	
	Lee Ann Fergerson, Supervisor's Assis	tant		Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail				
	(510) 272-6691 leeann.fer	rgerson@acgov.c	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information	8. 0. 6.	S. SALS INTERNA	1 1890/19 N. 1990/1911 (1990/1911 1990/1911	250
	Does the agency have a ticket policy?	Yes ☐ No ☐	Face Value	of Each Ticket/Pass \$ _	230
	Event Description Warrior S		Data(a)	4.14.13	
	Provide Title/I	Explanation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	VascD. Na D	If no:	SW	
	ricket(s)/Pass(es) provided by agency r	Yes No 🗆	11110.	Name of S	ource
	Was ticket distribution made at the behes	t No ☐ Yes 🗹	If yes:	of Haggertu	Dist.
	of agency official?			Official's Name	(Last, First)
3.	Recipients				
	Use Section A to identify the agency's department	idual. • Use Section C to ide	ntify 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 Individual	Number of Ticket(s)/		Identify one of the follow	wina:
	(Last, First)	Pass(es)		identity one of the follow	and the second s
			Ceremonial Role	18 3	Income
			If checking "Gerem	ionial Role" or "Other" describe below	1
			0		
			Ceremonial Role # checking "Cerem	Other D	Income 🗆
	C. Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pe	ublic purpose made pursuar	nt to the agency's policy
	A (0.1	To rowar	d a school or nonprofi	it organization
	Anoup Seco Elementar	1 Dehoi		contributions to the	
			- 10110	y continuations to the	
1	5280 Ivene Way	4/.			
	invermore, CA 94550				
4,	Verification			20 C V 720 - 2	
1	I have read and understand FPPC Regulations 18944.1			et forth above, is in accordance v	with the requirements.
1	Delux 148	Lee Ann Ferge	erson	Supervisor's Assistar	nt 11-06-1-
	Signature of Agency Heled or Designee	Print Name		, Téle	(Month, Day, Year)
	- Famuetan	Jaluan I	Donation	to Trunky	aiser to
	Comment: The we many	Jever - 1	oral lou	to Funa	FPPC Form 802 (4/12)
	nelp of set oute	to		FPPC Toll-Free Helpline:	: 866/ASK-FPPC (866/275-7772)
	educati	DA.			
	La Colorer 16	NJ P. N.			

1.	Agency Name			-	Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Reg	ion (If Applicable)]	For Official Use Only	
	Board of Supervisors					. ,	
	Designated Agency Contact	(Name, Title)			-		
	Lee Ann Fergerson, Superv	isor's Assistar	nt				
	Area Code/Phone Number	E-mail		The state of the s	Amendment (Must provide explanation in Part 3.)		
	(510) 272-6691	leeann.ferge	rson@acgov.o	org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	mation				177 75	
	Does the agency have a ticke		Yes 🎾 No 🗆		of Each Ticket/Pass \$.	123.75	
	Event Description Mud	rael 12	subple	Date(s)	1,30,13 -SW		
		Provide Title/Expl	anation	C	-< (L)		
	Ticket(s)/Pass(es) provided b	y agency?	Yes ☑ No □	I If no:	Name of S	Source	
	Was ticket distribution made a	at the hehest	Na 🗆 Vaa 🗆	1 16			
	of agency official?	at the benest	No ☐ Yes ☐	I If yes:	Official's Name	(Last, First)	
3	Recipients		ann gar Santa Syapa Sata Santa				
٠.	Use Section A to identify the agence	y's department or	unit. • Use Section	on B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy	
			Pass(es)				
	Land Autor Control Con						
	B. Name of Individu	al	Number of				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
	1 0 11					come	
	Scott Haggerty		1 7	To obtain over	oversight of facilities or events that have County funding or support		
				received Coun			
	Leading and the second			Ceremonial Role	Other	Income	
				If checking "Ceremo	onial Role" or "Other" describe below	<i>r</i> :	
			Number of				
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy	
			1()				
	was a second of the second of				and the second s		
A	Valification		The state of the s				
4.	Verification have read and understand FPPC Regu	ılations 18944.1 and	d 18942. I have verif	ied that the distribution set	forth above, is in accordance t	with the requirements.	
Ч	to har for his	\sim	Lee Ann Ferg		Supervisor's Assista	1/30 17	
١	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	\mathcal{L}		# 6		1 1 1		
	Comment: Mawell	u Com	ly sup	ervisor, 1/	15trict		

1.	Agency Name				Date Stamp	California 802
	Alameda County				0.0000000.00000000000000000000000000000	Form —
	Division, Department, or Reg	gion (If Applicable)				For Official Use Only
	Board of Supervisors				14	
	Designated Agency Contact	(Name, Title)			-	
		3*1000 TANK OF STANK				
	Lee Ann Fergerson, Super Area Code/Phone Number	VISOFS ASSISTAN			Amendment (Must provide explanation in Part 3.)	
	(510) 272-6691	-	rson@acgov.or	ro	Date of Original Filing:	
2.	Function or Event Info		SON Wadgov. O	9	Commercial and the second	(Month, Day, Year)
۵.	Does the agency have a tick		Yes 🕅 No 🗆	Face Value	of Each Ticket/Pass \$ _	2000
	1.100		(11		
	Event Description	Provide Title/Expla	mation .	Date(s)	2,3,13	
	TS-1-1/->1/5/>			16 may G	SW	
	Ticket(s)/Pass(es) provided	by agency?	Yes No	If no:	Name of St	ource
	Was ticket distribution made	at the behest	No ☐ Yes ☐	If yes:A	lameda County Supervisor	
	of agency official?			3334.3634.6	Official's Name	(Last, First)
3.	Recipients		SURVI - DESCRIPCIO DE SUCCES		STOCK ASSESSMENT OF CARDAYING	Managara Cara San San San San San San San San San Sa
	Use Section A to identify the agent	cy's department or u		B to identify an individ	dual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
			Pass(es)			
	B. Name of Individ	Number of				
	(Lest, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				Ceremonial Role		Income
				If checking "Ceremo	onial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
					onial Role" or "Other" describe below:	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	nt to the agency's policy
			Pass(es)			
	Washington High	School	14/1	To reward a s	chool or nonprofit org	onization for
					ributions to the comm	
	38442 Fremont		/			\$3000 5 .80
	Fremont Cd 91	1536				
4.	Verification		40040 11			the the second consents
	I have feed and understand FPPC Re					1 00 17
	Signature of Agency Head or Design		Lee Ann Ferge	rson	Supervisor's Assistar	
	Signature of Agency (state or Existing)	o stude	Print Name	participa	907.77	(Month, Day, Year)
	Comment: Fundra	ising ev	cut for	Haiyan	Typhoon Re	Let Victims
						EDDC Form 800 (4140)

1.	Agency Name				Date Stamp	California 802	
	Alameda County			Form			
	Division, Department, or Reç	jion (if Applicable	9)		7	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Lee Ann Fergerson, Super	vienr's Assista	nt				
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6691		erson@acgov.o	rg	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Info						
	Does the agency have a tick		Yes IZP No 🗆	Face Value	of Each Ticket/Pass \$.	350	
		Frovide Title/Exp	Nuggets	Date(s)	15,14		
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🗹 No 🗆	If no:(SSW Name of Source		
	Was ticket distribution made of agency official?	at the behest	No □ Yes Ø	If yes:	ameda County Supervisor Official's Name		
3.	Recipients	cy's department or	idual. • Use Section C to ide	ntify an outside organization.			
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)	ion B to identify an individual. • Use Section C to identify an outside organization. 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	wing:	
				Ceremonial Role # checking "Cerem	Other contail Role" or "Other" describe below	Income 🗆	
	·			Ceremonial Role If checking "Cerem	o Other Donial Role" or "Other" describe below	Income	
	C. Name of Outside Orga		Number of Ticket(s)/ Pass(es)	Describe the pe	ublic purpose made pursua	nt to the agency's policy	
	Washington High School		x 4		To reward a school or nonprofit organization for its contributions to the community.		
	36442 Fremont Blud Fremont Cd 94536						
4.	Verification						
	I have relied and understand FPPC Res	48	Lee Ann Ferge		Supervisor's Assista	nt 11-22-13	
	Signature of Agency Head or Designation	t High	School	torewar	d Students	(Month, Day, Year)	
	raising funds	for Phi	dippines 7	yphoon	FPPC Toll-Free Helpline	FPPC Form 802 (4/12) : 866/ASK-FPPC (866/275-7772)	
	victims to hel	p re b	iild,	1000			

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name 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 Date of Original Filing: leeann.fergerson@acgov.org (Month, Day, Year) (510) 272-6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No arriors Gume Date(s) **Event Description** Provide Title/Explenation Ticket(s)/Pass(es) provided by agency? Yes D No 🗆 Name of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No Yes If yes: Official's Name (Last, First) of agency official? 3. Recipients . Use Section B to Identify an individual. . Use Section C to Identify an outside organization. Use Section A to Identify the agency's department or unit. grantine the public purpose maps pursually to me against the follow identify one of the following: Name of Individual Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number of Tolette)/ Padd(be) risms of Outside Organization (Indude address and description) Describe the public purpose made pursuant to the agency's policy. Washington High School To reward a school or nonprofit organization for 8442 Fremout Bld, its contributions to the community. Tremont, CA 94536 4. Verification I have read and understand FPEC 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 Signature of Agency Head of Designee tundraising FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Agency Report of:

1.	Agency Name		Date Stamp	California 802			
	Alameda County					Folin	
	Division, Department, or Reg	ion (If Applicable)			1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Lee Ann Fergerson, Superv	visor's Assistant				United States of the Control of the	
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6691	leeann.ferger	son@acgov.c	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				0 - 3	
	Does the agency have a ticket		Yes 🔼 No 🗆	Face Value of	of Each Ticket/Pass \$ _	300	
	Event Description _ Wal	The second name of the second	sket ball	Date(s)	2,17,13		
		Provide Title/Explan	nation	C	Cal		
	Ticket(s)/Pass(es) provided b	y agency?	Yes⊠ No 🗆	If no:	Name of So	NUTCO .	
	Was ticket distribution made	at the behest	No ☐ Yes(☐	Alam	neda County Supervisor So		
	of agency official?	at the benest	Official's Name (Last, First)			
3.	Recipients				7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	1. C.	
ं	Use Section A to identify the agence	y's department or u	nit. • Use Sectio	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)/	Describe the put	ublic purpose made pursuant to the agency's policy		
	N. Hills E. S.		Pass(es)				
	B. Name of Individual Number of Ticket(s)/				I Idealth, one of the fallenday.		
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ring:	
			. 1			'ncome	
	0-11-11-11		41	To promote attendar	nce at a county sponsored eve	ent in order to	
	Bobby Winston	<i>i</i>	1/1	maximize potential c	ounty revenue for concession	and parking sales	
				Ceremonial Role	Other	Income	
					nial Role" or "Other" describe below:		
			Newskers				
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy	
			Pass(es)				
_	A						
1.	Verification I have resid and understand FPPC Reg	ulations 18944 1 and	18942 I have verif	ind that the distribution set	forth above, is in accompanse w	ith the reculrements	
	Teal XV CIA					1/2.17	
	Signature of Agency Heled or Designe		ee Ann Ferge	erson	Supervisor's Assistan	(Month, Day, Year)	
		7				fractional made study	
	Comment:						

1.	Agency Name		Date Stamp	California 802				
	Alameda County					For Official Use Only		
	Division, Department, or Re	gion (If Applicable)		1			
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)			7			
	Lee Ann Fergerson, Super	visor's Assistar	nt		- American and the second			
	Area Code/Phone Number	E-mail	1000		Amendment (Must provide explanation in Part 3.)			
	(510) 272-6691	leeann.ferge	erson@acgov.org	cgov.org Date of Original Filing: (Month, Day, Year)				
2.	Does the agency have a tick	et policy? (OY 5 Provide Title/Expl by agency?	Yes No O	Date(s)	W Name of S	sor Scott Haggerty, District 1		
3.	Recipients							
3.	Use Section A to identify the agent	cy's department or	unit. • Use Section I	B to identify an indivi-	dual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departm		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: To promote attendance at a county sponsored event in order to		me [
	Mil & Barbara	2 hung	1/1	maximize poten	itial county revenue for conces	ssion and parking sales		
				Ceremonial Role	Orlal Role" or "Other" describe balow	Income _		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	nt to the agency's policy		
4.	Verification I have read and priderstand FPPC Re- Signature of Agency Head or Design Comment:		d 18942. I have verified Lee Ann Fergers Print Name		t forth above, is in accordance to Supervisor's Assista	11 10 10		

1.	Agency Name Alameda County		Date Stamp	California 802			
	Division, Department, or Reg	jion (If Applicable	9)			For Official Use Only	
	Board of Supervisors Designated Agency Contact	(Name Title)			-		
	Lee Ann Fergerson, Super Area Code/Phone Number	VISORS ASSISTA	nt		Amendment (Must provide explanation in Part 3.)		
	(510) 272-6691		erson@acgov.org	n	Date of Original Filing:		
-	Function or Event Info		or correction of the correctio	9	The second contract of	(Month, Day, Year)	
-	Does the agency have a tick		Yes No 🗆	Face Value	of Each Ticket/Pass \$	20000	
	1	Provide Title/Exp	T	Date(s)	26,13		
	Ticket(s)/Pass(es) provided I	ov agency?	Yes No 🗆	If no:	SW		
	ricket(a)/r das(es) provided i	by agency:	res Lar No L		Name of So		
	Was ticket distribution made of agency official?	at the behest	No Yes	If yes:	neda County Supervisor Sc Official's Name (i		
3.	Recipients • Use Section A to identify the agen	cy's department or		B to identify an individ	lual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy	
	B. Name of Individu	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
				Ceremonial Role	Other	Income	
				If checking "Geremo	nial Role" or "Olher" describe below.		
	<i>*************************************</i>				Cther Innial Role" or "Other" describe below:	Income	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
	Fremont Elks &	+ 2121 3.7	P.O.E		a school or nonprofit contributions to the con		
	38991 Farwell Dr Fremont CA 94	ive 536	4/1				
4.	Verification		110010 11	that the distribution and	double at a consideration of	What has a second secon	
	I have read and understand FPPC Res	57	Lee Ann Ferger		Supervisor's Assistan	11 10 10	
	Comment: The Frem	ont Ele	s donates	to cha	rities; esp	ectally local	
	veterans & na	n di cap	ped Chil	dien	FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

omene I	Aganay Nama				Data Stamp	California OAO	
•	Agency Name		Date Stamp	Form 802			
	Alameda County	(15 A () - 1.1-1				For Official Use Only	
	Division, Department, or Regi	on (II Applicable)					
	Board of Supervisors						
	Designated Agency Contact (Name,Title)					
	Alex Boskovich				Amendment (Must pi	rouide evolunation in Rest 2.1	
	Area Code/Phone Number	E-mail			Amendment (Mast pi	rovide explanation in Part 3.)	
	(510) 272-6693	alex.boskovid	ch@acgov.c	org	Date of Original Filing: .	(Month, Day, Year)	
) 	Function or Event Inform	nation				0.50	
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	350	
	Event Description Warriors v	s. Nuggets		Data(a) 1	, 15 , 14		
Event Description Warriors vs. Nuggets Provide Title/Ex,			nation				
	Ticket(s)/Pass(es) provided by	v agency?	Yes □ No l	If no: Golder	n State Warriors		
	Theresites, it desires the state of the stat	,	163 🔲 140	_	Name of Sou		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)					r Wilma Chan	
	of agency official?				Official's Ivame (L	-ast, riist)	
3.	Recipients						
	Use Section A to identify the agency	y's department or ι	ual. • Use Section C to ident	tiry an outside organization.			
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
			rass(es)				
	B. Name of Individual Number of Ticket(s)/						
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
					Other	Income	
	Woldesenbet, Makada		2	ľ	eremonial Role" or "Other" describe below:		
					endance at an event held at a County facility in ze potential County revenue from sales.		
					Other	Income	
					nial Role" or "Other" describe below:	income 🗀	
			2,				
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy	
	(include address and des	scription)	Pass(es)				
ţ.	Verification						
	I have read and understand FPPC Regu	ılations 18944.1 and	18942. I have ve	erified that the distribution set t	forth above, is in accordance wi	th the requirements.	
			Alex Bosk	ovich	Senior Legislative Aide	e 11/26/13	
	Signature of Agency Head or Designee		Print Narr		Title	(Month, Day, Year)	
	<u> </u>						
	Comment:						

Δ	Ρı	ıh	lic	Do	сu	me	ní
_		มม	116	$\boldsymbol{\nu}$	u	1116	111

						711 ubilo Bodalilolle	
١.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 004	
	Division, Department, or Regi	on (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name.Title)					
		, ,					
	Alex Boskovich	I E mail			Amendment (Must pi	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	ah@aagay a	.ra	Date of Original Filing: .		
	(510) 272-6693	alex.boskovi	cn@acgov.o	irg .]	(Month, Day, Year)	
2.	Function or Event Inform				(E. d. Tidad)Dada A	300	
	Does the agency have a ticker	•	Yes⊠ No [.	of Each Ticket/Pass \$		
	Event Description Warriors v	s. Mavericks Provide Title/Expl	anation	Date(s)12	2 , 11 , 13		
	Ticket(s)/Pass(es) provided by	v adency?	Vec 🗆 Nei	If no. Golder	n State Warriors		
	ricket(s)/i ass(es) provided by	y agency:	Yes No!	_	Name of So		
	Was ticket distribution made a	it the behest	No ☐ Yes [☑ If yes: Alame	eda County Superviso	r Wilma Chan	
	of agency official?			•	Official's Name (L	Last, First)	
3.	Recipients			end - Harvas Ive - State (1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1			
	• Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.	
	A. Name of Agency, 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 following:			
	(Last, First)		Pass(es)	N			
	Boggan, Jacqueline				Other Inial Role" or "Other" describe below:	Income .	
			2	To promote attendance at an event held at a County facility in			
		<u>,</u>		order to maximize	potential County rever	nue from sales.	
				Ceremonial Role		Income	
			9	If checking "Ceremon	nial Role" or "Other" describe below:		
			Number of				
	C. Name of Outside Organ (include address and des	iization scription)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
	MANAGEMENT CONTROL OF THE CONTROL OF		1 400(00)	V-AAMMANA - V		· · · · · · · · · · · · · · · · · · ·	

						,	
11007781							
1.	Verification	بينجير برو	1.400.40.44	د د د د د د د د د د د د د د د د د د د	could be a second to the secon	the the amountain annual o	
	I have read and understand FPPC Regu	ilations 18944.1 and					
			Alex Bosk		Senior Legislative Aide		
	Signature of Agency Head or Designee	?	Print Nam	e	Title	(Month, Day, Year)	
	Comment:				-%		
	\$ 45 (1 L 1 L 1 S 4 L 1 L		The state of the s				

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicabl	e)	- Art		For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Alex Boskovich				Amendment (Must)	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			l —	
de la constanti	(510) 272-6693	alex.boskov	vich@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				300/\$30
	Does the agency have a ticke		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	
	Event Description Warriors v	s. Mavericks Provide Title/Exp	olanation	Date(s)12	2 , 11 , 13	
	Tisket(s)(Dess(ss) provided by			Golde	n State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes No l	_	Name of Se	
	Was ticket distribution made a	it the behest	No ☐ Yes	⊠ lf ves. Alam	eda County Superviso	or Wilma Chan
	of agency official?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	Official's Name	(Last, First)
3.	Recipients					
	• Use Section A to identify the agenc	y's department o	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	A MANAGEMENT AND A STATE OF THE					
	B. Name of Individua	Number of		Identify one of the follow	ulna	
	(Last, First)		Ticket(s)/ Pass(es)		identify one of the follow	ing.
	Chan, Carl		O (m ml)		Other Inial Role" or "Other" describe below.	Income .
			2/park	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
				Ceremonial Role		Income _
			建酸	If checking "Ceremoi	nial Role" or "Other" describe below.	
	C. Name of Outside Organ	nization	Number of	Describe the pul	blic purpose made pursuar	t to the agency's policy
	(include address and description)		Ticket(s)/ Pass(es)	Describe the pul		
4.	Verification	Jations 18944.1 at	nd 18942. I have ve	1 erified that the distribution set	forth above, is in accordance v	vith the requirements.
	The same and a same a s		Alex Bosk		Senior Legislative Aid	
	Signature of Agericy Head or Designed		Print Nam		Title	(Month, Day, Year)
	· / · · · · · · · · · · · · · · · · · ·					
	Comment:					

1.	Agency Name			Date Stamp California 802		
	Alameda County		Form For Official Use Only			
	Division, Department, or Region (If Applicable)		1 of official osc offy			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Alex Boskovich			Amandment (Miss)	provide auplanation in Part 2.)	
	Area Code/Phone Number E-mail				provide explanation in Part 3.)	
	(510) 272-6693 alex.boskovic	ch@acgov.o	org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Information				250 /4	
		Yes 🗵 No 🏻	Face Value o	of Each Ticket/Pass \$.		
	Event Description Warriors vs. Rockets Provide Title/Expla	nation	Date(s) <u>1</u> 2	Date(s)/		
		Yes □ No [স If no: Golde	n State Warriors		
		,00 🗀 110 [Name of S		
	Was ticket distribution made at the behest of agency official?	No ☐ Yes [⊠ If yes: Alam	eda County Supervis	(Last, First)	
3.	Recipients					
	Use Section A to identify the agency's department or u	Number of				
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuar	nt to the agency's policy	
			Management of the Control of the Con	100/40/550	LALA MILIANE	
	B. Name of Individual	Number of Ticket(s)/	Identify one of the following:			
		Pass(es)	Ceremonial Role	Other	Income	
	Peck, Kim	2 +	= ' ' ' '	g "Ceremonial Role" or "Other" describe below:		
		1 parking	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			
			Ceremonial Role	Other	Income	
		2	If checking *Ceremo.	nial Role" or "Other" describe below		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy	
4.	Verification					
	I have read and understand FPPC Regulations 18941 1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance v	vith the requirements.	
		Alex Bosk	ovich	Senior Legislative Aid	de 11/22/13	
	Signature of Agency Head or Designee	Print Nam	e	Tille	(Month, Day, Year)	

١.	Agency Name			¥	Date Stamp	California 802		
	Alameda County		NUMBER OF A STREET WAY	Form				
	Division, Department, or Re-	gion (if Applicable		For Official Use Only				
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)			-	37		
	Alex Boskovich							
	Area Code/Phone Number	TE-mail	Amendment (Must)	provide explanation in Part 3.)				
	(510) 272-6693	NO 1997 1998 1997 1997 1997 1997 1997 1997				(Month, Day, Year)		
2.	Function or Event Info	rmation						
	Does the agency have a tick	et policy?	of Each Ticket/Pass \$ _					
	Event Description Michael E	Buble		Data(e) 11	1 , 30 , 13			
	Event Description	Provide Title/Expl						
	Ticket(s)/Pass(es) provided	by agency?	Yes □ No [☑ If no: Golde	n State Warriors			
			Alam					
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilr of agency official?						(Last, First)		
_								
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sea	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.		
	_	- B. D. C. (1977), (1978)						
	A. Name of Agency, Departn	ient or Unit	Ticket(s)/ Pass(es)					
						Y		
	B. Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
	Table 1			Ceremonial Role	Other	Income _		
	Reyes, Rocio		2		nial Role" or "Other" describe below:			
		_	To promote attendance at an event held at a County facili order to maximize potential County revenue from sales.					
				Ceremonial Role		Income		
					nial Role" or "Other" describe below:			
			3					
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the pul	blic purpose made pursuar	nt to the agency's policy		
	(include address and di	(include address and description) Pass(es)						
4.			- 10040 I to	elfe d that the elfetebulies and	forth above in in accordance u	with the requirements		
	I have read and understand FPPC Re-	gurations 18944.1 and						
			Alex Bosk		Senior Legislative Aid	de 11/21/13 (Month, Day, Year)		
	Signature of Agency Head or Design	00	Print Nam	0	TANE	(worth, Day, rear)		
	Comment:							

						The second second second second	
97 - 300 <i>1</i>	gency Name				Date Stamp	California 802	
100,000	ameda County			For Official Use Only			
Div	ision, Department, or Reږ	jion (If Applicable					
В	pard of Supervisors						
De	signated Agency Contact	(Name, Title)			1		
Al	ex Boskovich				_	-0.0500 mg - 3200 gg - 2200 h	
	ea Code/Phone Number	E-mail	The second of th	provide explanation in Part 3.)			
(5	510) 272-6693 alex.boskovich@acgov.org				Date of Original Filing:	(Month, Day, Year)	
. Fi	unction or Event Info	mation					
Do	es the agency have a tick	et policy?	Yes No [Face Value of	of Each Ticket/Pass \$ _	350	
е.	ent Description Warriors	vs. Rockets		Data(a) 12	2 , 13 , 13		
Ev	ent Description	Provide Title/Exp					
Tic	ket(s)/Pass(es) provided I	ov agency?	n State Warriors				
			Name of Sc				
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wi					Or Wilma Chan		
	f agency official?				Chicars Name (Luat, rivay	
	ecipients					olf, as autota assaulation	
_	se Section A to identify the agen	A STATE OF THE STA	Number of			and the second second second second	
Α	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)				ibe the public purpose made pursuant to the agency's policy		
-			7 444(44)				
_							
В	Name of Individe	Number of Ticket(s)/		Identify one of the following:			
_	(Last First)		Pass(es)		identity one of the follow		
	araia lana			Ceremonial Role	Other	Income	
G	arcia, Jane		2	If checking 'Ceremonial Role' or 'Other' describe below: To promote attendance at an event held at a County facility			
				order to maximize potential County revenue from sales.			
_				Ceremonial Role	Other	Income	
					nial Role" or "Other" describe below:		
			2				
C	Name of Outside Orga		Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	nt to the agency's policy	
_	(include address and de	escription)	Pass(es)			AND THE PROPERTY OF THE PROPER	
_							
	erification	VALUE AND STOCK OF AREA STOCK OF A	APPENDENCE AND ARREST AND A SECOND ASS.		Charles Application of the statement and applications are	55M64155-4-556, (UNIVAL-E-100565)	
1 h	ave read and understand EPPC Req	gulations 18944 Fan	d 18942. I have ve	villed that the distribution set	forth above, is in accordance w	with the requirements.	
		_	Alex Bosk	ovich	Senior Legislative Aid	ie 11/21/13	
	Signature of Agency Head or Design	60	Print Nam	10	Title	(Month, Day, Year)	
9.00							
100	omment:						

Alameda County Profit Pr	Λαι	oney Name				Date Stamp	California OOO
Division, Department, or Region (If Applicable) Board of Supervisors				Date Stamp	The second secon		
Board of Supervisors Designated Agency Contact (Name, Title)			nion /// Anni/cobie	-	For Official Use Only		
Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number E-mail alex boskovich@acgov.org Date of Original Filling: (Name provide explanation in Pair 3 Date of Original Filling: (Name Dos, Year)	DIVI	sion, Department, or Ke	gion (n'Applicable	,			
Alex Boskovich Area Code/Phone Number E-mail alex-boskovich@acgov.org Date of Original Filling:							
Area Code/Phone Number (510) 272-6693 alex.boskovich@acgov.org Date of Original Filling: (Month, Dat, Year) Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 250/\$30 park Event Description Warriors vs. Grizzlies Date(s) 11 / 20 / 13 /	Des	ignated Agency Contac	t (Name, Title)			1	
Area Code/Phone Number (510) 272-6693 alex.boskovich@acgov.org Date of Original Filing: (Month, Day, Year)	Ale	x Boskovich				D	
Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 250/\$30 park	Area	a Code/Phone Number	E-mail			Amendment (Musit	viovide explanation in Part 3.)
Event Description Warriors vs. Grizzlies Date(s) 11 20 13	(51	0) 272-6693	alex.boskov	ich@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
Event Description Warriors vs. Grizziles Provide TiterExplanation Ticket(s)/Pass(es) provided by agency? Yes No	Fu	nction or Event Info	rmation				A CONTRACTOR OF THE CONTRACTOR
Event Description Warriors vs. Grizzlies Provide TitledExplaination Date(s) 11 20 13				Yes 🕅 No F	Tace Value of	of Each Ticket/Pass \$ _	250/\$30 parking
Ticket(s)/Pass(es) provided by agency? Yes No Info: Golden State Warriors Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervisor Wilma Chan Official's Name (Lest, First) Name of Source If yes: Alameda County Supervisor Wilma Chan Official's Name (Lest, First) Ness 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 Tecket(s)/ Pass(es) Number of Tecket(s)/ Pass(es) Fobert, Norman Number of Tecket(s)/ Pass(es) Ceremonial Role Other Info Identify one of the following: Pass(es) Ceremonial Role Other Info Identify one of the following: To promote attendance at an event led at a County facility order to maximize potential County revenue from sales. Ceremonial Role Other Info Identify one of the Section B to Identify one of the following: Pass(es) Other Other Info Identify one of the following: Describe the public purpose made pursuant to the agency's policy order to maximize potential County revenue from sales. Ceremonial Role Other Info Identify one of the following: Describe the public purpose made pursuant to the agency's policy order to maximize potential County revenue from sales. Ceremonial Role Other Describe the public purpose made pursuant to the agency's policy order to maximize potential County revenue from sales. Ceremonial Role Other Describe the public purpose made pursuant to the agency's policy order to maximize potential County revenue from sales. Ceremonial Role Other Describe the public purpose made pursuant to the agency's policy order to maximize potential County revenue from sales. Ceremonial Role Other Describe the public purpose made pursuant to the agency is policy order to maximize potential County revenue from sales. Ceremonial Role Other Describe the public purpose made pursuant to the agency is policy order to maximize potential County revenue from sales.		에 있어 없어요 어린 이 사람들이 있으면 이렇게 있는 것 같은 사람들이 가지 않는 것이다.	F. COMP. C. TO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	TOO ELL THOL	- 1	1 . 20 . 13	
Ticket(s)/Pass(es) provided by agency? Yes No Man of State Warriors Was ticked distribution made at the behest of agency official? Recipients * Use Section A to Identify the agency's department or unit. * Use Section B to Identify an individual. * Use Section C to Identify an outside organization of Individual pass(es) Name of Agency, Department or Unit Number of Tecket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy pass(es) Recipients Name of Individual pass(es) Tecket(s)/Pass(es) Identify one of the following: Pass(es) Pass(es) Identify one of the following: Pass(es) Ceremonial Role Other Inc.	Eve	nt Description Warners	Provide Title/Exp.	lanation	Date(s)'		
Was ticket distribution made at the behest of agency official? No Yes Section 8 to identify the agency's department or unit. • Use Section 8 to identify an individual. • Use Section C to identify an outside organization flower of the following: Name of Agency, Department or Unit Number of the following:				n State Warriors			
A. Name of Agency, Department or unit. Number of Ticket(s)/ Pass(es) B. Name of Individual (Last, First) Pass(es) Fobert, Norman Number of Ticket(s)/ Pass(es) Pass(es) 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 include address and description) Number of Ticket(s)/ Pass(es) Pass(es) Other (Individual (Last, First)) O	Tick	et(s)/Pass(es) provided	by agency?	Name of Sc			
A. Name of Agency, Department or Unit B. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(ss) Fobert, Norman Number of Ticket(s)/ Pass(ss) Describe the public purpose made pursuant to the agency's policy	Was	s ticket distribution made	at the behest	eda County Superviso	or Wilma Chan		
Substitution Sub	of	agency official?			3 11)00.	Official's Name ((Last, First)
Substitution Sub	. Re	cipients					
A. Name of Agency, Department or Unit Ticket(s) Describe the public purpose made pursuant to the agency's policy	. Us	e Section A to identify the age	ncy's department or	unit. • Use Sect	ion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
B. Name of Individual Number of Ticket(s)/ Pass(es) Identify one of the following: Fobert, Norman 2/park Ceremonial Role Other Inc.	Α.	Name of Agency, Depart	ment or Unit	Describe the pul	blic purpose made pursuan	t to the agency's policy	
Fobert, Norman Standard Sta	1000	ATT TOTAL CONTROL OF THE PROPERTY OF THE PROPE					
Fobert, Norman Standard Sta							
Fobert, Norman Standard Ticket(s) Pass(es) Identify one of the following:							
Fobert, Norman Standard Sta							
Fobert, Norman 2/park Ceremonial Role Other Inc. Inc. Inc. It checking "Ceremonial Role" or "Other" describe below.	-	Number of				and the second second second second second second	12.50
Fobert, Norman 2/park 2/park 2/park 2/park Ceremonial Role Other Inc. it checking **Coremonial Role** or **Other** describe below** To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. Ceremonial Role Other Inc. it checking **Coremonial 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 pass(es) Verification I have read any understand FPPC Regulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Alex Boskovich Senior Legislative Aide 11/20/	В.		duai			Identify one of the follow	ving:
C. Name of Outside Organization (include address and description) Number of Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Pass(_				Ceremonial Role	Other	Income [
order to maximize potential County revenue from sales. Ceremonial Role Other Inc. Inc. It checking "Caremonial Role" or "Other" describe below. C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)	Fot	bert, Norman		O/morts			
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 Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy pass(es) Number of Ticket(s)/ Pass(es)			2/park	To promote attend	idance at an event held at a County facility in		
Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy pass(es) Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Alex Boskovich Senior Legislative Aide 11/20/					Section and advantage of the second		
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 Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Number of Ticket(s)/ Pass(es) Alex Boskovich Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Alex Boskovich Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Alex Boskovich Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Alex Boskovich Describe the public purpose made pursuant to the agency's policy Pass(es)				1 1			Income
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 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. Alex Boskovich Senior Legislative Aide 11/20/				97	a checking Carenio	mar have or caner describe below.	
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Note of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Note of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Note of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Note of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es)							
(include address and description) Pass(es) Pass(es) 1. Verification I have read and understand FPPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. Alex Boskovich Senior Legislative Aide 11/20/	_	Name of Outside On	and ration	Number of		SALA SPECIALIZATION SERVICE AND AND AND AND AND	VBCPARE \$400 VALUE (NADO 1500 NATO NATO NO
Verification I have read and understaped FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Alex Boskovich Senior Legislative Aide 11/20/	C.			Describe the pu	blic purpose made pursuar	it to the agency's policy	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Alex Boskovich Senior Legislative Aide 11/20/	_						
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Alex Boskovich Senior Legislative Aide 11/20/							
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Alex Boskovich Senior Legislative Aide 11/20/	_						
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Alex Boskovich Senior Legislative Aide 11/20/							
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Alex Boskovich Senior Legislative Aide 11/20/							
Alex Boskovich Senior Legislative Aide 11/20/			egulations 18044 1 av	vd 18042 have ye	ofied that the distribution set	forth above, is in accordance v	with the requirements.
	i hav	re read and understand PPC R	egulations 18944.1 ar				
Signature of Agency Head or Designee Print Name Title (Month, Day							(Month, Day, Year)
	Co	mment:					

4	A NI		Date Stamp	California OAO		
•	Agency Name				Date Stamp	Form 802
	Alameda County			For Official Use Only		
	Division, Department, or Re	gion (II Applicable				
	Board of Supervisors					
	Designated Agency Contact	t (Name, Title)				
	Alex Boskovich		□ Amondment (Max	provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				and the second s
	(510) 272-6693	alex.boskov	ich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation		7,	JIP -	
	Does the agency have a tick	et policy?	of Each Ticket/Pass \$	250		
	Event Description Warriors	vs. Grizzlies		Data(e) 1	1 , 20 , 13	
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided	by agency?	Yes □ No [If no: Golde	n State Warriors	-
	Name of Source					
	Was ticket distribution made	at the behest	neda County Superviso Official's Name	(Last First)		
	of agency official?		Onicial a Marito	(Lital) Fridy		
3.	Recipients					atth, an outside organization
	Use Section A to identify the ager	ncy's department or	Number of		in distributions of the contract of the second of the contract	Section Control of the Control of th
	A. Name of Agency, Department or Unit Tick		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
		Number of			100 E	
	B. Name of Individual		Ticket(s)/ Pass(es)	Identify one of the following:		
					onial Role" or "Other" describe below	
	•		2	To promote attend order to maximize	fance at an event held potential County reve	l at a County facility in nue from sales.
				Ceremonial Role If checking *Ceremo	Other Daniel Role" or "Other" describe below	Income :
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursua	nt to the agency's policy
4.	Verification I have read and understand FPPC Re	egulations 18944.† ar	id 18942. I have ve	orified that the distribution set	t forth above, is in accordance	with the requirements.
4.	Verification I have read and understand FPPC Re	egulations 18944:1 ar	Alex Bosk		t forth above, is in accordance of Senior Legislative Air	

. Agency Name			Date Stamp	California Q02	
Alameda County				Form OUZ For Official Use Only	
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)				
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Alex Boskovich		Manus Care State Visit (School)			
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
	ch@acgov.org	Date	e of Original Filing:	(Month, Day, Year)	
. Function or Event Information				A.1.0	
Does the agency have a ticket policy?	Yes⊠ No□	Face Value of Eac			
Event Description Drake		Date(s) 11 /	19 , 13		
Provide Title/Explanation					
Ticket(s)/Pass(es) provided by agency?	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Golde			ource	
		If yes: Alameda C			
Was ticket distribution made at the behest of agency official?	No ☐ Yes 🗵	If yes: / warneda c	Official's Name	(Last, First)	
s. Recipients					
Necipients Use Section A to identify the agency's department or	unit. • Use Secti	B to identify an individual. •	Use Section C to idea	ntify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public pu	rpose made pursuan	nt to the agency's policy	
	Pass(es)				
MANUAL AND CONTRACTOR OF THE PROPERTY OF THE P					
	Number of				
B. Name of Individual	Ticket(s)/ Pass(es)	iden	ntify one of the follow	wing:	
		Ceremonial Role	Other 🗌	Income	
Baranco, Lauren	2	If checking "Ceremonial Role"			
		o promote attendance order to maximize poter	at an event neid itial County reve	enue from sales.	
		Ceremonial Role	Other	Income 🗌	
		If checking "Ceremonial Role"		_	
<u> </u>				aller and the second se	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public pu	rpose made pursuar	nt to the agency's policy	
	Pass(es)				
•					
4 V::: _ 4:					
4. Verification I have read and understand FPPC Regulations 18944.1 and	d 18942. I have ven	d that the distribution set forth ab	bove, is in accordance v	with the requirements.	
	Alex Bosko		or Legislative Aid		
Signature of Agency Head of Designee	Print Name	001110	Title	(Month, Day, Year)	
Comment:				FPPC Form 802 (4/12)	

l. Agency Name			Date Stamp	California 202		
Alameda County		For Official Use Only				
Division, Department, or Region (If Appl	Division, Department, or Region (If Applicable)					
Board of Supervisors						
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)					
Alex Boskovich						
Area Code/Phone Number E-mail			Amenament (Must	provide explanation in Part 3.)		
(510) 272-6693 alex.bos	skovich@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 o	of Each Ticket/Pass \$.	\$118		
Event Description Drake		Date(s) 11	1 , 19 , 13			
Provide Title						
Ticket(s)/Pass(es) provided by agency?	Yes□ No[⊠ If no: Golde	n State Warriors Name of S	· · · · ·		
	— — —					
Was ticket distribution made at the behast of agency official?	est No ☐ Yes I	⊠ If yes: Alam	eda County Supervis Official's Name	or vviima Chan		
			Omolar o realino	(2001, 1 1101)		
	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual					
M	Number of					
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant to the agency's policy			
			and the second s			
				······································		
B. Name of Individual	Number of Ticket(s)/		Identify one of the following:			
	Pass(es)	Ceremonial Role	Other 🗌	Income 🔲		
Lam, Marianne			nial Role" or "Other" describe below			
	2			d at a County facility in		
		order to maximize	potential County reve	enue from sales.		
		Ceremonial Role	<u> </u>	Income		
	4	If checking "Ceremor	nial Role" or "Other" describe below	<u>"</u>		
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 pursua	nt to the agency's policy		
Management of the state of the				, , , , , , , , , , , , , , , , , , ,		
		,				
1 Vavili astic-		CONT. S. A. C.				
 Verification I have read and understand FPPC Regulations 18944 	4.1 and 18942. I have ve	rified that the distribution set	forth above, is in accordance v	with the requirements.		
()	Alex Bosk		Senior Legislative Aid			
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)		
		•				
Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 \$118 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description Drake Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No ☐ Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an Individual. * Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(cs) Number of B. Name of Individual Identify one of the following: Ticket(s)/ Pass(es) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Lam, Marianne 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income _ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. Ticket(s)/ (include address and description) Pass(os)

Verification	d4.1 and 18942. I have verified that the dist	ribution set forth above, is in accordance with the re	guirements.
	Alex Boskovich	Senior Legislative Aide	11/18/13
Signature of Agency Head or Doughee	Print Name	Title	(Month, Day, Year)
Comment:			

4.

1.	. Agency Name Alameda County				Date Stamp	California 802
	Division, Department, or Re	gion (if Applicable	+	For Official Use Only		
			76			
	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 alex.boskovich@acgov.org				Date of Original Filing	(Month, Day, Year)
2.	Function or Event Info	rmation				
	Does the agency have a tick	et policy?	of Each Ticket/Pass \$.			
	Event Description Pearl Jar	m		Date(s) 1	1 , 26 , 13	
	Event Description	Provide Title/Expl				
	Ticket(s)/Pass(es) provided	by agency?	Yes No [☑ If no: Golde	en State Warriors	Cource
	Was ticket distribution made	at the behest	No ☐ Yes	Alar	neda County Supervis	
	of agency official?	at the benest	Official's Name	(Last, First)		
3.	Recipients					
٠.	Use Section A to identify the ager	ncy's department or	unit. • Use Sect	tion B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departs	Number of Ticket(s)/ Pass(es)	Describe the po	ablic purpose made pursua	nt to the agency's policy	
	B. Name of Individ	Number of Ticket(s)/		Identify one of the follo	wing:	
	(Lost, Fest)		Pass(es)	Ceremonial Role	Other 🗆	Income
	Heglin, Chris				onial Role" or "Other" describe below	
	C. Name of Outside Organization (include address and description)		4		ndance at an event held at a County facility in ze potential County revenue from sales.	
				Ceremonial Role If checking "Gerens	Other onwal Role" or "Other" describe below	Income
			Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursua	nt to the agency's policy
4.	Verification I have read and understand FPPC Re	neulations 18944 f av	od 18949. I have us	villed that the distribution se	et forth above, is in accordance	with the requirements
	nave lead projunderstand PPG Re	guadoria 10044.1 an	Alex Bosk		Senior Legislative Ai	
	Signature of Agency Head or Desig	nea	Print Nam		Title	(Month, Day, Year)
	Comment:		- A			

				The state of the s		
			Date Stamp	California 802		
		Form				
n (If Applicable	For Official Use Only					
ame, Title)						
mall			Amendment (Must pr	ovide explanation in Part 3.)		
7. H. S. T. T. L	iah@aaaay ay		Date of Original Filling:			
	ich@acgov.or	9		(Month, Day, Year)		
	0007424	- Face Volum	of Each Taket/Dass &	200/\$30-parking		
	Yes 🛛 No 🗆					
Jazz	2000000	Date(s)1	1 , 16 , 13			
Provide Title/Exp						
agency?	n State vvarriors	urce				
the beheat						
me benest	Official's Name (L	ast, First)				
			WV.NY7997* EMECA 19819.	1980-98-19-0-0-0-		
department or	unit - Use Sect	ion B to identify an individ	fual. • Use Section C to ident	ify an outside organization.		
4	Number of					
A. Name of Agency, Department or Unit Ticket(s)/			Describe the public purpose made pursuant to the agency's policy			
B. Name of Individual Number of Ticket(s)/				ng:		
	Pass(es)			_		
				Income		
	2 +			at a County facility in		
		Ceremonial Role	Other	Income		
			onial Role" or "Other" describe below:			
C. Name of Outside Organization Number of Ticket(s)/ Description Pass(es)				to the agency's policy		
	.1					
tions 18944.1 an	d 18942. I have ver	rified that the distribution set	forth above, is in accordance wil	th the requirements.		
tions 18944.1 an	d 18942. I have ver		forth above, is in accordance will Senior Legislative Aide			
	ame, Title) -mail alex.boskov ation policy? Jazz Provide Title/Exp agency? the behest	ation policy? Yes No Dazz Provide Title/Explanation agency? Yes No Dagency? Yes Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	### Alam Alam	Amendment (Must property of the follow) Amendment (Must property of the follow)		

	jency Name		Date Stamp	California 802		
	ameda County	-1			_	For Official Use Only
DIV	ision, Department, or Re	gion (If Applicable				
Во	ard of Supervisors					
De	signated Agency Contac	t (Name,Title)				
Ale	ex Boskovich				Amandment (that	rovide explanation in Part 3.)
Are	a Code/Phone Number	E-mail	Amendment (Mast)	rovide explanation in Part 3.)		
(5)	10) 272-6693	alex.boskovi	ch@acgov.or	rg	Date of Original Filing:	(Month, Day, Year)
. Fu	ınction or Event Info	rmation				200
Do	es the agency have a tick	et policy?	Yes⊠ No[☐ Face Value	of Each Ticket/Pass \$ _	200
Ev	ent Description Warriors	vs. Jazz	1 , 16 , 13			
	ent Description	Provide Title/Expl				
Tic	ket(s)/Pass(es) provided	by agency?	en State Warriors			
			No ☐ Yes 🖸	Alar	meda County Superviso	
	s ticket distribution made fagency official?	at the behest	Official's Name (Last, First)		
3. R	ecipients se Section A to identify the ager	nov's department or	unit. • Use Sect	ion B to identify an indivi	dual. • Use Section C to iden	tify an outside organization.
-			The branch of the control of the	ublic purpose made pursuan	COLUMN TO THE CO	
A	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the				abiic purpose made pursuan	to the agency a pency
			X			
_						
B	Name of Individ	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ling:	
-			(*450(05)	Ceremonial Role	Other	Income
Br	own, Fred			If checking 'Cerem	nonial Role" or "Other" describe below.	
		2		dance at an event held		
_					potential County reve	
				Ceremonial Role	o Other D	Income
				il cindoning control		
<u></u>	Name of Outside Org	anization	Number of	Describe the p	ublic purpose made pursuan	t to the agency's policy
	(include address and c	lescription)	Ticket(s)/ Pass(es)	Describe the p	done purpose mase prosess	
	erification					
	ive read apquinderstand FPPC Re	egulations 18944.1 an	d 18942. I have ve	rified that the distribution se	et forth above, is in accordance w	ith the requirements.
	~		Alex Bosko	ovich	Senior Legislative Aid	le 11/13/13
	Signature of Agency Head or Desig	nee	Print Name	0	Title	(Month, Day, Year)
C	omment:					EBBC Form 802 /4/42)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

	Agency Name				Date Stamp	California 802	
	Alameda County			Form For Official Use Only			
Ē	Division, Department, or Regi	on (If Applicabl			Por Official Ose Offiy		
E	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
		,					
	Alex Boskovich	F !!	 	· · · · · · · · · · · · · · · · · · ·	Amendment (Must pr	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing: _	•	
	(510) 272-6693		vich@acgov.org	9	Date of Original Fining.	(Month, Day, Year)	
	Function or Event Infor					200	
	Does the agency have a ticker		Yes 🗵 No 🗆] Face Value o	f Each Ticket/Pass \$	200	
F	Event Description Warriors v	s. Pistons		Date(s) 11	1213	1 1	
_	Event Description	Provide Title/Exp					
Т	Ficket(s)/Pass(es) provided by	/ agency?	Yes □ No 🗵	If no: Golder	n State Warriors		
				Name of Sou	- /		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alan			If yes: Alame	eda County Supervisor	r Wilma Chan	
	of agency official?				Official's Name (L	.ast, First)	
3. I	Recipients						
•	Use Section A to identify the agency	/'s department o	runit. • Use Section	on B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
1	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
-			1 433(63)		WHATE AND		
-					A second difference of the second difference o		
_		Number of					
Ł	Name of Individua (Läst, First).	11	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
-			1 233(33)	Ceremonial Role	Other	Income	
ı	Martinelli, Adolf				ial Role" or "Other" describe below:		
			2		ance at an event held a		
				order to maximize	potential County reven	ue from sales.	
_				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
					•		
_							
(C. Name of Outside Organization Number			Describe the pub	lic purpose made pursuant	to the agency's policy	
(include address and description)			Pass(es)				
_							
1. \	Verification						
	have read and understand FPPC Regu	lations 18944.1 ar	nd 18942. I have verif	fied that the distribution set f	orth above, is in accordance wit	h the requirements.	
	arp		Alex Boskov	vich '	Senior Legislative Aide	e 11/12/13	
-	Signature of Agency Head or Designee	· · · · · · · · · · · · · · · · · · ·	Print Name		Title	(Month, Day, Year)	
						. ,	
(Comment:						

1.	Agency Name				Date Stamp	California 802
	Alameda County		Form OO2			
	Division, Department, or Regi	on (If Applicable	9)			For Official Use Only
	Board of Supervisors		La Las Transferiores de comes		3	
	Designated Agency Contact (Name,Title)				
	Alex Boskovich				Amendment (Must pi	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data of Original Filings	
40700444	(510) 272-6693	alex.boskov	ich@acgov.o	rg	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation				200/\$20 parking
	Does the agency have a ticket	t policy?	Yes⊠ No[☐ Face Value o	of Each Ticket/Pass \$	200/\$30-parking
	Event Description Warriors v	s. Pistons Provide Title/Exp	lanation	Date(s)11	, 12 , 13	
			n State Warriors			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No [If no: Solder	Name of Sou	urce
	Was ticket distribution made a	t the hehest	No 🗖 Voo I	Alamo درین	eda County Superviso	r Wilma Chan
	of agency official?	t the benest	No ☐ Yes [△ If yes:	Official's Name (L	ast, First)
3.	Recipients • Use Section A to identify the agency	ı's denartment or	unit • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	**************************************	Number of Ticket(s)/		olic purpose made pursuant	
			Pass(es)			
	B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
	Sandoval, Terry				Other ial Role" or "Other" describe below:	Income 🗌
			2 +park	To promote attenda	ance at an event held a potential County reven	
			Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income .	
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
					Anna desires e construir	
4	Verification					
۲.	I have read and understand FPPC Regu	lations 18944.1 an	d 18942. I have ve	rified that the distribution set t	forth above, is in accordance wit	th the requirements.
	<u>up</u>		Alex Bosk	ovich	Senior Legislative Aide	e 11/12/13
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
	Comment:					

30101	mornar redo Ever		Mour doo	Distributions		A Public Document	
. Age	ency Name				Date Stamp	California 802	
Alar	meda County					NOTES -	
Divi	sion, Department, or Reg	jion (If Applicable	9)		1	For Official Use Only	
Boa	ard of Supervisors						
1000000	ignated Agency Contact	(Name, Title)					
Micl	helle Dianda						
	Code/Phone Number	E-mail				rovide explanation in Part 3.)	
	0) 272-6692		nda@acgov.	org	Date of Original Filing:	(Month Day Year)	
. Fur	nction or Event Info	mation				(month, Day, Year)	
	s the agency have a ticke		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	200.00	
			100 22 110				
Ever	nt Description Warriors	Provide Title/Exp	lanation	Date(s)	1 10 1 10		
Tick	et(s)/Pass(es) provided b	v agency2	V D N-	If no. Golde	n State Warriors		
TION	ei(a)/r das(es) provided i	y agency?	Yes 🗌 No	_	Name of So		
UM1001/20/20	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle			, Richard- Supervisor	District 2		
of a	agency official?				Official's Name (Last, First)	
	cipients						
+ Use	s Section A to identify the agend	cy's department or	_	tion B to identify an individe	ual. • Use Section C to iden	tify an outside organization.	
A.	Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the put	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)				
_							
B.	Name of Individu	Number of					
В.	(Last, First)	101	Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role	Other	Income	
				If checking "Ceremon	nial Role" or "Other" describe below:		
_			-				
				Geremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income	
C.	Name of Outside Orga	nization	Number of	Deposits the out	ella nurranna mada nurranant	to the anomale nation	
٠.	(include address and de	scription)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
St.	Rose Hospital Foundati	on		To reward a non-pr	rofit organization for its	contributions to the	
	200 Calaroga Ave. Hayw		4	community.	on organization for the		
Rai	ses funds to continue h	nenital					
	sion of providing quality						
	ification	CONTROL OF THE STATE OF THE STA					
	read and understand FPPG Reg	ulations 18944.1 and	d 18942. I have ve	wified that the distribution set t	forth above, is in accordance wi	th the requirements,	
	/ kl /		Michelle D	ianda	Supervisor's Aide	11/12/13	
1	Signature of Agency Head or Designe	o —	Print Nam		Title	(Month, Day, Year)	
0.000	Includes 1 parki	ng nace at the	value of \$20			A STATE OF THE PROPERTY.	
Con	nment: includes i parkii	ig hass at the	value of \$20				

					Name and the same	A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					101111
	Division, Department, or Reg	ion (If Applicable	9)			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				(Monon, Day, Year)
	Does the agency have a ticket	et policy?	Yes 🛛 No	☐ Face Value o	f Each Ticket/Pass \$ _	118.00
	Event Description Drake Co.	ncert	1000			
	Event Description	Provide Title/Exp.	lanation	Date(s)		
	Ticket(s)/Pass(es) provided b	v agency?	Yes No	If no: Golder	n State Warriors	
		,3,	ies 🖂 No		Name of So	
	Was ticket distribution made at the behest No ☐ Yes ☑ If yes: Valle, of agency official?			Richard- Supervisor I	District 2	
					Official's Name (I	Last, First)
3.	Recipients					AND AND HAVE AND
	Use Section A to identify the agence	Number of	tion B to identify an individu	ial. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individu	Number of Ticket(s)/		Identify one of the follow	ing:	
	(Last, First)		Pass(es)			my.
					Other	Income
				// checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other 🗆	Income
					lal Role" or "Other" describe below:	
			Non-borne			
	C. Name of Outside Organ (include address and de-	nization scription)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)	/ -		
	Decisiones 401 Marina Blvd, San Lean	dro 94577	4	To reward a non-pr community.	ofit organization for its	contributions to the
	401 Marina Divo, Gari Lean	010 54017		community.		
	School and community bas gang intervention counseling	ed AOD and ig				
١.	Verification					
	I have read and understand FPRC Regu	viations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wil	th the requirements.
	MALA		Michelle D	ianda	Supervisor's Aide	11/12/13
	Signature of Agency Head or Designed	,	Print Nam	0	Title	(Month, pay, Year)
	Comment:					
	L.onanant					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

					A r done boodinene			
. Agency Name				Date Stamp	California 802			
Alameda County					101111			
Division, Department, or Reg	ion (If Applicable)		1	For Official Use 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		nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)			
. Function or Event Infor					(Wohai, Day, Year)			
Does the agency have a ticket		Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$ _	82.00			
그리가 보면하게 되었다면 하면 하는 생각하게 되었다. 보다 나를 하는 것이다.		103 [2] 140						
Event Description Pearl Jam	Provide Title/Expl	lanation	Date(s)	1 / 20 / 10				
Ticket(s)/Pass(es) provided b	w agency?	V	If no. Golde	n State Warriors				
ncket(s)/r-ass(es) provided t	y agency :	100 🗀 110 🔄		Name of Source				
Was ticket distribution made	at the behest	No ☐ Yes	If yes: Valle ✓	yes: Valle, Richard- Supervisor District 2				
of agency official?				Official's Name	(Last, First)			
. Recipients								
Use Section A to identify the agence	y's department or		tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.			
A. Name of Agency, Departm	ent 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	al	Number of Ticket(s)/		Identify one of the follow	tify one of the following:			
(Last, First)		Pass(es)			2071			
Douglas, Simon			Ceremonial Role	Other 🛭 nial Role" or "Other" describe below.	Income _			
Douglas, Ollion		2			County facility in order to			
				revenue from sales.	overty teamly in order to			
			Ceremonial Role	Other	Income			
			If checking "Ceremor	nial Role" or "Other" describe below.				
			220					
		Numberet						
C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy			
	**********	Pass(es)						
		1						
. Verification	1-11							
I have read and understand FRPC Reg	ulations 18944.1 and				It I I I			
Signature of the state of the s		Michelle D		Supervisor's Aide	11/16/13			
V Signature of Agency Head or Designe		Print Nam	10	TiVe	(Month, Day Year)			
Comment								

Event Description Pearl Jam Concert Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes \ \text{No} \ \text{No} \ \text{If no: } \frac{Golden State Warriors}{Name of Source} Was ticket distribution made at the behest of agency official? Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy B. Name of Individual (i.est. Find) Number of Ticket(s)/Pass(es) Trullinger, Andi Ceremonial Role Other \(\text{Other describe below:} \) To promote attendance at an event in a County facility in order in maximize potential revenue from sales.				The state of the s	The state of the s		
Alameda County	١.	Agency Name		Date Stamp	The second secon		
Board of Supervisors Board of Supervisors Michelle Dianda Area Code/Phone Number (510) 272-6892 Contact (Name, Title) Michelle Dianda Benali (510) 272-6892 Contact Information Does the agency have a ticket policy? Yes \(\) No \(\) Face Value of Each Ticket(Pass \(\) 82.00 Event Description Pearl Jam Concert Event Description Pearl Jam Concert Event Description Pearl Jam Concert Ticket(s)/Pass(es) provided by agency? Yes \(\) No \(\) If no: Golden State Warriors Name of Source Was ticket distribution made at the behest No \(\) Yes \(\) No \(\) If yes: Valle, Richard-Supervisor District 2 of agency official? Recipients **Use Section A to identify the agency's department or unit. **Use Section B to identify an individual. **Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Trullinger, Andi **Describe the public purpose made pursuant to the agency's policy Pass(es) Trullinger, Andi **Describe the public purpose made pursuant to the agency's policy in come if description in activity in order in maximize potential revenue from sales. Concensonial Role \(\) Other \(\) Income in come if description in activity in order in maximize potential revenue from sales. Concensonial Role \(\) Other \(\) Income in come if description include address and description in the distribution set forth above, is in accordance with fine requirements. Michelle Dianda **Supervisor's Aide** Michelle Dianda **Supervisor's Aide**		Alameda County			r Oilli		
Designated Agency Contact (Name, Title) Michelle Dianda Area Gode/Phone Number E-mail Amendment (Mast provide explanation in Pert 3.) Date of Original Filings: (Month): Day, Year) Date of Original Filings: (Month): Day, Year) Pearl Jam Concert Provide Title/Explanation Date (s) 11		Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only
Designated Agency Contact (Name, Title) Michelle Dianda Area Gode/Phone Number E-mail Amendment (Mast provide explanation in Pert 3.) Date of Original Filings: (Month): Day, Year) Date of Original Filings: (Month): Day, Year) Pearl Jam Concert Provide Title/Explanation Date (s) 11		Board of Supervisors					
Area Code/Phone Number (5/10) 272-6692 Inithelle dianda@acgov.org Date of Original Filling: Months, Day, Year) 2. Function or Event Information Does the agency have a ticket policy Yes No Face Value of Each Ticket/Pass \$ 82.00 Event Description Pearl Jam Concert Provide TitledExplanation Date(s) 11		HTD . THE PARTY OF STREET STREET, STREET STREET, STREET STREET	(Name, Title)			-	
Area Code/Phone Number (5/10) 272-6692 Inithelle dianda@acgov.org Date of Original Filling: Months, Day, Year) 2. Function or Event Information Does the agency have a ticket policy Yes No Face Value of Each Ticket/Pass \$ 82.00 Event Description Pearl Jam Concert Provide TitledExplanation Date(s) 11							
Cate of Original Filing:			E-mail			Amendment (Must provide explanation in Part 3.)	
Punction or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 82.00				nda@acgov	ora	Date of Original Filing	:
Sevent Description Pearl Jam Concert Pass No Face Value of Each Ticket/Pass \$ 82.00	,	All professional and the second		inda@acgov.	oig		(Month, Day, Year)
Event Description Pearl Jam Concert Provide TitletExplanation Ticket(s)/Pass(es) provided by agency? Yes	700			Vas 🖾 Na l	□ Face Value	of Each Ticket/Pass \$	82.00
Ticket(s)/Pass(es) provided by agency? Yes No Mare of Source Was ticket distribution made at the behest of agency official? Recipients - Wes Section A to identify the agency's department or unit. - Wes Section A to identify the agency's department or unit. - Wes Section A to identify the agency's department or unit. - Wes Section A to identify an individual. - A. Name of Agency, Department or Unit. - Number of Ticket(s)/ Pass(es) - Describe the public purpose made pursuant to the agency's policy - Pass(es) - Trullinger, Andi - T		14. T. (1985년 1일 - 1985년 1일		Yes 🔀 No			
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard-Supror District 2 Officials Name (Last, First) Recipients *Use Section A to identify the agency's department or unit. *Use Section A to identify an individual. Number of Ticket(ey) Pass(es) Trullinger, Andi Trulli		Event Description Pearl Jam	Provide Title/Eve	1 , 26 , 13			
Was ticket distribution made at the behest of agency official? No Yes Valle, Richard-Supervisor District 2 Officials Name (Last, First) Recipients - Use Section A to identify the agency's department or unit. Number of Ticket(s)' Pass(es) Trullinger, Andi Name of Individual (Last, First) Recipients - Use Section B to identify an individual. Rumber of Ticket(s)' Pass(es) Trullinger, Andi Recipients - Use Section B to identify an individual. Rumber of Ticket(s)' Pass(es) Recipients - Use Section B to identify an individual. Rumber of Ticket(s)' Pass(es) Recipients - Use Section C to identify an outside organization. Number of Ticket(s)' Pass(es) Recipients - Use Section B to identify an individual. Rumber of Ticket(s)' Pass(es) Recipients - Use Section B to identify an individual. Rumber of Ticket(s)' Pass(es) Recipients - Use Section B to identify an individual. Rumber of Ticket(s)' Pass(es) Recipients - Use Section B to identify an individual. Rumber of Ticket(s)' Pass(es) Recipients - Use Section B to identify an individual. Rumber of Ticket(s)' Pass(es) Recipients - Use Section B to identify an individual. Rumber of Ticket(s)' Pass(es) Recipients - Use Section B to identify an individual. - Use				nanation	Golde	en State Warriors	
B. Name of Agency, 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)		Ticket(s)/Pass(es) provided b	y agency?	Yes No	If no: Golde	Name of S	Source
B. Name of Agency, 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)		Was ticket distribution made a	at the behest	No □ Ves I	Valle	e, Richard- Supervisor	District 2
See 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.		of agency official? Official's Name (Last, First)					
See 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.	3.	Recipients					
B. Name of Individual Common Commo			y's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ide	entify an outside organization.
B. Name of Individual Careful Ca		A. Name of Agency, Departme	ent or Unit		Describe the pu	blic purpose made pursuant to the agency's policy	
Trullinger, Andi Trullinger, Andi 2 Ceremonial Role Other Income If checking "Ceremonial Role Other Income Income If checking "Ceremonial Role Other Income If checking "Ceremonial Role Other Income Income If checking "Ceremonial Role Other Income Income If checking "Ceremonial Role Other Income Income Income If checking "Ceremonial Role Other Income Incom					100000000000000000000000000000000000000		
Trullinger, Andi Trullinger, Andi 2 Ceremonial Role Other Income If checking "Ceremonial Role Other Income Income If checking "Ceremonial Role Other Income If checking "Ceremonial Role Other Income Income If checking "Ceremonial Role Other Income Income If checking "Ceremonial Role Other Income Income Income If checking "Ceremonial Role Other Income Incom							
Trullinger, Andi 2 Ceremonial Role Other Income It checking "Ceremonial Role Other Income It checking "Ceremonial Role Other Income It checking "Ceremonial Role Other Income It checking "Ceremonial Role Other Income It checking "Ceremonial Role Other In a County facility in order maximize potential revenue from sales. Ceremonial Role Other Income It checking "Ceremonial Role Other Income Income Income It checking "Ceremonial Role Other Income In							6
Trullinger, Andi 2 Ceremonial Role Other Income		D Nove of Individu	-1	Number of			
Trullinger, Andi 2		B. Name of Individual			Identify one of the following:		
To promote attendance at an event in a County facility in order maximize potential revenue from sales. Ceremonial Role Other Income Income		Trullinger Andi				10 Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Income 🗆
Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es)		Trailinger, Andr		2			
Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) N							County lacinty in order to
Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) N					Ceremonial Role	Other 🗌	Income
4. Verification Thave read and understand RPPC 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							
Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy 1. Verification Thave read and understand RPPC 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							
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Verification Thave read and understand RPPC 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				Nombood			
Verification Thave read and understand RPPC 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		C. Name of Outside Organ (include address and de-		Ticket(s)/	Describe the pu	iblic purpose made pursua	nt to the agency's policy
Michelle Dianda Supervisor's Aide			379/6/1520/A	Pass(es)			
Michelle Dianda Supervisor's Aide							
Michelle Dianda Supervisor's Aide							
Michelle Dianda Supervisor's Aide							
Michelle Dianda Supervisor's Aide							
Michelle Dianda Supervisor's Aide 1/12/13	١.						
		Inave read and understand KPPC Regu	ilations 18944.1 an				with the requirements.
V Signature of Agency Head or Designee Print Name Tille (Month, Day, Year)		VU					11/2/13
		Signature of Affency Head or Designer	,	Print Nam	0	TiNe	(Month, Dale Year)
Comment:		Comment					

				V	A Fubile Document
I. Agency Name		Date Stamp	California 802		
Alameda County					Form For Official Use Only
Division, Department, or Reg	jion (If Applicable)))			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Michelle Dianda				_	
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6692	michelle.dian	da@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	mation		MANUE.		5/8/30/08
Does the agency have a ticke	et policy?	Yes 🗵 No	☐ Face Value o	f Each Ticket/Pass \$ _	200.00
Event Description Warriors				, 27 , 13	
Event Description	Provide Title/Expla	nation	Date(s)		
Ticket(s)/Pass(es) provided b	ov agency?	Yes □ No I	If no: Golder	n State Warriors	
rianci(e)/riaca(ac) provides	y agency.	169 LI NOT		Name of Sc	
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle				Richard- Supervisor	District 2
of agency official?				Official's Name (Last, First)
3. Recipients			COMPANY THAT IS SUMMARISM STATE OF THE ANALYSIS OF THE STATE OF THE ST		
Use Section A to identify the agent	nit. • Use Sec	tion B to identify an individu	ial. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
		Pass(es)			
B. Name of Individu	Number of		Identify one of the following:		
(Lost, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
			Ceremonial Role	Other 🗆	Income
				ial Role" or "Other" describe below:	income L
			Tawasana atawa atawa atawa		
ACCOUNTS OF THE PARTY OF THE PA			/		
C. Name of Outside Orga		Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
(include address and de	escription)	Pass(es)	7077WARE \$100 MACTA \$1		www.comminger.comminger.com/2011/1966
	League of Women Voters- Eden Area			ofit organization for its	s contributions to the
P.O. Box 2234, Castro Val	ley, CA 94546	4	community.		
Informs and encourages a	ctive				
participation in governmen					
1. Verification				A AND A SOCIAL SERVICE AND A STREET PROPERTY OF THE	A. W. W. P. L. W. L. P. W. L.
I have read and understand FPPC Reg	rulations 18944.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance w	ith the requirements.
UCA		Michelle D	ianda	Supervisor's Aide	11/2/13
Signature of Agericy Head or Designa	10	Print Nam	0	Title	(Month, pay, Year)
Campant, Includes 1 parki	ng pass at the	value of \$20)		

1000						anno bodament
. /	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
ï	Division, Department, or Regi	ion (If Applicable	9)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
1	Michelle Dianda					
- 0	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing	(Month, Day, Year)
_	Function or Event Inform					(monat, day, rear)
12.0	Does the agency have a ticke		Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$.	350.00
		19 BBBBBBB	100 22 110			
E	Event Description Warriors v	Provide Title/Exp	lanation	Date(s)	10 10	
-	Ficket(s)/Pass(es) provided by	v agency2	Vac III Na I	If no. Golden	n State Warriors	
	ricket(s)/r ass(es) provided by	y agency r	Yes No		Name of S	
١	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2				District 2	
	of agency official?			and the same of the same	Official's Name	(Last, First)
. 1	Recipients					
	Use Section A to identify the agency	y's department or		tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursua	nt to the agency's policy
-	P084 - 14 - 16 17 - 50 - 180 - 72 - 11 1		Pass(es)	1142-7-41-22 111001-11	a to Anticology and the control of t	second the beautiful control of the
*						
ï	Name of Individual		Number of	Identify one of the following:		
	(Last, First)		Ticket(s)/ Pass(es)		identify one of the follo	wing;
10	Collett Tom				Other 🗵	Income
	Collett, Tom		8		nial Role" or "Other" describe below	
			1 1000	To reward a comm	unity volunteer for his	s service to the public.
-				Ceremonial Role	Other 🗆	Income
					nial Role" or "Other" describe below	
				UNIONALISM WINNEY CHIEF CANANA		
					2	
(Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	olic purpose made pursua	nt to the agency's policy
_	(include address and des	cription	Pass(es)	1		
. '	Verificati <mark>o</mark> n	B. W. W. C.				55 WEST AND A A THE AVENUE OF THE STATE OF T
1	have read and understand FPP6 Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set t	forth above, is in accordance v	with the requirements.
	MALA		Michelle Di	anda	Supervisor's Aide	11/19/15
(Signature of Agency Head or Designee		Print Nam	0	Title	(Month Day, Year)
,	Comment: Includes 2 parkin	g passes at t	he value of \$	20 each		1

	resonance and a resonance of the party and a service of the servic	Black Office Annual Control	Western Village - State of the Australia			A i dono boddinene
١.	Agency Name				Date Stamp	California 802
	Alameda County			101111		
	Division, Department, or Reg	jion (If Applicable)			For Official Use Only
	Board of Supervisors				"	
	Designated Agency Contact	(Name, Title)			-	
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must,	provide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@acgov.	ora	Date of Original Filing:	(Month, Day, Year)
,	Function or Event Infor					(Month, Day, Year)
	Does the agency have a ticket		Yes 🖾 No	☐ Face Value	of Each Ticket/Pass \$ _	222.00
	경영 1. 전하고 있다면 보다 보다 모든 사람들이 하면 되었다. 그리고 있다면 모든 사람이 되었다.	CANADA STOCKE DATE				
	Event Description Oakland F	Provide Title/Expi	1 , 24 , 13			
	Ticket(s)/Pass(es) provided b			⊠ If no: Oakla	nd Raiders	
	ricket(s)/Fass(es) provided t	y agency r	Yes No		Name of Se	
	Was ticket distribution made	at the behest	, Richard- Supervisor	District 2		
	of agency official?				Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy
			Pass(es)			
	B. Name of Individu	al	Number of		1.0.000	WEST TOTAL STATE
	B. Name of individual		Ticket(s)/ Pass(es)	Identify one of the following:		
				Ceremonial Role		Income
	Valle, Monica		3		nial Role" or "Other" describe below:	
					ance at an event held potential revenue fron	at a County facility in
					Other	Income
			1025		nial Role" or "Other" describe below:	income 🗀
			3			
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the nut	olic purpose made pursuan	t to the agency's policy
	(include address and de	scription)	Pass(es)	beautine the par	one purpose made pursuan	t to the agency a policy
١.	Verification					
	have read and understand FPPC Reg	dations 18944,1 and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance w	ith the requirements.
	Intel		Michelle Di	landa	Supervisor's Aide	11/2(112
	Signature of Agency Head or Designe	0	Print Nam		Title	(Mpnth, Day, Year)
	Indudes 4 scala	on mann of the	unius of doo			
	Comment: Includes 1 parkir	ng pass at the	value of \$20			

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

					A rubiic bocument	
. Agency Name				Date Stamp	California 802	
Alameda County					TOTAL TOTAL	
Division, Department,	or Region (If Applicable	9)		1	For Official Use Only	
Board of Supervisors				(6)		
Designated Agency Co				-		
Michelle Dianda Area Code/Phone Num	nber E-mail			Amendment (Must	provide explanation in Part 3.)	
(510) 272-6692		nda@acgov.	ora	Date of Original Filing:	1	
		nua@acgov.	.org		(Month, Day, Year)	
Function or Event		T. C.		(F F UD 0	123.75	
Does the agency have		Yes 🛛 No	[17.17]	of Each Ticket/Pass \$.		
Event Description Mich	hael Buble Concert		Date(s)1	1 , 30 , 13		
	Provide Tille/Exp.	lanation				
Ticket(s)/Pass(es) prov	vided by agency?	Yes 🗆 No	If no: Golde	n State Warriors Name of S	0//00	
Man tiplest distribution	V-II- Pi-t- I C I Pi-t- I					
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2 Official? Valle, Richard- Supervisor District 2 Official's Name (Last, First)						
					14444.1444	
Recipients		unit ultra flori				
		Number of	tion is to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
A. Name of Agency, D	Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy	
					16	
R Name of I	Individual	Number of		No. Town Mark Control Control Control		
B. Name of I		Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
Ramirez, Rudy			Ceremonial Role If checking "Ceremon	Other Other Other Other Other Other	Income 🗆	
		4		ance at an event held tial revenue from sale	at County facility in order s	
				Other Diel Role" or "Other" describe below:	Income	
			X service contra			
C. Name of Outsid	de Organization and description)	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	nt to the agency's policy	
(mende budress	and description,	Pass(es)		1		
4						
Verification	perconstruction in				S MARKET TO THE STATE OF THE ST	
I have read and understand FP	PPC Regulations 18944.1 and	d 18942. I have ve	erified that the distribution set t	forth above, is in accordance w	rith the requirements.	
		Michelle D	ianda	Supervisor's Aide	1/2013	
Signature of Agency Head o	or Designee	Print Nam	00	Title	(Month, Day, Year)	
Comment						
Comment:						

					A Fublic Document	
. Agency Name				Date Stamp	California 802	
Alameda County					Form C C	
Division, Department, or Reg	ion (If Applicable)			For Official Use Only	
Board of Supervisors						
Designated Agency Contact ((Name,Title)					
Amy Shrago				☐ Amendment /Must o	rovide evolenation in Part 3.)	
Area Code/Phone Number	E-mail					
(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
. Function or Event Infor	mation				444.50	
Does the agency have a ticke	t policy?	Yes ☐ No!	🔀 💮 Face Value o	f Each Ticket/Pass \$	141.50	
Event Description Plnk Conc	ert		Date(s) 10	, 10 , 13	1 1	
Event Description	Provide Title/Expl	anation	Date(s)			
Ticket(s)/Pass(es) provided by	v agency?	Yes ☐ No [If no: Golder	n State Warriors		
	, ,	103Д 1101		Name of So	urce	
Was ticket distribution made a	it the behest	No!] Yes	If yes: Carso	on, Keith	Last Simb	
of agency official?				Official's Name (i	Last, First)	
. Recipients						
Use Section A to identify the agency	y's department or		tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	Form For Official Use Only vide explanation in Part 3.) 1/21/13 (Month, Day, Year) 141.50 y an outside organization. to the agency's policy g: Income c d concession sales Income	
B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
Simpson, Michelle		4	Ceremonial Role If checking "Ceremon	Other All in the control of the cont	Income 🔲	
		7		ance at a County facili venue from parking ar	ty in order to maximize nd concession sales	
			Ceremonial Role	Other	Income	
			If checking "Ceremon	ial Role" or "Other" describe below:		
C. Name of Outside Organ	nization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Pass(es)				
. Verification		1			10. d	
I have read and understand FPPC Regu	uations 18944.1 and					
/h & Mage		Amy Shra		Supervisor's Assistan		
Signature of Agency Head of Designee	•	Print Nam	e .	Title	(Month, Day. Year)	
Comment:						

_						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	on (If Applicable	e)			For Official Use Only
	Board of Supervisors Designated Agency Contact (Nama Titla)				
		ivanie, riue)				
	Amy Shrago				Amendment (Must pr	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	_		Date of Original Filing:	11/21/13
densta	(510) 272-6695		@acgov.org		Date of Original Filling.	(Month, Day, Year)
2. Function or Event Information						65.00
	Does the agency have a ticke	Yes 🔲 No	Face Value of Each Ticket/Pass \$65.00			
	Event Description Disney on	Ice		Date(s)10	, 17 , 13	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No	☑ If no: Golder	n State Warriors	
					Name of Sou	urce
	Was ticket distribution made a of agency official?	it the behest	No Yes	If yes: Carso	Official's Name (L	act Eirat)
	or agency official?				Oniciai \$ Name (L	_d5(, F((St))
3.	Recipients					
	Use Section A to identify the agency	y's department or		tion B to identify an individu	ual. ◆ Use Section C to ident	ify 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
	R Name of Individua	· ·	Number of			· · · · · · · · · · · · · · · · · · ·
	Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Mitchell, Tiara		4	_	ial Role" or "Other" describe below:	Income 🗌
				potential County re	venue from parking ar	
					Other In Indiana Other Indiana Role" or "Other" describe below:	Income
				,		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	,					
1.	Verification	lations 18944 1 an	d 18942 I have ve	rified that the distribution set fo	orth above, is in accordance wit	th the requirements.
	Men D	10044.1 dll	Amy Shr	ago .	Supervisor's Assistant	11/21/13
	signature of Agency Hyad or Designee		Print Nam	e	Tille	(Month, Day, Year)
	Comment:					

_						A Public Document		
۱.	Agency Name				Date Stamp	California 802		
	Alameda County					Form UUZ		
	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 provide explanation in Part 3.)			
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)		
2.	Function or Event Inform	nation	and the state of t			and the second s		
	Does the agency have a ticker	t policy?	Yes ☐ No	🔀 Face Value o	f Each Ticket/Pass \$	60.00		
	Event Description Disney on	Ice		Data(s) 10	, 18 , 13			
	Lvent Description	Provide Title/Expl	anation					
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No	If no: Golder	n State Warriors			
					Name of Sou	rce		
	Was ticket distribution made a of agency official?	it the behest	No! Yes	If yes: Carso	Official's Name (L	ast. First)		
_			2					
5.	Recipients • Use Section A to identify the agency	/'s department or ∈	unit. • Use Sec	tion B to identify an individu	ıal. • Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Departme	-	Number of	-	lic purpose made pursuant			
	A. Name of Agency, Departme	THE OF CHILE	Ticket(s)/ Pass(es)	Describe tile pub	inc purpose made pursuant	to the agency's policy		
			Nomelia					
	B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:		
			F 455(E5)	Ceremonial Role	Other 🔀	Income 🔲		
	Osorio, Vickie		4	1	ial Role" or "Other" describe below:			
			4	E .	unity volunteer for his	or her service to the		
	the state of the s			public.		,,,,		
				Ceremonial Role	Other Dial Role" or "Other" describe below:	Income		
				ir and anning coronic.	arrior or other coodings solow.			
	C. Name of Outside Organ	ization	Number of Ticket(s)/	Describe the nub	lic purpose made pursuant	to the agency's policy		
	(include address and des	cription)	Pass(es)	Describe the pub	no parpose made parodant			
١.	Verification		•		Saverage Control of the Control of t			
	I have read and understand FPPC Regu	lations 18944.1 and	l 18942. I have ve	erified that the distribution set for	orth above, is in accordance with	h the requirements.		
	M/SMay)		Amy Shr		Supervisor's Assistant			
	Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)		
	Comment:							

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

	1,	Part 180 a. d		,	** ** ** ** ** ** ** ** ** * * * * * *			
1.	Agency Name				Date Stamp	California 802		
	Alameda County					Form For Official Use Only		
	Division, Department, or Reg	ion (If Applicable	e)]	Por Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Name, Title)			1			
	Amy Shrago							
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)		
2.	Function or Event Infor	mation		en e	ta <mark>k</mark> antina 1974 (1974 (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974)			
	Does the agency have a ticke	t policy?	Yes 🔲 No	🔀 💮 Face Value o	of Each Ticket/Pass \$ _	60.00		
	Event Description Disney on	Ice		Date(s) 10) , 19 , 13	1 1		
	Event Bedeription	Provide Title/Expl						
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No l	☑ If no: Golde	n State Warriors Name of So	NIKOO		
	Was ticket distribution made a	at the beheet		Carso		Surce		
Was ticket distribution made at the behest No L Yes ★ If yes: Carson, Keith Official's Name (Last, First)					(Last, First)			
<u> </u>	Recipients							
•	Use Section A to identify the agency	ual. • Use Section C to ider	ntify an outside organization.					
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy		
			Pass(es)					
	R Name of Individua	Number of						
	Name of Individua (Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:					
				Ceremonial Role		Income 🔲		
	Desautels, Alex		4	,	nial Role" or "Other" describe below:			
					ly employee for his or courage staff developr	her exemplary service to ment		
				Ceremonial Role	· ·	Income		
					nial Role" or "Other" describe below:			
			N					
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy		
			rass(es)					
 L	Verification		1					
۲.	I have read and upderstand FPPC Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance w	ith the requirements.		
	Man		Amy Shr		Supervisor's Assistar			
	Signature of Agency Haad or Designee	•	Print Nam		Title	(Month, Day, Year)		
	′ / "							
	Comment:					EDDO F 000 (4/40)		

						A Fublic Document
ĺ.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Amy Shrago				Amendment (Must pi	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail			l -	
	(510) 272-6695	amy.shrago(②acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	nation				00.00
	Does the agency have a ticket	policy?	Yes No	🔀 Face Value o	f Each Ticket/Pass \$ _	60.00
	Event Description Disney on Ice			Date(s)10	, 20 , 13	
		Frovide Title/Expir	anation	Coldor	State Marriera	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No 🛭	If no: Golder	n State Warriors Name of Soil	urce
	Was ticket distribution made a	t the behest	No'_ Yes	If yes: Carso	on, Keith	
	of agency official?	t the bolloot	NO_ Test	△ II yes:	Official's Name (L	ast, First)
_	Recipients					
•	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				ıal. • 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		
			Pass(es)			
	B. Name of Individua	ı	Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:	
				Ceremonial Role	—	Income 🔲
				ir checking Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role If checking "Ceremonial"	Other I	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
				or nonprofit organizat	ion for its contributions	
	360 Grand Ave. #57 Oaklan	d, CA		to the community		
١.	Verification I have re∮d and understand FPPC Regu	lations 19044 1 and	18042 baya	infied that the distribution set f	orth above is in accordance with	th the requirements
	i nave regu anu unuerstanu FFFC Regu.	auuns 10944.1 and				
	Signature of Agency Mead or Designee		Amy Shra		Supervisor's Assistant	11/21/13 (Month, Day, Year)
	y signature of Agency Pipac of Designee		i int wan	V	, nuc	(monus, Day, Teal)
Comment:						

						A Fublic Document
	Agency Name				Date Stamp	California 802
	Alameda County					. 51111
Ī	Division, Department, or Regi	on (If Applicabl	le)			For Official Use Only
	Board of Supervisors Designated Agency Contact (Name Title)				
	Amy Shrago Area Code/Phone Number			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6695	E-mail	Macaey era		Date of Original Filing: _	11/21/13
-			@acgov.org		and the contract of the contra	(Month, Day, Year)
	Function or Event Inform		. –	Eggs Value e	f Fach Ticket/Door ¢	172.90
	Does the agency have a ticker	•	Yes ☐ No l		f Each Ticket/Pass \$	
	Event Description Kanye We	st Concnert Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No [If no: Golder	n State Warriors	
					Name of Sou	irce
,	Was ticket distribution made a of agency official?	t the behest	No ! Yes	If yes: Carso	Official's Name (L	ast First)
			ayeriy qorina daga arang a		3	
	Recipients • Use Section A to identify the agency	l'e danartmant or	runit Alleo Soc	tion B to identify an individu	ial Allea Santian C to identi	ifu an outsido organization
•	Α.		Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
-	· · · · · · · · · · · · · · · · · · ·				,	
•						
-	B. Name of Individua	1	Number of Ticket(s)/ Identify one of the following:			na.
_	(Last, First)		Pass(es)		identity one of the follows	
	Brown, Aisha			Ceremonial Role If checking "Ceremon	Other X ial Role" or "Other" describe below:	Income
			4		y employee for his or h ourage staff developm	er exemplary service to ent
•					Other I	Income
				ir checking Geremon	narrole of Silier describe below.	
-	Name of Outside Organ	ization	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Verification I have reag f and understand FPPC Regu.	lations 18944.1 an	nd 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.
	Al hour		Amy Shra	ago	Supervisor's Assistant	11/21/13
	// Signature of Agency Hour or Designee		Print Name		Tille	(Month, Day, Year)
	Comment:					

Δ	Pu	hl	ic	Doc	um	enf	ŀ

						The district Description
	Agency Name				Date Stamp	California 202
	Alameda County					Form OOZ
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Amy Shrago				Amendment (Must pr	royide exploration in Flort 2.)
	Area Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·			11/21/13
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
	Function or Event Inforr	nation				470.00
	Does the agency have a ticket	policy?	Yes ☐ No 🛭		of Each Ticket/Pass \$	9
	Event Description Kanye We	st Concert Provide Title/Exp	lanation	Date(s)10	23 13	
	Ticket(s)/Pass(es) provided by	, agency?	Yes □ No 🖸	a If no. Golder	n State Warriors	
	rioket(a)/r daa(ea) provided by	agency:	res 🔲 No 🛭	- .	Name of Sou	ırce
	Was ticket distribution made a	t 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		ion B to identify an individu	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		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Brown, Amari			Ceremonial Role	Other X	Income
	2.0,		1 1		nt for outstanding scho	lastic achievement
						
				Ceremonial Role If checking "Ceremon	Other I	Income
				#		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
_	Verification					
•	I have read and understand FPPC Regul	ations 18944.1 an	d 18942. I have ven	ified that the distribution set f	orth above, is in accordance wit	th the requirements.
	// My an a		Amy Shra	lao .	Supervisor's Assistant	11/21/13
	VSignature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					
	~ ~ I I I I I I V I I I					

					www.	
1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form OUZ	
	Division, Department, or Region (If Application)	able)		1	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-		
	Amy Shrago					
	Area Code/Phone Number E-mail			1 -	provide explanation in Part 3.)	
		go@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)	
2.	Function or Event Information			Annas and an anna anna an anna an anna an an an a	(Month, Day, Tear)	
	Does the agency have a ticket policy?	Yes ☐ No[▼ Face Value o	of Each Ticket/Pass \$ _	172.90	
	Event Description Kanye West Concert) , 23 , 13		
	Provide Title/Explanation Date(s)					
	Ticket(s)/Pass(es) provided by agency?	Yes ☐ No [If no: Golde	n State Warriors		
		Ies 🗖 NO	_	Name of So	ource	
	Was ticket distribution made at the behest No i Yes Market Market No i Yes Mark			on, Keith Official's Name (# 1 F(- 1)	
	of agency official?			Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agency's departmen	Number of	tion B to identify an individ	ual. • Use Section C to iden	itify an outside organization.	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy	
		7 200(00)				
	B. Name of Individual	Number of		Identify one of the following:		
	(Last. First)	Ticket(s)/ Pass(es)				
	Adama Darnall		Ceremonial Role		Income	
	Adams, Darnell	3	•	If checking "Ceremonial Role" or "Other" describe below: omote attendance at a County facility in order to maximize		
				evenue from parking a		
			Ceremonial Role	Other	Income	
			If checking "Ceremor	nial Role" or "Other" describe below:	_	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy	
		Pass(es)				
ŀ.	Verification	and 400 to 11	25-44-44- 20-19-19-19-19-19-19-19-19-19-19-19-19-19-	facility of annual section of the se	The Management of the Control of the	
	I have read and understand FPPC Regulations 18944.1				,	
	Mage)	Amy Shra		Supervisor's Assistan		
	Alignature of Agency (Tead or Designee	Print Name	U	Title	(Month, Day, Year)	
	Comment:					
					EDDO E 000 (4(40)	

						711 abile Decament	
١.	Agency Name	3000			Date Stamp	California 802	
	Alameda County				h .	Form UUZ	
	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 pr		
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing: .	11/21/13 (Month, Day, Year)	
,	Function or Event Inform					(Wollin, Day, Teal)	
	Does the agency have a ticket		Yes ☐ No [☑ Face Value o	f Each Ticket/Pass \$	172.90	
		-	Ies 🔲 NO				
	Event Description Kanye We	Provide Title/Expl	anation	Date(s)	23 13		
	Ticket(s)/Pass(es) provided by			If no. Golder	n State Warriors		
	Ticket(s)/Fass(es) provided by	agency:	Yes No [<u> </u>	Name of Sou	urce	
	Was ticket distribution made a	t the behest	Nol Yes	☑ If yes: Carso	on, Keith		
	of agency official?		,	,	Official's Name (L	.ast, First)	
3.	Recipients						
	Use Section A to identify the agency	's department or	T	tion B to identify an individu	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	
			, 455(55)				
	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the following:		
	(Ldsi,) nsty		Pass(es)				
	Cox, Lori			Ceremonial Role If checking "Ceremonial"	Other X ial Role" or "Other" describe below:	Income	
	· · , · ·		2			ner exemplary service to	
				the public or to enc	ourage staff developm	nent	
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
			Number of				
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
					· · · · · · · · · · · · · · · · · · ·		
ŀ.	Verification I have read/ang/understand FPPC Regu	lations 18044 1 and	1 18942 have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements	
	, have read any unucisianu FFFC Regu	anone roeth. Fall					
	Signature of Agency Head or Designee		Amy Shra		Supervisor's Assistant	11/21/13 (Month, Day, Year)	
	, Organizate of Agency Flead of Designee		, ingreath	y	,,,,,	(months, Suy, Today)	
Comment:							

					A l'ubile Document	
1. Agency Name					California 802	
Alameda County					For Official Use Only	
Division, Department, or Re	gion (If Applicable))		1	For Official Use Offig	
Board of Supervisors						
Designated Agency Contact	(Name, Title)					
Amy Shrago					1	
Area Code/Phone Number	E-mail			Amendment (Must pro	·	
(510) 272-6695	amy.shrago	@acgov.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 o	of Each Ticket/Pass \$	172.90	
Kanve W	est Concert) , 23 , 13		
Event Description Kanye W	Provide Title/Expl	anation	Date(s)			
Ticket(s)/Pass(es) provided		Yes□ No	M If no. Golder	n State Warriors		
Honor(s)/1 ass(cs) provided	by agency:	res 🔲 No	_	Name of Sou	rce	
	Was ticket distribution made at the behest No! Yes If yes: Cars					
of agency official?	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 individ				ual. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Departn	nent or Unit	Number of Ticket(s)/	Ticket(s)/ Describe the public purpose made pursuant to the agen			
		Pass(es)				
•						
Number				•		
B. Name of Individ	Name of Individual (Last, First)			Identify one of the following:		
		Pass(es)	Ceremonial Role	Other 🛛	Income	
Cook, Kym			· · · · · · · · · · · · · · · · · · ·	nial Role" or "Other" describe below:		
		3		ance at a County facilit		
				venue from parking an		
				Other	Income	
			If checking "Ceremon	nial Role" or "Other" describe below:		
		Number of			<u>'</u>	
C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
		1 400(00)				
			·			
Market						
4. Verification						
I have read and understand FPPC Re	gulations 18944.1 and				•	
Syd Mago		Amy Shr		Supervisor's Assistant		
Signature of Agency Head of Design	ee	Print Nam	e	Tille	(Month, Day, Year)	
0						
Comment:				The state of the s		

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l. Agency Name					
Alameda County				Form For Official Use Only	
Division, Department, or Region (If Application)	able)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Amy Shrago				<u> </u>	
Area Code/Phone Number E-mail			1	provide explanation in Part 3.) 11/21/13	
(510) 272-6695 amy.shra	go@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				170.00	
Does the agency have a ticket policy?	Yes 🔲 No 🏻	▼ Face Value o	of Each Ticket/Pass \$ _	172.90	
Event Description Kanye West Concert		Date(s)10	0 , 23 , 13		
Provide Title/	Explanation				
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🏻	If no: Golde	n State Warriors Name of So	ource	
Was ticket distribution made at the behes	st No Yes[☑ If yes: Carso			
of agency official?	i No les,	A 11 yes	Official's Name	(Last, First)	
. Recipients		<u> </u>			
Use Section A to identify the agency's department	Use Section A to identify the agency's department or unit. Use Section B to identify an individual section.				
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	
	Number of				
B. Name of Individual	Ticket(s)/ Pass(es)	et(s)/ Identify one of the following:			
Bynes, Melanie			Other 🛛	Income	
bylies, interactie	2	=	emonial Role" or "Other" describe below: ndance at a County facility in order to maximize		
		potential County revenue from parking and concession sales			
		Ceremonial Role		Income	
	-	іг спескіпд "Сегетог	nial Role" or "Other" describe below:		
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	
	. 405(00)				
. Verification					
I have read and understand FPPC Regulations 18944.1	and 18942. I have ve	nified that the distribution set i	forth above, is in accordance w	ith the requirements.	
(15 Mares)	Amy Shra	ago	Supervisor's Assistar	nt 11/21/13	
Signature of Agency Hedd or Designee	Print Name		Title	(Month, Day, Year)	
Ü					
Comment:				EDDC Form 902 (4/42)	

				D 101111011101110		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					TOIM -	
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name.Title)	-				
		, ,					
	Amy Shrago Area Code/Phone Number	lE-mail			Amendment (Must pi	rovide explanation in Part 3.)	
	(510) 272-6695		a a a a a a a a a a a a a a a a a a a		Date of Original Filing: .	11/21/13	
_		<u> </u>	@acgov.org			(Month, Day, Year)	
۷.	Function or Event Infor				(E T UE A	172.90	
Does the agency have a ticket policy			Yes ☐ No 🏻		f Each Ticket/Pass \$		
	Event Description Kanye We	st Concert		Date(s)10	23 , 13		
		Provide Title/Exp	planation	0.11	0		
	Ticket(s)/Pass(es) provided by	y agency?	Yes□ No 🛭	If no: Golder	n State Warriors Name of Soil	Irce	
	Mas ticket distribution made s	at the beheet		If yes: Carso		<i>1</i> 100	
	Was ticket distribution made at the behest No Yes M If yes: Ca of agency official?			If yes:	Official's Name (L	.ast, First)	
э.	Recipients • Use Section A to identify the agence	v's department o	runit. • Use Sect	tion B to identify an individu	ual • Use Section C to ident	ify an outside organization	
	A	·····	Number of	Section B to identify an individual. • Use Section C to identify an outside organization.			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			, , , , , , , , , , , , , , , , , , ,				
		r.					
	B. Name of Individua	Number of					
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role	Other 🛛	Income 🔲	
	McWilson, Marlon		2		ial Role" or "Other" describe below:		
			_		ance at a County facili venue from parking ar	ty in order to maximize	
					Other island	Income	
				" chooking coronier	correct or carror decomps basen.		
	C. Name of Outside Organ	nization	Number of				
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
				W .			
	Verification I have read and understand FPPC Regu	dations 18044 1 or	nd 18042 I have you	ified that the distribution set f	orth above is in accordance wit	h the requirements	
	nave read and understand FPFC Regu	nadons 10944,1 af.					
	Mynago		Amy Shra		Supervisor's Assistant	11/21/13 (Month, Day, Year)	
	Signature of Agency Head or Designee	•	Print Name	•	riile	(мони, Дау, теаг)	
	Comment:				·		
	COMMITTEE .						

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 pro	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	11/21/13 (Month Day Year)
2.	Function or Event Infor	mation	and the second s			
	Does the agency have a ticke	t policy?	Yes ☐ No	Face Value o	of Each Ticket/Pass \$	172.90
	Event Description Kanye We	st Concert		Data(s) 10) _ 23 _ 13	1 1
	Livent Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No [If no: Golde	n State Warriors	The state of the s
	NAT - 12 1 4 - 12 - 4 - 12 - 4 - 12 - 14			0	Name of Sou	rce
	Was ticket distribution made a of agency official?	it the benest	No Yes	If yes: Carso	Officiat's Name (L	ast. First)
					•	, ,
٠.	Recipients • Use Section A to identify the agency	v's department or	unit. • Use Sec	tion B to identify an individ	ual. ● Use Section C to identi	fv an outside organization.
	A. Name of Agency, Departme	Number of		olic purpose made pursuant (
	A. Name of Agency, Departitle	THE OF OTHE	Ticket(s)/ Pass(es)	Describe the put	one purpose made pursuant i	to the agency's policy
		Number of				
	Name of Individua	Ticket(s)/ Pass(es)		Identify one of the following	ng:	
			1 200(00)	Ceremonial Role	Other 🛛	Income
	Gallagher, Hannah		2	· ·	nial Role" or "Other" describe below:	
					ance at a County facility evenue from parking an	
				•		
					Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
	(include address and des	сприоп)	Pass(es)			
						4
١.	Verification	1 (1	140040 **	25. 40. 60. 25.55		
	I have read and understand FPPC Regu	iations 18944.1 and				
	Mondo		Amy Shra		Supervisor's Assistant	11/21/13
	Signature of Agency Head or Designee		Print Nam	U	Title	(Month, Day, Year)
	Comment:					

					Tit dibite becaute		
1.	Agency Name	Date Stamp	California 202				
	Alameda County				Form 002		
	Division, Department, or Region (If A)	pplicable)			For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Ti	tle)					
	Amy Shrago						
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
	(510) 272-6695 amy.s	shrago@acgov.org		Date of Original Filing: 11/21/13 (Month, Day, Year)			
2.	Function or Event Information	1		and the second control of the second control			
	Does the agency have a ticket policy	? Yes□ No	⊠ Face Value o	of Each Ticket/Pass \$ _	172.90		
	Event Description Kanye West Con-	cert	Date(s) 10) , 23 , 13			
	Provide	Title/Explanation					
	Ticket(s)/Pass(es) provided by agend	y? Yes ☐ No Ì	☑ If no: Golde	n State Warriors Name of So	UICO		
	Was ticket distribution made at the be	ehest No Yes	⊠ If yes: Carso		urce		
	of agency official?	Official's Name (I	Last, First)				
3.	Recipients						
•	Use Section A to identify the agency's depart	tment or unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Un	Number of it Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy		
		Pass(es)					
	B. Name of Individual	Number of					
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ntify one of the following:		
	Leung, Chris		Ceremonial Role		Income		
	Leung, Chiis	2	•	oial Role" or "Other" describe below: ance at a County facili	ty in order to maximize		
				venue from parking ar			
			Ceremonial Role	Other	Income		
			If checking "Ceremon	nial Role" or "Other" describe below:			
	O Name of Outside Opposite ties	Number of		A			
	Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy		
				, , , , , , , , , , , , , , , , , , ,			

1.	Verification						
	I have read and understand FPPC Regulations 18	944.1 and 18942. I have ve	rified that the distribution set f	forth above, is in accordance wi	th the requirements.		
	M/SMaga)	Amy Shra	ago	Supervisor's Assistan	t 11/21/13		
	Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)		
	Commont						
	Comment:				EDDO E 000 (4/40)		

						AT abile becament
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name.Title)				
		· · · · · · · · · · · · · · · · · · ·				
	Amy Shrago	T=			Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	0		Date of Original Filing: _	11/21/13
	(510) 272-6695	L.,	@acgov.org	Collection of the control of the con	Date of Original Lining.	(Month, Day, Year)
	Function or Event Infor					172.90
	Does the agency have a ticke		Yes ☐ No l		f Each Ticket/Pass \$	172.50
	Event Description Kanye We		Date(s)10	, 23 , 13		
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No [If no: Golder	n State Warriors	
					Name of Sou	ırce
	Was ticket distribution made a	it the behest	No' Yes	If yes: Carso	on, Keith	and First
	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency's department or unit. Use Section B to identify an in				ıal. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/			
			Pass(es)			
				:		
	B. Name of Individua	Number of		1-1		
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and des	cription)	Pass(ès)			
	BAY EMT 1000 San Leandi	o Blvd., San	-	To reward a school	or nonprofit organizat	ion for its contributions
	Leandro, CA train youth to I	oe EMTs	5	to the community	, .	
	Verification	lationa 190111 · ·	4 10010 b	wified that the distribution and	orth above to in accompany with	th the requirements
I have read and understand FPPC Regulations 18944.1 at						
	1/15 Mago		Amy Shra		Supervisor's Assistant	
	Signature of Agency Head or Designee	i	Print Nam	e	Title	(Month, Day, Year)
	Comment:					

_						
١.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact ((Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			1 —	provide explanation in Part 3.)
	(510) 272-6695	amy.shrago(②acgov.org		Date of Original Filing:	(Month, Day, Year)
<u>-</u>	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes □ No!	🔀 Face Value o	of Each Ticket/Pass \$ _	65.00
	Event Description Live 105 S	Spookfest Con	cert	Date(s) 10) , 25 , 13	
	Event Boodinption	Provide Title/Expl				
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No l	☑ If no: <u>Golde</u> i	n State Warriors Name of So	
	Was ticket distribution made a	at the beheat		Carso		ource
	of agency official?	at the benest	No ! Yes	If yes: Carso	Official's Name (Last, First)
	Recipients					
•	Use Section A to identify the agency	y's department or	ınit. • Use Sec	tion B to identify an individu	ual. ● Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	t to the agency's policy	
			Pass(es)			
					The second secon	
	R Name of Individual Number of					1 - 1 - 1 - 1
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)			
	Pobles James			Ceremonial Role		Income 🔲
	Robles, James		4	, and the second	vial Role" or "Other" describe below:	her exemplary service to
					ourage staff developn	
			:		Other 🗆	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
			Number of		***************************************	
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
						•
	No. of the control of					
	Vaultiantian					
٠.	Verification I have read and understand FPPC Regul	lations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wi	th the requirements.
	ALA		Amy Shra		Supervisor's Assistan	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	' / /					
	Comment:					EDDO F 900 (4/40)

						A Fublic Document
. Agen	ncy Name				Date Stamp	California 802
Alame	eda County					Form OUZ
Divisio	on, Department, or Regi	on (If Applicable)			For Official Use Only
Board	of Supervisors					
Design	nated Agency Contact (Name,Title)				
Amy S	Shrago				Amendment (Must pr	avide explanation in Flort 2.1
Area C	Code/Phone Number	E-mail			<u> </u>	11/01/12
(510)	272-6695	amy.shrago@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
. Func	tion or Event Inform	nation		Alabah Malabah Militara ang mga pagaman a sa mana a sa mga pagaman a sa mga mga pagaman a sa mga mga pagaman a		
	the agency have a ticket		Yes 🔲 No	<u> </u>	f Each Ticket/Pass \$	158.00
Event	Description Family Brid	dges Presents Provide Title/Expla	3 Divas Liv	<u>e!</u> Date(s) <u>11</u>	9 13	
Ticket	(s)/Pass(es) provided by	/ agency?	Yes □ No l	If no: Golder	n State Warriors	
	(-)() p	,, .	162 🗀 140 [Name of Sou	irce
	cket distribution made a	t the behest	No 1 Yes	If yes: Carso	on, Keith	
or age	ency official?		·		Official's Name (L	ast, First)
•	pients					
	ection A to identify the agency	's department or i	unit. • Use Sec	tion B to identify an individu	ial. ● Use Section C to identi	ify an outside organization.
Α.	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
В.	Name of Individua (Last, First)	l	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
Sar, T	- Fina			Ceremonial Role	Other X ial Role" or "Other" describe below:	Income
ou,,,			4	_	unity volunteer for his	or her service to the
		*** ********************************		Ceremonial Role	Other	Income
			-	If checking "Ceremoni	ial Role" or "Other" describe below:	
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
	*					
				194		
	ication adjang understand FPPC Regul	lations 18944 1 and	18942 have ve	rified that the distribution set &	orth above is in accordance with	h the requirements
//	Z A	addio 10074.1 allu				·
	gnature of Agency Head or Designee		Amy Shra		Supervisor's Assistant	11/21/13 (Month, Day, Year)
17	S		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		(month, bay, real)
Comm	nent:					

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А	Put	olic	Do	CU	ment

			Diotributionio		A Public Document	
1. Agency Name				Date Stamp	California 802	
Alameda County	Alameda County				roini —	
Division, Department, or F	Region (If Applicable		For Official Use Only			
Board of Supervisors						
Designated Agency Conta	ct (Name Title)					
	ot (Name, ride)					
Amy Shrago				Amendment (Must pr	ovide explanation in Part 3.)	
Area Code/Phone Number				1 —	· '	
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2. Function or Event Inf	ormation					
Does the agency have a ti	cket policy?	Yes □ No	🔀 Face Value o	of Each Ticket/Pass \$	82.00	
Event Description Pearl J	am		B. () 11	, 26 , 13		
Event Description	Provide Title/Exp	lanation	Date(s)			
Ticket(s)/Pass(es) provide	d by aganou?			n State Warriors		
ricket(s)/r ass(es) provide	d by agency:	Yes No	X 1110.	Name of Sou	ırce	
Was ticket distribution mad	le at the behest	on, Keith				
of agency official?		No Yes1	- 11 y C O	Official's Name (L	ast, First)	
3. Recipients						
Use Section A to identify the ag	ency's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Depar	1-111	Number of		olic purpose made pursuant to the agency's policy		
At Italie of Agency, Depar	timent of onit	Ticket(s)/ Describe the public Pass(es)				
	v. p					
B. Name of Indiv	idual	Number of				
(Last, First)	iduai	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
**************************************			Ceremonial Role	Other 🔀	Income 🔲	
Valentine, Valerie			If checking "Ceremon	ial Role" or "Other" describe below:		
		4			ty in order to maximize	
			potential County re	venue from parking ar	d concession sales	
			Ceremonial Role	Other	Income	
			If checking "Ceremon	ial Role" or "Other" describe below:		
C. Name of Outside O		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy	
(include address and	description)	Pass(ès)		•		
V . V						
1 \ 1 \ 102 \ 12						
 Verification I have read and understand FPPC F 	Regulations 18044 1 and	d 18042 have ve	rified that the distribution set f	orth above is in accordance wit	h the requirements	
I mave read and understand PPC P	regulations 10944.1 dfl					
At Mago		Amy Shra		Supervisor's Assistant		
Signature of Agency Head or Desi	gnee	Print Nam	e	Title	(Month, Day, Year)	
· · · · · · · · · · · · · · · · · · ·						
Comment:						

		and the state of t			
I. Agency Name			Date Stamp	California 802	
Alameda County				Form For Official Use Only	
Division, Department, or Region (If A)	oplicable)			TO Chicial Ose Only	
Board of Supervisors					
Designated Agency Contact (Name, Ti	Designated Agency Contact (Name, Title)				
Amy Shrago			Amondment (4)		
Area Code/Phone Number E-mail			☐ Amendment (Must pro	· · · · · · · · · · · · · · · · · · ·	
(510) 272-6695 amy.s	hrago@acgov.org		Date of Original Filing: 1	(Month, Day, Year)	
2. Function or Event Information	1			100.75	
Does the agency have a ticket policy	? Yes ☐ No	Face Value of	of Each Ticket/Pass \$	123.75	
Event Description Michael Buble		Date(s)1	1 , 30 , 13		
Provide	Title/Explanation				
Ticket(s)/Pass(es) provided by agend	y? Yes ☐ No	If no: Golde	n State Warriors Name of Sour	ce	
Was ticket distribution made at the be	ehest No Yes	If yes: Carse	on Keith		
of agency official?	Mo Hes	Li ii yes	Official's Name (La	st, First)	
B. Recipients		· · · · · · · · · · · · · · · · · · ·			
Use Section A to identify the agency's depart	ual. • Use Section C to Identif	y an outside organization.			
A. Name of Agency, Department or Un		Describe the public purpose made pursuant to the agency's policy			
	Pass(es)				
B. Name of Individual	Number of		Identify one of the following		
(Last, First)	Ticket(s)/ Pass(es)	Identify one of the following:			
Sanchez, Mina		Ceremonial Role		Income	
Sanciez, willa	4	Ī	nial Role" or "Other" describe below: By employee for his or he	er exemplary service to	
			courage staff developme		
	***************************************	Ceremonial Role	Other	Income 🔲	
		If checking "Ceremoi	nial Role" or "Other" describe below:		
Nome of Outside Occasionities	Number of				
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant to	o the agency's policy	
	,				
l. Verification					
I have read and understand FPPC Regulations 18:	944.1 and 18942. I have ve	rified that the distribution set	forth above, is in accordance with	the requirements.	
(1) Mago	Amy Shr	ago	Supervisor's Assistant	11/21/13	
Signature of Agency Head of Designee	Print Nam	е	Title	(Month, Day, Year)	
2					
Comment:				EDDC Form 802 (4/12)	

1.	Agency Name				Date Stamp	California On 2
	Alameda County					Form OUZ
	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.)
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	•	Yes□ No		of Each Ticket/Pass \$ _	85.00
	Event Description Baseball C	Same		Date(s)1	, 30 , 13	
	Provide Place Explanation					
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No l	☑ If no: Oakla	Name of Sc	Durce
	Was ticket distribution made a	at the behest	No Yes	☑ If yes: Carso	on, Keith	
	of agency official?		140 ; 1032		Official's Name ((Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	ual. • Use Section C to iden	ntify an outside organization.		
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy	
	B. Name of Individual Number of Ticket(s)/				Identify one of the follow	ving:
	· · · · · · · · · · · · · · · · · · ·		Pass(es)	Ceremonial Role	Other 🔀	Income 🔲
	Sanchez, Mina				nial Role" or "Other" describe below:	_
			4		y employee for his or courage staff developr	her exemplary service to ment
				Ceremonial Role	Other	Income
				If checking "Ceremor	nial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy	
			1 100(00)			
١.	Verification		1			
	I have read and understand FPPC Regu	lations 18944.1 and	l 18942. I have ve	nified that the distribution set i	forth above, is in accordance w	ith the requirements.
	Mago		Amy Shr	ago	Supervisor's Assistan	it 11/21/13
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
	Comment:					
						EDDC Form 902 /4/42

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document**

1.	Agency Name	40		V V V V V V V V V V V V V V V V V V V	Date Stamp	California	802	
	Alameda County			:		Form	Lies Only	
	Division, Department, or Region (If A	pplicable)				For Official	Use Only	
	Board of Supervisors							
	Designated Agency Contact (Name, 7	itle)						
	Amy Shrago			Amendment (Must provide explanation in				
	Area Code/Phone Number E-mai	ı			—	11/01/10	n Part 3.)	
	(510) 272-6695 amy.	shrago@acgov.c	org		Date of Original Filing:	(Month, Day, Ye	ar)	
2.	Function or Event Informatio	n		ennumber der eine eine eine eine eine eine eine ei				
	Does the agency have a ticket policy	/? Yes □ I	No 🗵	Face Value o	of Each Ticket/Pass \$ _		85.00	
	Event Description Baseball Game		1	Date(s) 10	5 , 13	1	1	
	Provide	Title/Explanation						
	Ticket(s)/Pass(es) provided by agen	cy? Yes ☐ I	No 🛛	If no: Oaklar	nd A's Name of So	ource		
	Was ticket distribution made at the b	ahast N V	· 171	If yes: Carso		54750		
	of agency official?	ehest No 7 Y	es 🔀	If yes:	Official's Name	(Last, First)		
3.	Recipients							
	Use Section A to identify the agency's depa			identify an Individu	ual. • Use Section C to ider	ntify an outside org	anization.	
	A. Name of Agency, Department or U	nit Number Ticket(s))/	Describe the pub	lic purpose made pursuan	t to the agency's p	oolicy	
		. 255(65	<u>, </u>					
							······································	
	N-144	Number	of .			***************************************		
	B. Name of Individual (Last, First)	Ticket(s Pass(es)/		Identify one of the follow	ving:		
	Brooks, Rodney			Ceremonial Role	Other ial Role" or "Other" describe below:		Income	
	brooks, reality	4	Tore	•	y employee for his or		service to	
					ourage staff developr			
				Ceremonial Role			Income 🔲	
				If checking "Ceremon	ial Role" or "Other" describe below:			
	C. Name of Outside Organization	Number						
	(include address and description	Ticket(s Pass(es		Describe the pub	olic purpose made pursuan	it to the agency's i	oolicy	
1.								
	I have read and understand FPPC Regulations 1	8944.1 and 18942. I hav	e verified tha	t the distribution set f	forth above, is in accordance w	vith the requirements.		
	Monago	Amy S	Shrago		Supervisor's Assistar	<u>1</u>	1/21/13	
	Agnature of Agency/Head or Designee	Print	Name		Title	(Mor	nth, Day, Year)	
	Comment:							
	· · · · · · · · · · · · · · · · · · ·							

	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		2.04.124.101.10		A Fublic Document	
1. Agency Name				Date Stamp	California 802	
Alameda County			TOTAL			
Division, Department, or F	Region (If Applicable			For Official Use Only		
Board of Supervisors Designated Agency Conta	ot (Nomo Titlo)					
	ict (Ivame, Fille)					
Amy Shrago	· · · · · · · · · · · · · · · · · · ·			Amendment (Must pr	ovide explanation in Part 3.)	
Area Code/Phone Number		_		Date of Original Filing: _	11/21/13	
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Fining.	(Month, Day, Year)	
2. Function or Event In					85.00	
Does the agency have a ti		Yes 🔲 No		f Each Ticket/Pass \$		
Event Description Baseba	all Game		Date(s)10	, 10 , 13		
	Provide Title/Exp					
Ticket(s)/Pass(es) provide	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Oaklar				Irce	
Was ticket distribution may	de at the hehest	No. 1. 1. Mars	Carso			
Was ticket distribution made at the behest No Yes If yes: Carson, Keith Official's Name					ast, First)	
3. Recipients						
Use Section A to identify the ag	jency's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic 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)	Ceremonial Role		Income	
Shrago, Amy			1	ial Role" or "Other" describe below:	income	
		2	To reward a County employee for his or her exemplary service the public or to encourage staff development			
			Ceremonial Role	Other 🛮	Income 🗌	
DeCarlo, Katie		2		ial Role" or "Other" describe below:		
			To reward a community volunteer for his or her service to the public			
C. Name of Outside O (include address and		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
1. Verification						
I have read and understand FPPC I	Regulations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.	
1/15 mago		Amy Shr		Supervisor's Assistant		
Signature of Agency Hand or Des	ignee	Print Nam	ne	Title	(Month, Day, Year)	
Comment:						

	U. a.						
١.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Regi	ion (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		***************************************	1		
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must pr	1	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	(Month, Day, Year)	
<u>.</u>	Function or Event Inform	mation		nna may aran aran ad dhiirin an dhiirin dhiidh dhiin an d		CONTRACTOR OF THE STATE OF THE	
	Does the agency have a ticke		Yes ☐ No l	Face Value o	f Each Ticket/Pass \$	100.00	
	Event Description Basketball	Game		Date(s)10	7 , 13		
		Frovide Tile/Exp	lanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	If no: Golder	n State Warriors Name of Sou	irce	
	Was ticket distribution made a	it the behest	No ☐ Yes J	If yes: Carso	on. Keith		
	of agency official?		,,		Official's Name (L	ast, First)	
3.	Recipients						
	Use Section A to identify the agency	y's department or	ual. ● Use Section C to identi	ify an outside organization.			
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
	B. Name of Individual Number of Ticket(s)/				Identify one of the following	na:	
	(Last, First)		Pass(es)				
	Jenkins, Kevin			Ceremonial Role If checking "Ceremon.	Other ial Role" or "Other" describe below:	Income	
	,		4	To reward a County	y employee for his or h	er exemplary service to	
				-	ourage staff developm		
				Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income	
				3			
	Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Imoraco adarese ana des	parani	Pass(es)			<u> </u>	
	Verification						
	I have read and understand FPPC Regul	lations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.	
	A Shoes		Amy Shra	ago	Supervisor's Assistant	11/21/13	
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	
	Commont:						
	Comment:					EDDC Form 902 (4/42)	

Agency Report of:

Agency Rep				
Ceremonial	Role Events	and Ticket/	Pass Distr	ibutions

					711 abile Becament	
1.	Agency Name			Date Stamp	California 202	
	Alameda County		Form OUZ			
	Division, Department, or Region (#7	Applicable)		-	For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name,	Title)				
	Amy Shrago					
	Area Code/Phone Number E-ma	i		Amendment (Must pro		
		 .shrago@acgov.org	1	Date of Original Filing:	11/21/13 (Month, Day, Year)	
2.	Function or Event Information					
	Does the agency have a ticket police		Face Value o	of Each Ticket/Pass \$	600.00	
	Event Description Basketball Gam		10) , 30 , 13		
	Event Description	e Title/Explanation	Date(s)			
	Ticket(s)/Pass(es) provided by ager	ıcy? Yes □ No	If no: Golde	n State Warriors		
		ies 🗆 No		Name of Sou	rce	
	Was ticket distribution made at the b	oehest No F Yes	If yes: Carso	on, Keith		
	of agency official?		<u></u>	Official's Name (Lo	ast, First)	
3.	Recipients					
	Use Section A to identify the agency's department.	ual. ● Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Department or U	nit Number of Ticket(s)/ Pass(es)	Describe the put	public purpose made pursuant to the agency's policy		
		1 433(53)				
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	30.	
	(Last, First)	Pass(es)		-	ıy.	
	Carson, Keith			Other Anial Role" or "Other" describe below:	Income	
	Carson, Rein	4		ance at a County facility	v in order to maximize	
				evenue from parking an		
	-		Ceremonial Role	Other	Income	
				nial Role" or "Other" describe below:		
		Number of				
	Name of Outside Organization (include address and description	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
		" Pass(es)				
ŀ.	Verification	9044.1 and 19040. I have	writed that the distribution and	forth above to in accordance will	the requirements	
	I have read and understand FPPC Regulations 1					
	Signature of Agency Hear or Designee	Amy Sh		Supervisor's Assistant	11/21/13	
	Signature of Agency Head o r De signee	Pnnt Na	me	HIIIe	(Month, Day, Year)	
	Comment:					
			············		EDDC Form 802 (4/12)	

						A i abile becament
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number			Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6695	E-mail amv.shrago	@acgov.org		Date of Original Filing:	11/21/13
2	Function or Event Infor					(Month, Day, Year)
۷.	Does the agency have a ticke		Yes ☐ No	☑ Face Value o	of Each Ticket/Pass \$	100.00
	- ·		ies 🗀 INO	<u></u>		
	Event Description Basketball	Provide Title/Exp	lanation	Date(s)	, 12 , 13	
	Ti-l4/->/D/>idd-b-			u Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	X 11 110:	Name of Sou	rce
	Was ticket distribution made a	t the behest	No Yes	If yes: Carso	on, Keith	
	of agency official?		, , , , , , ,	, , , ,	Official's Name (L	ast, First)
3.	Recipients					
	Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Describe the publ		olic purpose made pursuant to the agency's policy	
			Pass(es)			
	L		Number of		***	
	Name of Individua	al	Ticket(s)/		Identify one of the following	ng:
			Pass(es)	Ceremonial Role	Other 🔀	Income 🔲
	Sandoval, Terry				ial Role" or "Other" describe below:	income 🗖
			2	To reward a community volunteer for his or her service to the		
				public		
	t Al!			Ceremonial Role		Income
	Loveman, Alisa		2	I -	ial Role" or "Other" describe below:	or har gardina to the
				To reward a community volunteer for his or her service to public		
	Alama of Outoida Oana	IAI	Number of			
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	 		1()			
	Verification I have read and understand FPPC Regu.	lations 18044 1 an	d 18042 have ve	orified that the distribution set for	orth above is in accordance with	the requirements
	AL A	iuliono 10344.1 dli				·
	ATS VULLED		Amy Shr		Supervisor's Assistant	11/21/13 (Month, Day, Year)
	Signature of Agency Head or Designee		rnni ivam	uc	rme	(Month, Day, Teal)
Comment:				·		

1. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Re	gion (If Applicable))			For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name,Title)				
Amy Shrago				Amandment (Must o	rovide explanation in Part 3.)
Area Code/Phone Number	E-mail			1	
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info					450.00
Does the agency have a tick		Yes□ No		of Each Ticket/Pass \$	
Event Description Basketb		Date(s)1	<u>, 14 , 13 </u>		
	Provide Title/Exp	anation	Golder	n State Warriors	
Ticket(s)/Pass(es) provided	by agency?	Yes ☐ No [If no: Oolder	n State Warriors Name of So.	urce
Was ticket distribution made	at the behest	No ; Yes	If yes: Carso	on, Keith	
of agency official?		, , , , , ,	, 500.	Official's Name (l	Last, First)
. Recipients					
Use Section A to identify the age	ncy's department or	tion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.	
A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)				
B. Name of Individ	Number of Ticket(s)/		Identify one of the following:		
		Pass(es)	Ceremonial Role	Other 🔀	Income
Jenkins, Kevin				ial Role" or "Other" describe below:	Income L
		4			her exemplary service to
				ourage staff developm	nent
		,	Ceremonial Role	Other ial Role" or "Other" describe below:	Income
			ii checking Geremon	der Note of Other describe below.	
C. Name of Outside Org		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
(include address and c	lescription)	Pass(ès)	•		
Marie Control of the					
. Verification I have read and understand FPPC Re	gulations 18044 1 on	118942 bayer	rified that the distribution set f	orth ahove is in accordance with	th the requirements
A A A A	yulaliulis 10944.1 ANC				·
Agnature of Agency Med or Design		Amy Shra		Supervisor's Assistant	t 11/21/13 (Month, Day, Year)
, 7			-		(sini, Bay, Todi)
Comment:					

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	on (If Applicable)			Tor Official Ose Offig
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Amy Shrago			☐ Amendment (Must p	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail] -	11/01/12
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
	Function or Event Infor					150.00
	Does the agency have a ticke	•	Yes 🔲 No		of Each Ticket/Pass \$	
	Event Description Basketball	Game		Date(s)11	<u>, 16 , 13 </u>	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	If no: Golden	n State Warriors Name of So	urce
	Was ticket distribution made a	at the behest	No Yes	If yes: Carso	on, Keith	
	of agency official?		140 1624	n yes	Official's Name (L	_ast, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	tion B to identify an individu	ual. • Use Section C to iden	ilfy an outside organization.	
	A. Name of Agency, Departme	ent or Unit	nonot(s),		olic purpose made pursuant	to the agency's policy
		Pass(es)				
					-	
	B. Name of Individua	Number of Ticket(s)/		Identify one of the following:		
	(Last, First)		Pass(es)			
	Carson, Keith			Ceremonial Role	Other inial Role" or "Other" describe below:	Income
	Caroon, North		4	-		ty in order to maximize
					venue from parking ar	
				Ceremonial Role	Other	Income
				If checking "Ceremon	nial Role" or "Other" describe below:	
	Name of Outside Organization		Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	, , , , , , , , , , , , , , , , , , ,					
1.	Verification					
•	I have read and understand FPPC Regu	llations 18944.1 an	d 18942. I have ve	rified that the distribution set t	forth above, is in accordance wi	th the requirements.
	As Mago		Amy Shr	ago	Supervisor's Assistan	t 11/21/13
	Signature of Agency Head or Designed	•	Print Nam	e	Title	(Month, Day, Year)
	0					
	Comment:					

1. Agency Name			Date Stamp	California Q02		
Alameda County				Form OUZ		
Division, Department, or Region (If Appl.	icable)			For Official Use Only		
Board of Supervisors						
Designated Agency Contact (Name, Title)			1			
Amy Shrago						
Area Code/Phone Number E-mail			Amendment (Must provi			
(510) 272-6695 amy.shr	ago@acgov.org			/21/13 (Month, Day, Year)		
2. Function or Event Information				222.22		
Does the agency have a ticket policy?	Yes 🗌 No 🛭			f Each Ticket/Pass \$		
Event Description Basketball Game		Date(s)1	1 , 20 , 13			
Provide Titt	e/Explanation					
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🖸	If no: Golde	n State Warriors Name of Source)		
Was ticket distribution made at the beha	est No ∄Yes. ∑	- If yes: <u>Cars</u>	on. Keith			
of agency official?	140 1 163/2		Official's Name (Last	, First)		
3. Recipients						
Use Section A to identify the agency's department	ual. • Use Section C to identify	an outside organization.				
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuant to	the agency's policy		
	Pass(es)					
·						
B. Name of Individual	Number of Ticket(s)/		Identify one of the following:			
(200, 170)	Pass(es)	Ceremonial Role	Other 🛛	Income 🔲		
Jenkins, Kevin			nial Role" or "Other" describe below:	income 🗖		
	4		ance at a County facility			
		·	evenue from parking and			
		Ceremonial Role If checking "Ceremoner to the control of the cont	Other Inial 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 pursuant to	the agency's policy		
	Pass(es)					
1. Verification	1 1		11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
I have read and understand FPPC Regulations 1894-	1.1 and 18942. I have ven	ified that the distribution set	forth above, is in accordance with th	ne requirements.		
As Moses	Amy Shra	go	Supervisor's Assistant	11/21/13		
Algnature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)		
, v						
Comment:			· · · · · · · · · · · · · · · · · · ·			

	Aganay Nama				D-4- 04	California
	Agency Name				Date Stamp	California Form 802
	Alameda County Division, Department, or Regi	on (If Applicable		For Official Use Only		
	_	оп (п мррисави				
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Amy Shrago				☐ Amendment (Must p	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				11/21/13
-	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
<u>.</u>	Function or Event Inform					150.00
	Does the agency have a ticket	•	Yes ☐ No		of Each Ticket/Pass \$	130.00
	Event Description Basketball	Game		Date(s) <u>11</u>	, 23 , 13	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes ☐ No	If no: Golder	n State Warriors Name of So	uurce i
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes: Carso		
	of agency official?		INC 1 TES	r yes:	Official's Name (Last, First)
<u> </u>	Recipients					
	Use Section A to identify the agency	r's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy
			Pass(es)			
						•
	D Name of Individua	.1	Number of			
	B. Name of Individua	11	Ticket(s)/ Pass(es)		Identify one of the follow	ring:
				Ceremonial Role	Other 🔀	Income
	Carson, Keith		4	_	ial Role" or "Other" describe below:	
					ance at a County facili venue from parking ar	ty in order to maximize
				Ceremonial Role	_	Income
					ial Role" or "Other" describe below:	ilicome 🗀
	Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and des		Pass(es)	•		***************************************
	Verification	lations 100/11	440040 11			
	I have read and understand FPPC Regul	auons 18944.1 an				•
	Stopplym of Agency Honor Daylor		Amy Shra		Supervisor's Assistan	
	Signature of Agency Headfor Designee		⊬nnt Nam	U	ille	(Month, Day, Year)
	Comment:					
						EDDO E 000 /4/40\

_	A NI				_	
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Amy Shrago				Amendment /Must o	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				11/21/13
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		S COLSTANT IN COLSTANT TO THE TITLE OF A SHIP AND A SHIP		
	Does the agency have a ticke	t policy?	Yes ☐ No!	🔀 Face Value o	of Each Ticket/Pass \$ _	300.00
	Event Description Basketball		Date(s) 12	. , 11 , 13		
	Event Beddinption	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided b	y agency?	Yes ☐ No [If no: Golder	n State Warriors Name of So	
	Mas tisket distribution made	ut tha habaat	==	— Carso		urce
	Was ticket distribution made a of agency official?	at the benest	No T Yes	If yes: Carso	Official's Name (Last, First)
3.	Recipients	10.000.000.000.000.000.000				
Ο.	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	ıal. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
			Pass(es)		no parposo mado parodam	to the agency a policy
	B	Number of				
	B. Name of Individua (Last, First)	ai	Ticket(s)/ Pass(es)		ing:	
	_			Ceremonial Role	Other 🛛	Income
	Carson, Keith		4	_	ial Role" or "Other" describe below:	
			·		ance at a County facili venue from parking ar	ty in order to maximize
					Other	Income
					ial Role" or "Other" describe below:	псоше П
	Management of the Control of the Con			• • • • • • • • • • • • • • • • • • • •	······································	,
	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
			Pass(es)			
			:			
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
4.	Verification I have read and understand FPPC Regu	lations 18944 1 an	d 18942. I have ve	rified that the distribution set fi	orth above, is in accordance wi	th the requirements
	1/1 =	10077.1 011				•
	Signature of Agency Head or Designed		Amy Shra		Supervisor's Assistan	t 11/21/13 (Month, Day, Year)
	7 7		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		(5, 25), (55)
	Comment:	,				EDDO F 000 (4/40)

_	cremema Roic Even	to and no	NCGI GOO	Diotributions		A Public Document	
1.	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)					
	Amy Shrago				Amendment (Must pr	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			_	11/21/12	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				150.00	
	Does the agency have a ticket	· ·	Yes ☐ No	Face Value o	of Each Ticket/Pass \$	150.00	
	Event Description Basketbal		Date(s)12	. , 27 , 13			
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes ☐ No I	☑ If no: Golder	n State Warriors	11-2	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-4 () (14		→ Careo	Name of Sou	irce	
	Was ticket distribution made a of agency official?	No Yes	If yes: Carso	Official's Name (L	ast, 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	Number of Ticket(s)/		lic purpose made pursuant			
			Pass(es)				
	B. Name of Individu	Name of Individual (Last, First)			Identify one of the followi	ng:	
	Carson, Keith		4	Ceremonial Role If checking "Ceremon	Other A	Income	
					ance at a County facilit venue from parking ar	y in order to maximize ad concession sales	
					Other Intermedial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
4.	Verification I have regad and understand FPPC Regu	ulations 18944.1 and	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance wit	h the requirements.	
	Johngo		Amy Shra		Supervisor's Assistant	11/21/13 (Month, Day, Year)	
	Signature of Agency Aged or Designed Comment:	.	⊬nnt Nam		Hue	(мони, рау, теан)	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 202
	Alameda County					Form UUZ
	Division, Department, or Regi	ion (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			l 	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes ☐ No i	Face Value o	of Each Ticket/Pass \$ _	200.00
	Event Description Basketball		Date(s)1	, 20 , 13	1 1	
	Event Description	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No [If no: Golde	n State Warriors	
	ANT- Palack Palack Page 12				Name of So	urce
	Was ticket distribution made a of agency official?	it the benest	No Yes	If yes: Carso	Official's Name (I	ast, First)
_						
3.	Recipients • Use Section A to identify the agency	v's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	Number of		olic purpose made pursuant		
	A. Name of Agency, Departme	int or onit	Ticket(s)/ Pass(es)	Describe the pur	nic purpose made pursuant	to the agency's policy
	B. Name of Individua	al	Number of Ticket(s)/ Identify one of the following:			ing:
	(230, 770)		Pass(es)	0	Other 🛛	
	Carson, Keith			Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
			4	To promote attendance at a County facility in order to maximize		
				potential County re	venue from parking ar	nd concession sales
					Other	Income
				If checking "Ceremon	nial Role" or "Other" describe below:	
	C. Name of Outside Organ	nization	Number of			
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
1	Verification			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
т.	I have read and understand FPPC Regu	lations 18944.1 an	nd 18942. I have ve	rified that the distribution set t	forth above, is in accordance wi	th the requirements.
	1 Muses		Amy Shra	ago	Supervisor's Assistan	11/21/13
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)
	/					
Comment:						EDDO F 000 (4/40)

I. A	gency Name				Date Stamp	California 802	
Al	ameda County			Form For Official Use Only			
Di	vision, Department, or Regi	ion (If Applicable	e)			For Official Use Only	
В	oard of Supervisors						
De	esignated Agency Contact (Name,Title)					
Αı	my Shrago				Cl Amondment (M.)	1	
Ar	rea Code/Phone Number	E-mail			_	provide explanation in Part 3.) 11/21/13	
(5	10) 272-6695	amy.shrago	@acgov.org	v.org Date of Original Filing: (Month, Day, V			
2. F	unction or Event Infor	mation				050.00	
Do	oes the agency have a ticke	t policy?	Yes ☐ No	🔀 Face Value o	of Each Ticket/Pass \$ _	250.00	
F۷	ent Description Basketball	Game		Date(s) 1	, 10 , 1 4		
- v		Provide Title/Exp	lanation				
Tio	cket(s)/Pass(es) provided by	y agency?	Yes ☐ No	If no: Golde	n State Warriors Name of So		
100	aa tiakat diatributian maada a	ut tha habaat		- Carso		ource	
Was ticket distribution made at the behest No Yes If yes: Carson, Keith Official's Name					Official's Name	(Last, First)	
	ecipients Jse Section A to identify the agency	y'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, Departme	Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	t to the agency's policy		
			Pass(es)				
			Number of				
В	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role	Other 🔀	Income	
G	reene, Hannah		4	· ·	nial Role" or "Other" describe below:		
				County facility in or parking and conce		ntial County revenue fron	
						F	
				Ceremonial Role If checking "Ceremon	☐ Other ☐ nial Role" or "Other" describe below:	Income	
				·			
C	Name of Outside Organ		Number of Ticket(s)/	Describe the put	olic purpose made pursuant to the agency's policy		
_	(include address and des	cription)	Pass(es)	-			
_							
	erification						
I ha	ave read and understand FPPC Regu	lations 18944.1 an	id 18942. I have ve	rified that the distribution set i	forth above, is in accordance w	vith the requirements.	
	St hogo		Amy Shr	ago	Supervisor's Assistar	nt 11/21/13	
_	Signature of Agency Head or Designee	•	Print Nam	e	Title	(Month, Day, Year)	
_	l						
-c	omment [.]						

1. Agency Name	Date Stamp	California 802				
Alameda County				Form UUZ		
Division, Department, or Region (If A)	oplicable)		1	For Official Use Only		
Board of Supervisors	Board of Supervisors					
Designated Agency Contact (Name, Ti	Designated Agency Contact (Name, Title)					
Amy Shrago						
Area Code/Phone Number E-mail			1 —	rovide explanation in Part 3.)		
(510) 272-6695 amy.s	hrago@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information						
Does the agency have a ticket policy	? Yes□ No[∑ Face Value o	of Each Ticket/Pass \$	150.00		
Event Description Basketball Game		Date(s) 2	2 , 10 , 14 , , ,			
Provide	Title/Explanation					
Ticket(s)/Pass(es) provided by agend	y? Yes ☐ No [⊠ If no: Golde	n State Warriors Name of So			
NA/aa kialtak diskeibuskino maada ak kha ba	ehest No] Yes	☑ If yes: Carso		urce		
Was ticket distribution made at the be of agency official?	Official's Name (i	Last, First)				
3. Recipients						
•	 Use Section A to identify the agency's department or unit. Use Section B to identify an individent or unit. 					
A. Name of Agency, Department or Un	Number of	Describe the pub	olic purpose made pursuant	to the agency's policy		
	ent or Unit Ticket(s)/ Describe the public purpose made pursuant to the s Pass(es)					
Number of						
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:			
		Ceremonial Role	Other 🛮	Income .		
Brown, Elaine	4	, and the second	nial Role" or "Other" describe below:			
	·	County facility in oil parking and conce		ntial County revenue from		
		· •	Other	Income		
			nial Role" or "Other" describe below:	mcome		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy		
	Pass(ès)					
1						
 Verification I have read and understand FPPC Regulations 18 	944.1 and 18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.		
A Marian	Amy Shra		Supervisor's Assistan			
Signature of Agency Health or Designee	Print Nam	<u> </u>	Title	(Month, Day, Year)		
				· · · · · · · · · · · · · · · · · · ·		
Comment:						

1	Agency Name			· · · · · · · · · · · · · · · · · · ·	Date Stamp	California On 2	
••	Alameda County				Bate Glamp	Form 802	
	Division, Department, or Reg	ion (If Applicable	e)		-	For Official Use Only	
	-	· · · · · · · · · · · · · · · · · · ·	-,				
	Board of Supervisors	(Alama Tilla)					
	Designated Agency Contact (ivame, i itie)					
	Amy Shrago				Amendment (Must p	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail	0		Date of Original Filing: .	11/21/13	
_	(510) 272-6695		@acgov.org		Date of Original Filling.	(Month, Day, Year)	
2.	Function or Event Infor			_	(E T 40 A	300.00	
	Does the agency have a ticke		Yes ☐ No		of Each Ticket/Pass \$		
	Event Description Basketball	Game Provide Title/Exp	Itio	Date(s)2	, 22 , 14		
		Provide Title/Exp	ianation	Golder	n State Warriors		
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	If no: Oolder	n State Warriors Name of So	urce	
	Was ticket distribution made a	at the behest	No: 1 Yes	⊠ If yes: Carso	on, Keith		
	of agency official?	110 1 1007	ы пусэ. <u>—</u>	Official's Name (L	ast, First)		
3.	Recipients						
	Use Section A to identify the agence	y's department or	ual. • Use Section C to ident	tify an outside organization.			
	A. Name of Agency, Department or Unit			Describe the pub	ic purpose made pursuant to the agency's policy		
			Pass(es)				
	B. Name of Individual Num						
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
				Ceremonial Role	Other 🛛	Income	
	Brown, Aisha		4	-	nial Role" or "Other" describe below:		
					y employee for his or i courage staff developn	ner exemplary service to	
				Ceremonial Role		Income	
					nial Role" or "Other" describe below:	income 🗀	
	Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy	
	(morade address and des		Pass(es)	- 1107-31			
				•			
1.	Verification	ulations 100111	d 40040 1 b	adead that the distance of	Faully all and the second seco	th the second second	
	I have read and understand FPPC Regu	nauons 18944.1 an					
	Signature of Agency Head or Designee		Amy Shra		Supervisor's Assistant		
	Significate of Agency read of Designee	•	⊬nnt Nam	८	Title	(Month, Day, Year)	
	Comment:						

						A Fublic Document
Ι.	Agency Name	- New Property			Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pro	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	11/21/13 (Month, Day, Year)
<u>.</u>	Function or Event Inform	nation			The second secon	
	Does the agency have a ticke	t policy?	Yes ☐ No	🔀 Face Value o	f Each Ticket/Pass \$	250.00
	Event Description Basketball	Game		Data(s) 3	, 14 , 14	
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No l	If no: Golder	n State Warriors	
					Name of Sou	rce
	Was ticket distribution made a of agency official?	it the behest	No Yes	If yes: Carso	On, Keitn Official's Name (L	act First)
					Official's Name (L	asi, i iisij
3.	Recipients • Use Section A to identify the agency		unit allos Con	dian D to Identify on Individu	on Una Cantina C to identi	16
	A		Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua		Number of Ticket(s)/		Identify one of the following	na:
	(Last, First)		Pass(es)		racinary one of the following	
	Sanchez, Mina			Ceremonial Role		Income
	Garicilez, Willia		4		ial Role" or "Other" describe below: y employee for his or h	er exemplary service to
					ourage staff developm	
	1			Ceremonial Role	Other	Income
				B	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
			Pass(es)			
			_			
	Verification					
	I have read and understand FPPC Regul	lations 18944.1 and				
	/ Mugo		Amy Shra		Supervisor's Assistant	
	Signature of Agency Head or Designee		Print Nam	re	Title	(Month, Day, Year)
	Comment:					

١.	Agency Name				Date Stamp	California 802
	Alameda County					TOTAL OF THE
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			ı —	provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing	: 11/21/13 (Month, Day, Year)
)	Function or Event Infor	L			The state of the s	(Mohili, Day, Tear)
	Does the agency have a ticke	t policy?	Yes ☐ No	▼l Face Value o	of Each Ticket/Pass \$.	300.00
	Event Description Basketball	Game			, 10 , 1 4	
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No	If no: Golder	n State Warriors	
			100 🗖 1101	- -	Name of S	Source
	Was ticket distribution made a of agency official?	it the behest	on, Keith Official's Name	(l act First)		
	-				Onicial 3 (Vallie	(Last, Frist)
3.	Recipients • Use Section A to identify the agency	v'a danariment er	unit alloo Soo	tion P to identify an individu	ual a Llan Spetion C to ide	ntifican outsido organization
	_		Number of			
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy	
			`			
	B. Name of Individua	Number of Ticket(s)/		Identify one of the follow	wina:	
	(Last, First)	,	Pass(es)		<u>-</u>	
	Brooks, Rodney			Ceremonial Role	Other X ial Role" or "Other" describe below	Income
			4			her exemplary service to
					ourage staff develop	
				Ceremonial Role	Other	Income 🔲
			4	If checking "Ceremon	iial Role" or "Other" describe below	<i>"</i> .
	Alama of Outside Orean	:Ai	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy
			1	**************************************		
			-			
	Verification					
	Verification I have read/and ynderstand FPPC Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance v	vith the requirements.
	//.		Amy Shra		Supervisor's Assistar	·
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	′ /					
	Comment:					

			A Public Document					
1.	Agency Name		Date Stamp	California 802				
	Alameda County			•				
	Division, Department, or Reg	ion (If Applicabl	e)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Name, Title)						
	Amy Shrago							
	Area Code/Phone Number	E-mail		Amendment (Must pro	,			
	(510) 272-6695	amy.shrago	Date of Original Filing:	11/21/13 (Month, Day, Year)				
2.	Function or Event Infor			(Wonth, Day, Year)				
	Does the agency have a ticke		Yes □ No	⊠ Face Value o	f Each Ticket/Pass \$	200.00		
		•	100 🗀 140		, 14 , 14			
	Event Description Basketball	Provide Title/Exp	lanation	Date(s) -				
	Ticket(s)/Pass(es) provided by	v agency?	Ves □ Nel	If no. Golder	n State Warriors			
	rioket(a)/r das(es) provided by	y agonoy:	Yes ☐ No		Name of Sou	rce		
	Was ticket distribution made a	t the behest	No Yes	If yes: Carso	on, Keith			
	of agency official?		/		Official's Name (L	ast, First)		
3.	Recipients	***						
	Use Section A to identify the agency	/'s department or	ial. • Use Section C to identi	fy an outside organization.				
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy			
			Pass(es)					
	B. Name of Individua	.i	Number of					
	(Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:				
				Ceremonial Role	Other 🛛	Income		
	Shrago, Amy		4	=	nial Role" or "Other" describe below:			
					ty employee for his or her exemplary service to courage staff development			
				Ceremonial Role		Income 🔲		
					ial Role" or "Other" describe below:	income 🔲		
	C. Name of Outside Organ		Number of Ticket(s)/					
	(include address and des	cription)	Pass(es)					
4.	Verification		•					
	I have read and understand FPPC Regu	lations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.		
	St & Made		Amy Shr	ago :	Supervisor's Assistant	11/21/13		
	Signature of Agency Healt or Designee		Print Nam	e	Tille	(Month, Day, Year)		
	2							
	Comment:							

1.	Agency Name				Date Stamp	California 802		
	Alameda County				, 	Form For Official Use Only		
	Division, Department, or Regi	on (If Applicable)				To a straight of the straight		
	Board of Supervisors							
	Designated Agency Contact (/	Vame, Title)						
	Amy Shrago				☐ Amendment (Must p	rovide explanation in Part 3.)		
		E-mail		14/04/10				
	(510) 272-6695	amy.shrago@	acgov.org		Date of Original Filing: .	(Month, Day, Year)		
2.	Function or Event Inform	nation				200.00		
	Does the agency have a ticket	•	Yes 🔲 No 🏻	▼ Face Value o	f Each Ticket/Pass \$ _	200.00		
	Event Description Basketball	Game		Date(s)1	, 24 , 14			
	·	Provide Title/Expla	nation	•				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No 🛚	☑ If no: Golder	n State Warriors	urce		
	Was ticket distribution made a	t the beheet	W [12]	If yes: Carso		nce		
	of agency official?	t tile beliest	No Yes	If yes:	Official's Name (L	ast, First)		
3	Recipients							
٠.	Use Section A to identify the agency	's department or u	ınit. • Use Seci	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
			Pass(es)					
	_		Number of					
	B. Name of Individua	l	Ticket(s)/ Pass(es)		Identify one of the following:			
			7 400(00)	Ceremonial Role	Other	Income		
				If checking "Ceremon	ial Role" or "Other" describe below:	_		
					——————————————————————————————————————			
					Other I ial Role" or "Other" describe below:	Income		
				, and the second				
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's nolicy		
	(include address and desc	cription)	Pass(es)					
	Sierra Club San Francisco E		4			ner exemplary service to		
	2530 San Pablo Ave., Suite	1 Berkeley C	T .	the public or to enc	ourage staff developm	ient		
4.	Verification					· · · · · · · · · · · · · · · · · ·		
	I have read and understand FPPC Regul	ations 18944.1 and	18942. I have ve	nified that the distribution set f	orth above, is in accordance wil	th the requirements.		
	Storman		Amy Shra		Supervisor's Assistant	11/21/13		
	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)		
	Comment							
	Comment:							

1.	Agency Name	in company of the control of the con			Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	Name, Title)			1		
	Amy Shrago	·					
	Area Code/Phone Number	E-mail	1 'n 1		Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6695		@acgov.org		Date of Original Filing:	11/21/13	
2.	Function or Event Infor	2000 0000		(Month, Day, Year)			
۷.	Does the agency have a ticke		Vaa□ Nal	Face Value o	of Each Ticket/Pass \$	200.00	
	- · ·	•	Yes No				
	Event Description Basketbal	Provide Title/Exp					
	T. I. (1) No. (1) (1)		Golder	n State Warriors			
	Ticket(s)/Pass(es) provided b	y agency?	X If no: Golden	Name of Soc	ırce		
	Was ticket distribution made a	at the behest	on, Keith				
	of agency official?		Official's Name (L	.ast, First)			
3.	Recipients						
•	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the ageлcy's policy	
			Pass(es)				

			No. 1				
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/	Identify one of the following:			
	,		Pass(es)	Ceremonial Role	Other	Income	
					ial Role" or "Other" describe below:	income	
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
	Alama of October 2	.:4!	Number of				
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
			1 400(60)	-			
	Hopalong Animal Rescue 945 22nd Ave, Oakland, CA	94606	4	to the community	ool or nonprofit organization for its contributions		
	0-10 ZZIId 7 WO, Galilaria, G7	101000	1	to the community			
4.	Verification	Joliane 19044 1	d 18042 baua :	rified that the distribution and f	orth above is in asserdance will	h the requirements	
	I have read and understand FPPC Regu	าสแบกร 16944.1 ลก					
	As Mugo		Amy Shra		Supervisor's Assistant		
	Signature of Agency Head or Designee	•	Print Nam	u	Title	(Month, Day, Year)	
	Comment:						

Λ	Dir	hl	ic	Doc	um	ant
-						-111

. Agency Name	Date Stamp	California	202			
County of Alameda					Form	OUZ
Division, Department, or Region (if appl	icable)				For Official U	lse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)			D Amondanaut (1)		D (0)
Anna Gee, Operations Manager				Amenament (Mu	st provide explanation in l	Part 3.)
Area Code/Phone Number E-mail				Date of Original Filin	g:(month, day, year	<u> </u>
510-891-5585 anna.ge	ee@acgov.org				(month, day, year	,
Function, Event, or Ceremonial		tion	**************************************			
	rtolo illiorilla	LIOII				
Title Warrirors vs. Thunder			Face \	/alue of Each Adm	ission \$ <u>550.00</u>	
Description Basketball Game			Date(s	s) <u>11 / 14 / 13</u>	·/	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: Gold	en State Warriors		
•				Name	e of Source	
Was the distribution to paragraid	entified below		. habaa4 a4		10	
Was the distribution to persons ide	ainmed below i	naue at un	e nemest of	an agency officia	15	
Yes ☐ No ☑ If yes: Miley	Nate - Alameda C	County Supen	visor			
103 🗀 110 🔛 11 yes.	Nate - Alameda C Official's	Name (Last, F	irst) and Title			
The identity of recipient(s) and	the explanatio	nn.				
•	ine explanation	/II. I	I a chartair		sti i i i i i i i i i i i i i i i i i i	
Name (Last, First)	Number of	Agency	• cox or on contract on the contract of	e income box if the agenc acome. If the agency office		
or	Admission(s)/					
Organization	Munnagiving	Official		ride a description.	4 1 1	
	Ticket(s)	Omicial	 If not inc 	ride a description. ome, describe the public ial roles, performed by an		ual, or
(Name, Address, Description)			If not inc ceremon organiza	ome, describe the public ial roles, performed by an tion.	agency official, individ	
	Ticket(s)	Yes ☑	If not inc ceremon organiza	ome, describe the public ial roles, performed by an	agency official, individ	Income
(Name, Address, Description)		Yes 🖸	If not inc ceremon organiza	ome, describe the public ial roles, performed by an tion.	agency official, individ	
(Name, Address, Description)	Ticket(s)	Yes ☑ No ☐ Yes ☑	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion.	agency official, individ	Income Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes 🖸	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes ☑ No ☐ Yes ☑	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes 🗸 No 🗆 Yes 🗘 No 🗅	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes 🗸 No 🗆 Yes 🗸 No 🗅 Yes 🗅	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes 🛭 No 🗆 Yes 🖸 No 🗆 Yes 🖂 No 🗆	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income Income Income Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income Income Income Income
(Name, Address, Description) Stewart, Darryl Dunlap, Kamika Verification I have read and understand FPPC Regulation is in accordance with the provisions.	2 2 ations 18944.1 an	Yes	If not inc ceremon organiza To reward a Co. To reward a Co. public ave verified to	ome, describe the public lat roles, performed by an aton. Unity employee for his exemple county ex	agency official, individ	Income Income Income Income Income
(Name, Address, Description) Stewart, Darryl Dunlap, Kamika Verification I have read and understand FPPC Regulation is in accordance with the provisions.	2 2 2 ations 18944.1 an	Yes	If not inc ceremon organiza To reward a Co. To reward a Co. public ave verified to	ome, describe the public lat roles, performed by an atton. Inty employee for his exemple county employee for his exemple county employee for his exemple that the distribution of attions Manager	agency official, individency service to the public semplary service to the admissions, set for 11/1/13	Income Income Income Income Income
(Name, Address, Description) Stewart, Darryl Dunlap, Kamika Verification I have read and understand FPPC Regulation is in accordance with the provisions.	2 2 ations 18944.1 an	Yes	If not inc ceremon organiza To reward a Co. To reward a Co. public ave verified to	ome, describe the public lat roles, performed by an aton. Unity employee for his exemple county ex	agency official, individency service to the public semplary service to the admissions, set for 11/1/13	Income Income Income Income Income

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County of Alameda			and the contract of the second second second second		
			Date Stamp	California Q 🗘 🤈	
Division Denominant of Denim					Form CU2
Division, Department, or Region	(if applicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Na	☐ Amendment (Mus	st provide explanation in Part 3.)			
Anna Gee, Operations Manage		,			
Area Code/Phone Number E-	mail		Date of Original Filing	g: (month, day, year)	
510-891-5585 a	nna.gee@acgov.org				
. Function, Event, or Cerem	onial Role Informa	tion			
Title Warrirors vs. Jazz		/alue of Each Adm	ingian & 200.00		
LIME TANKING AND ASSESSED			race v	alue of Each Adm	
Description Basketball Game			Date(s	3) 11 / 16 / 13	
Ticket(s)/Admission(s) provid	lad by agains 0 14-	. [-] 31 ~ p	Gold	en State Warriors	
Ticket(s)/Admission(s) provide	ied by agency? Yes	I No ∐	If no: ,	Name	of Source
Was the distribution to perso	ns identified below i	made at the	e behest of	an agency official	! ?
•				• •	!?
•				• •	1?
Yes ☐ No ☑ If yes:	Miley, Nate - Alameda Official's	County Super Name (Last, F		• •	!?
•	Miley, Nate - Alameda Official's	County Super Name (Last, F	visor First) and Title		
Yes ☐ No ☑ If yes: The identity of recipient(s)	Miley, Nate - Alameda (Official's and the explanation	County Super Name (Last, F	visor First) and Title	s income box if the agenc	l? y official claims admission as ilal performed a ceremonial role,
Yes ☐ No ☑ If yes: The identity of recipient(s) Name (Last, First) or	Miley, Nate - Alameda Official's	County Super Name (Last, F	visor First) and Title Check the taxable in also prov	e income box if the agenc ncome. If the agency offic ride a description.	y official claims admission as dal performed a ceremonial role,
Yes ☐ No ☑ If yes: The identity of recipient(s) Name (Last, First)	Miley, Nate - Alameda Official's and the explanation Number of Admission(s)/	County Super Name (Last, F	Check the taxable in also prove if not incorrect the ceremonic ceremoni	e income box if the agenc ncome, if the agency offic ride a description. ome, describe the public p ial roles, performed by an	y official claims admission as dal performed a ceremonial role,
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	Agency Name			<u> </u>	Date Stamp	California O O O
	County of Alameda					Form OU4
	Division, Department, or Region (if applica	ble)		***************************************	1	For Official Use Only
	Board of Supervisors					
	Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)		Amendment (Must	provide explanation in Part 3.)		
	Anna Gee, Operations Manager		Tarionament (mast	provide explanation in 1 art o.)		
	Area Code/Phone Number E-mail				Date of Original Filing	:(month. day. year)
	510-891-5585 anna.gee	@acgov.org				, ,,,
<u>.</u>	Function, Event, or Ceremonial R	ole Informat	tion			
	Warrirara ya Grizzliaa					250.00
	Title Warrirors vs. Grizzlies			Face \	/alue of Each Admi	ssion \$ <u>250.00</u>
	Description Basketball Game			Date(s	i) <u>11 , 20 , 13</u>	
	Ticket(s)/Admission(s) provided by a	gency? Yes	□ No ☑	If no: Gold	len State Warriors	of Source
					ivame	or Source
	Was the distribution to persons ident	tified below n	nade at th	e behest of	f an agency official	?
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	Yes No If yes: Miley, N	ate - Alameda C	ounty Super	rvisor		
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3.	(Last, First) or Organization (Name, Address, Description) Women on the Way to Recovery 20424 Haviland Ave, Hayward, CA 94541 programs/services for formerly incarcerated women Verification I have read and understand FPPC Regulation	Admission(s)/ Ticket(s)	Agency Official Yes	taxable is also prove if not inc ceremon organiza. To reward a non community	ncome. If the agency official of a description, ome, description the public pital roles, performed by an atton, a profit organization for its contribution.	at performed a ceremonial role, arpose, including agency official, individual, or butions to the Income Income Income Income Income Income
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. Agency Name			······································	Date Stamp	California O O O
County of Alameda			Form OUZ		
Division, Department, or Region (if a	applicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name,	Title)	 .			
	,,,,,,			Amendment (Mus	st provide explanation in Part 3.)
Anna Gee, Operations Manager Area Code/Phone Number E-ma	11			Data of Original Filin	~··
	11			Date of Original Filin	g:(month, day, year)
<u> </u>	.gee@acgov.org				
Function, Event, or Ceremon	ial Role Informa	tion			
Marrirara va Trailblazara					200.00
Title Warrirors vs. Trailblazers			Face V	/alue of Each Adm	ission \$ <u></u>
- Baskethall Game				11 23 13	
Description Basketball Game			Date(s	s)	
Ticket(s)/Admission(s) provided	en State Warriors				
				Name	of Source
Was the distribution to persons	tala a companya a sa				
Yes ☐ No ☑ If yes: M	ley, Nate - Alameda C Official's	County Super	visor		
	Official's	Name (Last, F	irst) and Title		
The identity of recipient(s) ar	d the explanation				
	a incoma hav if the aganc	y official claims admission as			
Name (Last, First)	Number of	Agency	pricial vaccination contact on the contact of the c		ial performed a ceremonial role,
Of	Admission(s)/	Official		ride a description.	
Organization (Name, Address, Description)	Ticket(s)			ome, describe the public p lal roles, performed by an	agency official, individual, or
			organizat	tion. profit organization for its cont	ributions to the
Lambert, Bill	₄	Yes 🗖	community	pront organization for to con-	Income
	4	No 🔽			
		Yes 🗖			Income
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V: E N		L	<u> </u>		
Verification	aulations 19011 1 an	d 19042 b	ave verified t	hat the distribution of	admissions, set forth shows
is in accordance with the provisions.	nave read and understand FPPC Regulations 18944.1 and 18942. I have verified the coordance with the Grovisions.				
12/2/					
The state of the s	Anna Gee Opera				
Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)
Comment: (Use this space or an attachi				ment explanation.)	
Prize for the castro valley light par	ade which was org	anized by v	olunteers		

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1.	Agency Name					Date Stamp)	California Q02
	County of Alameda							Form CUZ
	Division, Department, or Region (if applica	ible)						For Official Use Only
	Board of Supervisors							
	Street Address							
	1221 Oak Street, Suite 536							
	Designated Agency Contact (Name, Title)				☐ Amendment	ide explanation in Part 3.)		
	Anna Gee, Operations Manager					(
	Area Code/Phone Number E-mail					Date of Original I	iling:	(month, day, year)
	510-891-5585 anna.gee	@acgov.org						
2.	Function, Event, or Ceremonial R	ole Informat	tion					
	Title Warrirors vs. Raptors			_	Face \	/alue of Each A	dmissi	on \$ _200.00
								·
	Description Basketball Game			_	Date(s	s) <u>12</u> / 03 /	13	/
					Gold	an Stata Warriore		
	Ticket(s)/Admission(s) provided by a	igency? Yes		o 🔽	If no: Gold	N	ame of S	ource
	Was the distribution to persons iden	tified below n	nade a	it the	behest of	fan agency offi	cial?	
	Miley N	ate - Alameda C	cunty S	linen	/ieor			
	Yes ☐ No ☑ If yes: Miley, N	Official's	Name (L	ast. F	irst) and Title			
				,	,			
	The identity of recipient(s) and th		the income hox if the agency official claims admission as					
	Name (Last, First)	Number of	Agei					rial claims admission as rformed a ceremonial role,
	or	Admission(s)/	Offic			ride a description.		as destrution
	Organization (Name, Address, Description)	Ticket(s)			ceremon			se, including cy official, individual, or
	Al 1 10 10 10 10 10 Along do		Yes	П	organizar To reward a non	tion: profit organization for its	contributio	ns to the Income
	United Seniors of Oakland & Alameda County	4			community			
			Yes					Income
	7200 Bancroft Ave, Ste 251-Oakland, CA 94605		No					
			Yes					Income
	senior advocacy		No					
			<u> </u>					Income
			No					
			Yes					Income
	- Territoria		No		·			
	Verification						······································	
	I have read and understand FPPC Regulation	ons 18944.1 and	d 1894:	2. <i>I h</i> a	ave verified t	hat the distribution	of adm	issions, set forth above,
•	is in accordance with the provisions.							
	Ann	a Gee	٠		Oper	ations Manager		11/1/13
	Signature of Agency Head or Designee	Print Nar	ne			Title		(month, day, year)
	Comment: (Use this space or an attachment for		, ,,	,	to alter an			

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l. Agency Name				Date Stamp	California	202	
County of Alameda		Form					
Division, Department, or Region (if appli		For Official Use	Only				
Board of Supervisors	Board of Supervisors						
Street Address	Street Address						
1221 Oak Street, Suite 536	221 Oak Street, Suite 536 esignated Agency Contact (Name, Title)						
				Amendment (Must)	provide explanation in Pa	rt 3.)	
Anna Gee, Operations Manager Area Code/Phone Number E-mail			Date of Original Filing:				
	e@acgov.org				(month, day, year)		
2. Function, Event, or Ceremonial		tion					
Drake					118.00		
Title <u>Drake</u>			Face \	/alue of Each Admis	sion \$		
Description Concert			Date(s	s) <u>11 / 19 / 13</u>		J	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No 🛛	If no: Gold	len State Warriors	f Source		
				, vanc o	Gourde		
Was the distribution to persons ide	ntified below r	made at the	e behest of	f an agency official?	•		
Milev.	Nate - Alameda C	County Super	visor				
Yes ☐ No ☑ If yes: Notes,	Nate - Alameda C Official's	Name (Last, F	First) and Title				
The identity of recipient(s) and t	ho ovnlanatio	on:					
-	ne explanation)is.	La Cheel ak		setto to to to torio o administration		
Name (Last, First)	Number of	Agency		e income box if the agency official			
or Organization	Admission(s)/			ride a description. ome, describe the public pu	rnosa includina		
(Name, Address, Description)	Ticket(s)		ceremon	ial roles, performed by an ag		, or	
Gums, Angelica		Yes 🗖	organiza To reward a Cou	non. Inly employee for his exemplary	service to the public	ncome	
Sums, Angelica	2	No 🗹			·		
Miley, Sarah		Yes 🗖	To promoto o	n arrant hald at a Carinty faci	lity in order to	ncome	
ivilley, Salati	2	No ☑	1 '	n event held at a County faci ential County revenue from p	illy ill older to		
		Yes 🔲		-1	- 23	ncome	
		No 🗖					
		Yes □			ı	ncome	
		No 🗖					
		Yes 🗖				ncome	
		No 🗖					
. Verification							
I have read and understand FPPC Regula is in accordance with the provisions.	itions 18944.1 an	nd 18942. I h	ave verified t	that the distribution of a	dmissions, set forth	above,	
1238 11			0 -	antinua Banka sasa	1 . 1		
	na Gee		Oper	ations Manager	11/1/13		
Signature of Agency Head or Designee	Signature of Agency Head or Designee Print Name					ay, year)	
Comment: (Use this space or an attachment	for any additional i	information inc	cluding amend	ment explanation.)			

Δ	Pu	hl	ic	Dag	um	ent
_	: u	-		_u		CISL

. Agency Name			,	Date Stamp	California	802	
County of Alameda			Form				
Division, Department, or Region (if applicable)		******		For Official Us	e Only	
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Name	e, Title)	☐ Amendment (Mu	ust provide explanation in P	art 3)			
Anna Gee, Operations Manager	•			- International (was provide explanation in Fact 5.)			
Area Code/Phone Number E-n	nail			Date of Original Filing:(month, day, year)			
510-891-5585 an	na.gee@acgov.org				, , , , , ,		
Function, Event, or Ceremo	nial Role Informa	tion					
Michael Duble					400.75		
Title Michael Buble			Face \	/alue of Each Adm	nission \$ <u>123.75</u>		
Barrier Concert			5 ((11 / 30 / 13	3 ,		
Description Concert			Date(s	·}/		/	
			Gold	en State Warriore			
Ticket(s)/Admission(s) provide	ed by agency? Yes	☐ No ☑	If no: Oolu	Name	e of Source		
Was the distribution to person	s identified below n	nade at the	e behest of	an agency officia	al?		
				• •			
Yes ☐ No ☑ If yes: .	Miley, Nate - Alameda C	County Super	visor	.,,			
Yes ☐ No ☑ If yes: .	Miley, Nate - Alameda C Official's	County Super Name (Last, I	visor First) and Title	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Yes ☐ No ☑ If yes: . The identity of recipient(s)			visor First) and Title	***************************************			
				e income box if the agen	cy official claims admissi	on as	
The identity of recipient(s) a Name (Last, First)	and the explanation	Agency	Check the taxable is	ncome. If the agency offi	cy official claims admissi clal performed a ceremon	******	
The identity of recipient(s) a	Number of Admission(s)/	on:	Check the taxable is also proven fronting.	ncome. If the agency officide a description, one, describe the public	cial performed a ceremon purpose, including	ial role,	
The identity of recipient(s) a Name (Last, First) or	Number of Admission(s)/	Agency	Check the taxable is also proven fronting.	ncome. If the agency officible a description. ome, describe the public lal roles, performed by an	cial performed a ceremon	ial role,	
The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description. ome, describe the public lai roles, performed by artition. vent held at a County facility	cial performed a ceremon purpose, including n agency official, individua in order to maximize	ial role, al, or	
The identity of recipient(s) a Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description, ome, describe the public tal roles, performed by artion,	cial performed a ceremon purpose, including n agency official, individua in order to maximize	ial role, al, or	
The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official Yes No	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description. ome, describe the public lai roles, performed by artition. vent held at a County facility	cial performed a ceremon purpose, including n agency official, individu- in order to maximize oncession sales.	ial role, al, or Income	
The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description. ome, describe the public lai roles, performed by artition. vent held at a County facility	cial performed a ceremon purpose, including n agency official, individu- in order to maximize oncession sales.	ial role; al, or Income	
The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official Yes	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description. ome, describe the public lai roles, performed by artition. vent held at a County facility	cial performed a ceremon purpose, including n agency official, individua i in order to maximize oncession sales.	ial role; al, or Income Income	
The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official Yes No Yes Yes Yes	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description. ome, describe the public lai roles, performed by artition. vent held at a County facility	cial performed a ceremon purpose, including n agency official, individua i in order to maximize oncession sales.	ial role; al, or Income Income	
The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official Yes	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description. ome, describe the public lai roles, performed by artition. vent held at a County facility	cial performed a ceremon purpose, including n agency official, individu- r in order to maximize oncession sales.	ial role; al, or Income Income	
The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official Yes	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description. ome, describe the public lai roles, performed by artition. vent held at a County facility	cial performed a ceremon purpose, including n agency official, individu- r in order to maximize oncession sales.	ial role; al, or Income Income	
The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official Yes	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description. ome, describe the public lai roles, performed by artition. vent held at a County facility	cial performed a ceremon purpose, including nagency official, individuation order to maximize oncession sales.	ial role, al, or Income Income Income Income	
The identity of recipient(s) a Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official Yes	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description. ome, describe the public lai roles, performed by artition. vent held at a County facility	cial performed a ceremon purpose, including nagency official, individuation order to maximize oncession sales.	ial role, al, or Income Income Income Income	
Name (Last, First) or Organization (Name, Address, Description) Ma, Stella	Number of Admission(s)/Ticket(s)	Agency Official Yes	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description. ome, describe the public lai roles, performed by artition. vent held at a County facility	cial performed a ceremon purpose, including nagency official, individuation order to maximize oncession sales.	ial role, al, or Income Income Income Income Income	
Name (Last, First) or Organization (Name, Address, Description) Ma, Stella Verification I have read and understand FPPC F	Number of Admission(s)/ Ticket(s) 4 Regulations 18944.1 an	Agency Official Yes No	Check the taxable is also provided if not inconstruction organization organization organization potential County.	ncome. If the agency officide a description, ome, describe the public lat roles, performed by an alon, went held at a County facility revenue from parking and co	cial performed a ceremon purpose, including nagency official, individuation order to maximize oncession sales.	ial role, al, or Income Income Income Income Income	
Name (Last, First) or Organization (Name, Address, Description) Ma, Stella	Number of Admission(s)/ Ticket(s) 4 Regulations 18944.1 an	Agency Official Yes No	Check the taxable is also provided if not inconstruction organization organization potential County	ncome. If the agency officide a description, ome, describe the public lat roles, performed by an alon, went held at a County facility revenue from parking and co	cial performed a ceremon purpose, including nagency official, individuation order to maximize oncession sales.	ial role, al, or Income Income Income Income Income	
Name (Last, First) or Organization (Name, Address, Description) Ma, Stella Verification I have read and understand FPPC F	Number of Admission(s)/ Ticket(s) 4 Regulations 18944.1 an	Agency Official Yes No	Check the taxable is also proved if not incommon organizare. To promote an expotential County. Ave verified to the taxable is also proved in the taxable in the taxable in tax	ncome. If the agency officide a description, ome, describe the public lat roles, performed by an alon, went held at a County facility revenue from parking and co	cial performed a ceremon purpose, including nagency official, individuation order to maximize oncession sales.	ial role, ial, or Income Income Income Income Income Income	
Name (Last, First) or Organization (Name, Address, Description) Ma, Stella Verification I have read and understand FPPC F	Aumber of Admission(s)/ Ticket(s) 4 Regulations 18944.1 an	Agency Official Yes No	Check the taxable is also proved if not incommon organizare. To promote an expotential County. Ave verified to the taxable is also proved in the taxable in the taxable in tax	ncome. If the agency officide a description ome, describe the public lai roles, performed by an alon, went held at a County facility revenue from parking and county facility and the distribution of that the distribution of	cial performed a ceremon purpose, including n agency official, individua in order to maximize oncession sales. f admissions, set forth	ial role, ial, or Income Income Income Income Income Income	

Ī.	Agency Name				Date Stamp	California 802		
•	Alameda County	-		Form For Official Use Only				
	Division, Department, or Regi	on (If Applicable)	-	·				
	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	alex.boskovi	ch@acgov.o	org	Date of Original Filing:	(Month, Day, Year)		
- " -	Function or Event Inform	nation				#70 OF		
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$	\$78.05		
	Event Description Not So Sile	ent Night conc	ert	Date(s) 12	2 , 6 , 13	J		
	Event Description	Provide Title/Expla	nation					
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	If no: Golde	n State Warriors Name of Sou	Noo		
		•	eda County Superviso					
	Was ticket distribution made a of agency official?	it the benest	Official's Name (L	ast, First)				
•	Recipients	v's department or i	ınit. • Use Sec	tion B to identify an individ	ual. ◆ Use Section C to Ident	ify an outside organization.		
Use Section A to identify the agency's department or unit. Use Section B to identify Number of					olic purpose made pursuant	And Anternal State Nation College		
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pur	one purpose made pursuant			
		 -			:			
			,					
		·			-			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	/ Identify one of the following:					
			1 800(00)	Ceremonial Role	Other	Income [
	Nguyen, Cyndy		4	If checking "Ceremo	nial Role" or "Other" describe below:			
			/	To promote attend	dance at an event held at a County facility i			
				order to maximize potential County revenue from sa				
				Ceremonial Role	Other Inial Role" or "Other" describe below:	Income		
			· ·	, wondshing downshing				
	Name of Outside Organization Number of			blic purpose made pursuant to the agency's policy				
	(include address and des		Ticket(s)/ Pass(es)	Describe trie pu	piic purpose made pursuam	to die agoncy a policy		
	•							
					•			
		· · · · · · · · · · · · · · · · · · ·			-			
		•		i				
		•						
ļ.	Verification	e e e e e e e e e e e e e e e e e e e		ACCEPTAGE TO A CONTRACT OF THE PROPERTY OF THE		· · · · · · · · · · · · · · · · · · ·		
ļ.,	Verification I have read and understand FPPC Regu	ulations 18944,1 and	1 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	th the requirements.		
ļ.,		ulations 18944.1 and	1 18942. I have vo		forth above, is in accordance wi			
ļ.,				ovich				