A Public Document

_						
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form OOZ		
	Division, Department, or Reg	ion (If Applicable		for oniour one only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Alex Boskovich					provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	alex.boskov	rich@acgov.org	I	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor	mation				222
	Does the agency have a ticke		Yes 🛛 No 🗆		of Each Ticket/Pass \$.	
	Event Description Raiders v	s. Eagles	í	Date(s)1	11 <u>, 3 , 13</u>	//
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided b	y agency?	and Raiders	Source		
	Was ticket distribution made at the behest No Ves If yes: A			Alar	meda County Supervis	
	of agency official?	at the benest	Official's Name	(Last, First)		
3	Recipients					
J .	Use Section A to identify the agend	y's department or	unit. • Use Sectio	n B to identify an indivi	dual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purp		nt to the agency's policy	
			Number of		4	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	19.20	Identify one of the follo	
	McCormick Tom			Ceremonial Role	onial Role" or "Other" describe below	Income
	McCormick, Tom C. Name of Outside Organization (include address and description)			To promote attendance at an event held at a County facility order to maximize potential County revenue from sales.		
			8		Ceremonial Role Other Herecking "Ceremonial Role" or "Other" describe below:	
			Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's		
						4-
4.	Verification	? wlations 18944.1 ar	nd 18942. I have verifi	ed that the distribution se	nt forth above, is in accordance	with the requirements.
	a l	Alex Boskov		Senior Legislative Aide 10/31/13		
	Signature of Agency Head or Designee Print Name				Title	(Month, Day, Year)
	officiality of official transformer					

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

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1.	Agency Name			Date Stamp	California 802		
	Alameda County	<u></u>		For Official Use Only			
	Division, Department, or Reg	jion (If Applicable))	12	() () () () () () () () () ()	for onder out only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1	-	
	Alex Boskovich					provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			a second a second second second second	이상은 영향 승규는 물건이 있는 것은 것은 것은 것을 가지 않는 것이 없다.	
	(510) 272-6693	alex.boskovi	ich@acgov.org)	Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Info	rmation				250	
	Does the agency have a tick	이 방송 것이 있는 것이 같아요.	Yes 🛛 No 🗆	0.000.000.000.000.000	of Each Ticket/Pass \$		
	Event Description Warriors	vs. Kings		Date(s)1	1 , 2 , 13	//	
		Provide Title/Expl	lanation	Golde	n State Warriors		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Go			If no:	en State Warriors Name of S	lource	
	Was ticket distribution made at the behest No D Yes If yes:			If yes. Alam	neda County Supervis	or Wilma Chan	
	of agency official?			n yes	Official's Name	(Last, First)	
3.	Recipients						
	• Use Section A to identify the agen	cy's department or	and the second se	on B to identify an individ	Iual. • Use Section C to Ide	entify an outside organization.	
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	lic purpose made pursuant to the agency's policy	
			Pass(es)				
	B. Name of Individual (Last, First) Grimaldi, Jane		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role		Income	
			4		onial Role" or "Other" describe below	»: er service to the public.	
				to reward a comm	nunity volunteer for ne	ar service to the public.	
				Ceremonial Role	Other	Income	
				If checking "Ceremo	onial Role" or "Other" describe below	v:	
	C. Name of Outside Organization		Number of				
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's p		int to the agency's policy	
			1				
4.	Verification	autations 18044.4 m	d 18942 have veril	ied that the distribution set	l forth above, is in accordance	with the requirements	
	r nave read and understand PPPE Res						
			Alex Boskov	/ich	Senior Legislative Ai	(Month, Day, Year)	
	Signature of Agency Head or Design	<i>pq</i>	Print Name		110	(month, cony, romy	
	Comment:						

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 222 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description Raiders vs. Eagles Date(s) ______ 3 ____ 13 Provide Title/Explanation If no: Oakland Raiders Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual B. Identify one of the following: Ticket(s)/ Pass(es) Ceremonial Role Other Income Lacon, Colin If checking "Ceremonial Role" or "Other" describe below. 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

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

V	Alex Boskovich	Senior Legislative Aide	10/30/13	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)	

Comment: .

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 550/\$30-parking Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>Warriors</u> vs. Thunder Date(s) _____ 11 ___ 14 ___ 13 Provide Title/Explanation If no: _____Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) Recipients 3. • 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. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other Ceremonial Role Income Brekke, Ryan If checking "Ceremonial 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. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4. I have read any Anderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

IA I	Alex Boskovich	Senior Legislative Aide	10/30/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			
			EDDC Form 802 (4/42)

A Public Document

-						A Fublic Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County				Form 002		
	Division, Department, or Region	n (If Applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Na	ame, Title)					
	Alex Boskovich						
		-mail		ing a second	Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6693	alex.boskovid	ch@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	ation					
	Does the agency have a ticket p	olicy?	Yes 🛛 No 🛛	Face Value o	of Each Ticket/Pass \$ _	700/\$30-parking	
	Event Description Warriors vs. Lakers Date(s) Date(s)), 30, 13	//////		
	E vont DescriptionF	Provide Title/Expla					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde				n State Warriors Name of Sc		
	Was ticket distribution made at the behest No Yes If yes: <u>Alam</u> of agency official?			eda County Superviso Official's Name	(Last, First)		
~			•				
ა.	Recipients • Use Section A to identify the agency's	department or u	ınit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to ider	tify an outside organization.	
	- Number of				the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role		Income	
	Harris, Chiara		4 +park	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County		at a County facility in	
					potential County reve		
				Ceremonial Role	Other	Income	
					nial Role" or "Other" describe below:		
			Number of				
	C. Name of Outside Organiz (include address and descr		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	It to the agency's policy	
4.	· · · · · · · · · · · · · · · · · · ·						

 Alex Boskovich
 Senior Legislative Aide
 10/30/13

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

Comment: _

Ceremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicable)	<u></u>			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				
(510) 272-6693 alex.boskovid	ch@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				222/\$35 parking
	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	
Event Description <u>Raiders vs. Eagles</u> Provide Title/Expla	nation	Date(s)1		///
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Oakla	nd Raiders	
			Name of Se	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: <u>Alam</u>	eda County Superviso Official's Name	(Last, First)
3. Recipients • Use Section A to identify the agency's department or u	ınit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuar	
		- -		
	Number of			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
Murphy, Engla		Ceremonial Role	Other D	
	2/park	To promote attend		l at a County facility in
	**************************************	Ceremonial Role If checking "Ceremon	Dther nial Role" or "Other" describe below	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
4. Verification I have read and molecularity and FPPC Regulations 18904.1 and	1 18942. have ve	I erified 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 Narr		Tille	(Month, Day, Year)
Comment: + 1 parking pass				

A Public Document

1.	Agency Name	Date Stamp California 802			
	Alameda County		Form OUZ		
	Division, Department, or Region (If A	1	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, 7	"itle)		-	
	Alex Boskovich				
	Area Code/Phone Number E-mai				provide explanation in Part 3.)
	(510) 272-6693 alex.	boskovich@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informatio				
	Does the agency have a ticket policy	/? Yes 🛛 No		of Each Ticket/Pass \$ _	
	Event Description Spookfest 2013 Date(s)			0 , 25 , 13	//
	Provide				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: G			en State Warriors	
	We listed distribution made at the h	- Alam	neda County Superviso		
	Was ticket distribution made at the b of agency official?	If yes: Alam	Official's Name (Last, First)	
	Use Section A to identify the agency's department or United A. Name of Agency, Department or United Action (Control of Agency, Department) (Control of Ag	Number of		blic purpose made pursuan	
	B. Name of Individual	Number of		Identify one of the follow	doar
	(Last, First)	Ticket(s)/ Pass(es)		Identity one of the follow	ang.
	*		Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremo	Other Dinial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	San Lorenzo Village Homes Asso 377 Paseo Grande San Lorenzo S			lance at an event held potential County reve	
	34 				
4.	Verification	8944 1 and 18942 1 have v	erified that the distribution set	forth above, is in accordance w	ith the requirements.

1 Conject Logiclative Aide 10/00/40

NV T	Alex Boskovich	Senior Legislative Alde	10/22/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

Agency Name Alameda County Division, Department, or Reg				Date Stamp	California 802	
					Form OUZ	
Division, Department, or Reg		Alameda County				
	ion (If Applicable		For Official Use 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.boskovi	ch@acgov.c	org	Date of Original Filing:	(Month, Day, Year)	
Function or Event Infor	mation				¢170.00	
Does the agency have a ticket policy? Yes X No Face Value of			of Each Ticket/Pass \$ _	\$172.90		
Event Description Kanye We	est		Date(s)1	0 <u>, 23 , 13</u>		
riona marcipanaton						
Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			n State Warriors	urce		
Was ticket distribution made at the behest No I Yes I If yes: <u>Alam</u> of agency official?				r Wilma Chan		
Recipients • Use Section A to identify the agend	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
A Number of		Describe the public purpose made pursuant to the agency's policy				
		Pass(es)			1000 000 000 000 000 000 000 000 000 00	
B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ing:	
(Last, First)		Pass(es)			26.70.	
			Ceremonial Role If checking "Ceremon		Income [
					Income	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)			to the agency's policy	
La Clinica de la Raza, 3050 E. 16th Street Oakland, CA 94601		10				
				ii.	9	
Verification		4 100 40 1 1 1	adfed that the distribution	forth about is in associations with	the requirements	
nave read and understand FEPC Reg	ulations 18944 Y and					
Signature of Agency Light of Designed	7		and the second sec	and the second	e 10/22/13 (Month, Day, Year)	
		ennt wan	ru.	1110	(month, tray, real)	
	Function or Event Infor Does the agency have a ticked Event Description Kanye We Ticket(s)/Pass(es) provided b Vas ticket distribution made a of agency official? Recipients Use Section A to identify the agence A. Name of Agency, Departm B. Name of Agency, Departm B. Name of Individu (Last, First) C. Name of Outside Orga (Include address and de La Clinica de la Raza, 3050 Street Oakland, CA 94601 Provides culturally compete quality, accessible health of Verification have read and understand FRPC Reg	Signature of Agency Head or Designer Function or Event Information Does the agency have a ticket policy? Kent Description Kanye West Provide Title/Expl Provide Title/Expl Provide Title/Expl Provide Title/Expl Provide Title/Expl Provide Title/Expl Recipients Use Section A to Identify the agency's department or A. Name of Agency, Department or Unit A. Name of Agency, Department or Unit C. Name of Outside Organization (Include address and description) La Clinica de la Raza, 3050 E. 16th Street Oakland, CA 94601 Provides culturally competent, high quality, accessible health care for all. Verification have read and understand FRPC Regulations 18944 Period Signature of Agency Head or Designer	Function or Event Information Does the agency have a ticket policy? Yes ⊠ No Event Description Kanye West Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No Vas ticket distribution made at the behest of agency official? No □ Yes Recipients Use Section A to Identify the agency's department or unit. • Use Section A to Identify the agency's department or unit. 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) C. Name of Outside Organization (Include address and description) Number of Ticket(s)' Pass(es) La Clinica de la Raza, 3050 E. 16th Street Oakland, CA 94601 10 Provides culturally competent, high quality, accessible health care for all. Verification have read and understand FEPC Regulations 18944 Fond 18942. I have verification have read and understand FEPC Regulations 18944 Fond 18942. I have verification	Function or Event Information boes the agency have a ticket policy? Yes No Face Value of sevent Description Kanye West Provide Title/Explanation Date(s) Icket(s)/Pass(es) provided by agency? Yes No If no: Golde No Yes No If no: Vast ticket distribution made at the behest of agency official? No Yes If yes: Alam 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) Describe the pul Pass(es) B. Name of Individual (include address and description) Number of Ticket(s)/ Pass(es) Describe the pul Pass(es) Ceremonial Role If checking "Ceremo (include address and description) Number of Ticket(s)/ Pass(es) Describe the pul Pass(es) Caterinonial Role If checking "Ceremo (include address and description) Number of Ticket(s)/ Pass(es) Describe the pul Pass(es) La Clinica de la Raza, 3050 E. 16th Street Oakland, CA 94601 10 To provide reward and immigrants liv Provides culturally competent, high quality, accessible health care for all. Verification have read and understyrof PBCC Regulations 18941 and 18942. I have verified that the distribution set Alex Boskovich Alex Boskovich	Function or Event Information boos the agency have a ticket policy? Yes IN 0 Face Value of Each Ticket/Pass \$	

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information \$172.90 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description Kanye West Date(s) 10 / 23 / 13 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients . Use Section A to identify the agency's department or unit. . . Use Section B to identify an individual. . . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other Income

 It checking "Ceremonial Role" or "Other" describe below:

 C.
 Name of Outside Organization (include address and description)
 Number of Ticket(s)/ Pass(es)
 Describe the public purpose made pursuant to the agency's policy

 Asian Health Services, 818 Webster Street, Oakland, CA 94607
 10
 To provide reward a non-profit for its contributions to low-income and immigrants living in Alameda County.

 Provides culturally competent health care to Asian refugees and immigrants

4. Verification

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

	4	Alex Boskovich	Senior Legislative Aide	10/22/13	
-	Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)	

Comment:

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1.	Agency Name				Date Stamp	California 802
	Alameda County			For Official Use Only		
	Division, Department, or Re	gion (If Applicable	9)			i si onom ono ony
	Board of Supervisors					
	Designated Agency Contact	: (Name, Title)				
	Alex Boskovich					evented eventeender in Deet 2.)
	Area Code/Phone Number	E-mail				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		,		100
	Does the agency have a tick		Yes 🛛 No 🛛	Face Value of Face Value of Face Value	of Each Ticket/Pass \$.	100
	Event Description Warriors vs. Trailblazers Date(s)) <u>24</u> 13	//
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			d If no: Golde	n State Warriors	
					Name of S	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Alam	eda County Supervis Official's Name	or Wilma Chan (Last, First)
3.	Recipients • Use Section A to identify the ager	cy's department or	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the pu Pass(es)		blic purpose made pursuant to the agency's policy	
	B. Name of Individual		Number of		Identify one of the follow	ulac:
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:	
	Sealund, Molly		2	If checking "Ceremon	Other Other of Other Other	Income or service to the public.
				To reward a comm	unity volunteer for he	a service to the public.
				Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below	Income [
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
						3
4.	Verification I have read and understand FPPC Re	gulations 18944.1 an	d 18942. I have ver	rified that the distribution set	forth above, is in accordance v	with the requirements.
	ICA		Alex Bosko	ovich	Senior Legislative Aid	de 10/21/13
	Signature of Agency Head or Design	96	Print Name	0	Title	(Month, Day, Year)
	Comment:(

1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form For Official Use Only		
	Division, Department, or Regi	on (If Applicabl	2			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	2
	Alex Boskovich				Amendment (Must pi	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
_	(510) 272-6693	alex.boskov	vich@acgov.c	org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform					\$172.90
	Does the agency have a ticke		Yes 🛛 No		of Each Ticket/Pass \$	
	Event Description Kanye We	st		Date(s)1) <u>, 23 , 13</u>	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by agency? Yes □ No 🛛			If no: Golde	n State Warriors Name of Sol	urce
	Was ticket distribution made at the behest No □ Yes ⊠ of agency official?			If yes: Alam	eda County Superviso Official's Name (I	r Wilma Chan .est, First)
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the put	iblic purpose made pursuant to the agency's policy	
			Pass(es)			
			. In many			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Υ.	Ceremonial Role If checking "Ceremon	Other Other of "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other D	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy
			Pass(es)		61.6 H	1.11. 11
	East Bay Asian Youth Center, 2025 E. 12th Street, Oakland, CA 94606		2		a non-profit for its con probation, living in Ala	
	Provides academic, therape neighborhood support to yo					
4.	Verification	lations 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance wi	th the requirements.
	1 m		Alex Bosk		Senior Legislative Aid	
	Signature of Agency Head or Designed		Print Nam		Title	(Month, Day, Year)
	Comment:					FPPC Form 802 (4/12)

A Public Document

1.	Agency Name			Date Stamp	California 802	
	Alameda County				Form OUZ	
	Division, Department, or Region (If Applicable	9)		-	For Official Use Only	
	Board of Supervisors			5		
	Designated Agency Contact (Name, Title)			-		
	Alex Boskovich					
	Area Code/Phone Number [E-mail			Amendment (Must provide explanation in Part 3.)		
		ich@acgov.c	org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Information					
	Does the agency have a ticket policy?	of Each Ticket/Pass \$	85/\$20 parking			
	Event Description <u>A's vs. Tigers-ALDS ho</u> Provide Title/Exp	Yes 🛛 No me game 3 ^{Janation}		0 <u>, 10 , 13</u>	//	
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No l	If no: Oakla	If no: Oakland Athletics		
	nonellassies, provided by agency i		Name of S			
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Alan	neda County Supervis Official's Name	sor Wilma Chan (Last, First)	
3.	• Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individ	fual. • Use Section C to ide	entify 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 follo	wing:	
	(Last, First)	Pass(es)				
	Chu, Vincent		Ceremonial Role If checking "Ceremo	Other D	Income	
		3+park	To promote attend		d at a County facility in	
		3 park	1. 14 M P P P P P P P P P P P P P P P P P P	Ceremonial Role Other Incon If checking "Ceremonial Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy		
4.	Verification I have read and undergrand FPPC Regulations 18944.1 and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance	with the requirements.	

 Alex Boskovich
 Senior Legislative Aide
 10/9/13

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

Comment: _

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00	летноптат коте сует	no and no	Neur ass	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County				5	And a second	
3	Division, Department, or Re	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 p	provide explanation in Part 3.)	
	(510) 272-6693	ich@acgov.c	org	Date of Original Filing:	(Month Day Year)		
2.	Function or Event Info	rmation				(monut, buy, roury	
22.	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	\$141.50	
						//	
	Event Description	Provide Title/Expl	lanation	Date(s)		//	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗆 No	If no: Gold	en State Warriors	10.00.007	
				and the second se	Name of So		
1	Was ticket distribution made at the behest No Yes If yes: Alar			If yes: Alar	neda County Superviso	r Wilma Chan	
_	of agency official?				children a rising (
3.	* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.						
1	A Number of				Describe the public purpose made pursuant to the agency's policy		
	A. Name of Agency, Departm	nent or Unit	Ticket(s)/ Pass(es)	Describe the pr	iblic purpose made pursuan	to the agency's policy	
0						ά.	
8							
9							
	B. Name of Individual (Lost, First)		Number of Ticket(s)/		Identify one of the follow	/ing:	
			Pass(es)	Ceremonial Role	Other	Income	
	Gonzalez, Gregory		<u> </u>	T1 5 5 7 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	onial Role" or "Other" describe below:		
			4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			
					-		
				1722 N. V. BARRAN B. A. BARRAN B. BARRAN	Other on "Other" describe below:	Income	
			-30				
				2			
	C. Name of Outside Org		Number of Ticket(s)/	Describe the p	ublic purpose made pursuan	t to the agency's policy	
	(include address and d	escription)	Pass(es)	Section in p	and halfeet under hareau	ter me allenet e benet	
				δ.			
4.	Verification	1					
	I have read and understand FPPC Re	gulations 18944.1 and					
		<u></u>	Alex Bosk	and a second	Senior Legislative Aid	the second s	
	Signature of Agency Head or Design	00	Print Nam		Title	(Month, Day, Year)	
	/			78			

Comment: ___

A Public Document 1. Agency Name Date Stamp California ... Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: alex.boskovich@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$172.90 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description Kanye West Date(s) 10 / 23 / 13 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual B. Identify one of the following: Ticket(s)/ (Lost, First) Pass(es) Ceremonial Role Other Income Г Rivera, Karina If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for her exemplary service to the 2 public and encourage staff development. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification 4 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Senior Legislative Aide Alex Boskovich 10/9/13 Print Name (Month, Day, Year) Title Signature of Agency Head or Designed

Comment:

						All abile bootanione
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				ovide explanation in Part 3.)
	(510) 272-6693	alex.boskovi	ch@acgov.c	org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	at policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	85
	Event Description A's vs. Tig	ers-ALDS gar	ne 1	Date(s) 10), 4, 13	
	Event Description	Provide Title/Expl				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗆 No l	If no: Oakla	nd Athletics , Name of Sou	
	Westisted distribution model.		_	- Alam	eda County Supervisor	
	Was ticket distribution made at the behest No ☐ Yes ⊠ of agency official?			If yes: Alam	Official's Name (L	ast, First)
3.	Recipients					
э.	Use Section A to identify the agence	y's department or	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departme	Number of		olic purpose made pursuant		
		Ticket(s)/ Pass(es)				
	D News (ladials	Number of				
	B. Name of Individu	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role	Other	Income
	Meeks, Nathan		3		nial Role" or "Other" describe below:	
			2077 ku	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
				Ceremonial Role		Income
				김 이는 이번 것이 같은 것이야 한 것이야. 한 것이 같이 많이 했다.	nial Role" or "Other" describe below:	
			3			
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's		to the agency's policy
		sould and	Pass(es)			
				95		
				8		
4	Mauléi antian					
4.	Verification I have read and upderstand FPPC Regu	ulations 18944.1 and	i 18942. i have ve	arified that the distribution set	forth above, is in accordance wit	h the requirements.
		\sim	Alex Bosk		Senior Legislative Aide	
	Signature of Agency Head or Designed	0	Print Nam	and the second se	Title	(Month, Day, Year)
	Comment:					EDBO Form DOD (1110)
					FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

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	Agency Name				Da	te Stamp	California Form 80	2	
	Alameda County						the second state of the se		
ī	Division, Department, or Reg	jion (If Applicable))		1		For Official Use Only		
	Board of Supervisors						22 I		
	Designated Agency Contact	(Name, Title)							
	Alex Boskovich							_	
	Area Code/Phone Number	E-mail			Ame	ndment (Must pro	e explanation in Part 3.)		
	(510) 272-6693	alex.boskovi	ch@acgov.o	rg	Date of C	Driginal Filing:	(Month, Day, Year)		
	unction or Event Information								
l	Does the agency have a ticke	of Each Tic	ket/Pass \$	85	Z^{d}				
	Event Description A's vs. Tigers-ALDS game 1 Date(s) 10 / 5 / 13 ////								
1	Provide Title/Explanation								
-	licket(s)/Pass(es) provided b	by agency?	Yes 🗌 No 🛛	团 If no: Oakla	nd Athleti	CS Name of Sour	~~		
Alemada County Superviser Willing Chan									
1	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Alame of agency official?					Official's Name (La	st, First)	- 1	
_								-	
-(A 	Recipients • Use Section A to identify the agend	cy's department or u	unit. • Use Sect	tion B to identify an individ	ual. • Use §	Section C to identif	y an outside organization.		
	A. Name of Agency, Departm	and the second	Number of Ticket(s)/				o the agency's policy		
			Pass(es)					_	
-	B. Name of Individu (Lost, First) Dell, Jim	ral	Number of Ticket(s)/ Pass(es)	Ceremonial Role	0th	ne of the followin er 🔲 her describe below:	g: Income		
-	(Lost, First)	ral	Ticket(s)/	If checking "Ceremo	Oth nial Role" or "Oth ance at al	er 🔲 her" describe below: n event held a	Income t a County facility in		
-	(Lost, First)	ral	Ticket(s)/ Pass(es) 3 +	Il checking "Ceremo To promote attend	oth nial Role" or "Oth ance at an potential	er 🔲 her ⁻ describe below: n event held a County revenu	Income t a County facility in	-	
	(Lost, First)	nization	Ticket(s) Pass(os) 3 t parking	If checking "Ceremo To promote attend order to maximize Ceremonial Role If checking "Ceremo	Othinial Role" or "Oth ance at al potential of Othinial Role" or "Othinial Role" or "Othinia" or "Othinia	er her ⁻ describe below: n event held a County revenu ter her ⁻ describe below:	Income t a County facility in le from sales.		

and the second second							
1.	Agency Name		Date Stamp	California 802			
	Alameda County					Form OUZ	
	Division, Department, or Reg	gion (If Applicable)			For Onicial Ose Only	
	Board of Supervisors				8		
	Designated Agency Contact	(Name, Title)					
	Alex Boskovich						
	Area Code/Phone Number	E-mail			—	ovide 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?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	60	
	Event Description Disney or	n Ice		Data(s) 10) <u>, 17 , 13 </u>	1 1	
	Event Description	Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🔲 No	If no: Golde	n State Warriors		
		ha he e e		11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Name of Sou ode County Supervised		
	Was ticket distribution made at the behest No Y of agency official?			If yes: Alam	eda County Supervisor	ast, First)	
3.	• Use Section A to identify the agen	cv's department or	ual. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Departm		Number of		escribe the public purpose made pursuant to the agency's policy		
	A. Name of Agency, Departin	Ticket(s)/ Pass(es)					
	B. Name of Individu (Last, First)	Number of Ticket(s)/		Identify one of the following	ng:		
			Pass(es)	Ceremonial Role	Other D	Income	
	Hernandez, Anna Maria		3		aial Role" or "Other" describe below:		
				To reward a County employee for her exemplary service to the			
					ige staff development.		
				Ceremonial Role	Other describe below:	Income	
				in chocking coronion	an Nove or other describe below.		
				0			
	C. Name of Outside Orga	inization	Number of	Describe the suit			
	(include address and de		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
					2		
1.	Verification						
	I have read and understand FPPC Reg	ulations 18944.1 and	l 18942. I have ve	rified that the distribution set f	forth above, is in accordance with	h the requirements.	
	- Ce		Alex Bosk	ovich	Senior Legislative Aide	10/7/13	
	Signature of Agency Head or Designe	90	Print Nam	0	Title	(Month, Day, Year)	
	Commant						
	Comment:				ana ana ana ana an	FPPC Form 802 (4/12)	

A Public Document

1.						
	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	gion (If Applicab	(e)			
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Alex Boskovich		9		Amendment (Must provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing:	
	(510) 272-6693		vich@acgov.c	org	bute of original rining.	(Month, Day, Year)
2.	Function or Event Info			Ease Value	of Each Ticket/Pass \$ _	100/\$30-parking
	Does the agency have a tick		Yes 🛛 No			
	Event Description Warriors vs. Kings Date(s)) / / 13	//
	Ticket(c)/Dacc(cc) provided			Golde	n State Warriors	
	Ticket(s)/Pass(es) provided	by agency r	Yes 🔲 No		Name of Sc	
	Was ticket distribution made at the behest No □ Yes ⊠ If of agency official?			If yes: Alam	eda County Superviso Official's Name	or Wilma Chan (Last, First)
3.	Recipients • Use Section A to identify the agen	cy's department o	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 po		
	B. Name of Individu (Last, First)	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	B. Name of Individ (Last, First) Cabrera, Stephanie	ual	Ticket(s)/	To reward a Count	Other D lial Role" or "Other" describe below. y employee for her ex	Income
	(Last, Firet)	ual	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a Count public and encoura Ceremonial Role	Other describe below:	Income Income contracts to the
	(Last, Firet)	nization	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a Count public and encoura Ceremonial Role If checking "Ceremon	Other other other other describe below: y employee for her ex nge staff development Other	Income Income .
	(Last, Firet) Cabrera, Stephanie	nization	Ticket(s)/ Pass(es) 4+park	If checking "Ceremon To reward a Count public and encoura Ceremonial Role If checking "Ceremon	Other iial Role" or "Other" describe below: y employee for her ex ige staff development Other iial Role" or "Other" describe below:	Income Income .
4.	(Last, Firet) Cabrera, Stephanie	inization scription)	Ticket(s)/ Pass(es) 4+park Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a Count public and encoura Ceremonial Role If checking "Ceremon Describe the put	Other Other describe below: y employee for her ex ge staff development Other Other Other other blic purpose made pursuan	Income In
4.	Cabrera, Stephanie C. Name of Outside Orga (include address and de	inization scription)	Ticket(s)/ Pass(es) 4+park Number of Ticket(s)/ Pass(es)	If checking "Ceremon To reward a Count public and encours Ceremonial Role If checking "Ceremon Describe the put	Other Other describe below: y employee for her ex ge staff development Other Other Other other blic purpose made pursuan	Income

Comment: _

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1.	Agency Name		Date Stamp	California 802			
	Alameda County					Form OUZ	
	Division, Department, or Reg	gion (If Applicable	o)			For Oniciar Ose Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Alex Boskovich						
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6693	alex.boskov	ich@acgov.c	org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Info	mation			W	60	
	Does the agency have a tick	et policy?	Yes 🛛 No	<u> </u>	of Each Ticket/Pass \$		
	Event Description Disney or	n Ice		Date(s)1	0 <u>, 16 , 13</u>	//	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided I	by agency?	Yes No	If no: Golde	n State Warriors	Source	
	Was ticket distribution made	at the behavi		Alam	eda County Supervis		
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Alar 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	entify an outside organization.	
	A. Name of Agency, Departm	ient or Unit	Number of Ticket(s)/			nt to the agency's policy	
			Pass(es)				
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:			
	Cohen, Amy		Pass(es)	Ceremonial Role	Other nial Role" or "Other" describe below	Income	
	Contan, Any		5	To promote attend		d at a County facility in	
				A. C. P. C. M. C.	Other D nial Role" or "Other" describe below	Income 🗌	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy	
4.	Verification						
	I have read and understand FPPC Reg	ulations 18944.1 an					
	-1-7		Alex Bosk		Senior Legislative Ai	A A A A A A A A A A A A A A A A A A A	
	Signature of Agency Head or Designe	10	Print Nam	10	Title	(Month. Day, Year)	
	Comment:						

A Public Document 1. Agency Name Date Stamp California Form Alameda Countv For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🖾 No 🗖 MUC IDICS Event Description. Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: No 🗌 Yes Name of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No 🗌 Yes 🗌 If yes: of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of А. Name of Agency, Department or Unit Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Pass(es) Number of R Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) hawn u Income (Son To reward a County employee for his or her exemplary service to the public or to encourage staff development Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 4 Verification read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements navk

Matrix Lee Ann Fergerson Supervisor's Assistant O/29/13 Signature of Apency Flead of Designee Print Name Title (Month, Day, Year)

Comment: _

C	eremonial Role Even	ts and Tic	ket/Pass Di	stributions		A Public Document
۱.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Superv	isor's Assista	nt		—	
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	erson@acgov.or	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				1-00 8/175D
	Does the agency have a ticke	t policy?	Yes 🖸 No 🗖	Face Value c	f Each Ticket/Pa	p 100 0 \$ 1 <u>90</u>
	Event Description Warr	IONS Bas	Ketball	Date(s)	,9,14	3,20,14
		Provide Title/Expl	lanation		≤ 11	······································
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗗 No 🗖	If no:	SW Name of So	1100
	Was ticket distribution made a	at the heheat	•	Alam		Scott Haggerty, District 1
	of agency official?	at the benest	No 🔲 Yes 🖓	If yes:	Official's Name (
j.	Recipients					
	Use Section A to identify the agence	y's department or		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)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
	B. Name of Individu	al	Number of		Identify and of the follow	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	llið:
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
				If checking "Ceremor	ial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organ (include address and deaters)		Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
	I) I/ NN / M.C.	(), 1	01	To reward a	school or nonprofit o	rganization
	Wells Middle S	10001	0/2	For its co	ntributions to the cor	nmunity
	Layon Dawn Drive		+			· · · · · · · · · · · · · · · · · · ·
	6800 Penn Drive	slac/				
4		slev				
4.	Verification	ulations 18944.1 and	d 18942. I have verifie	d that the distribution set i	orth above, is in accordance w	ith the requirements.
,	MILLANCO.	11	Lee Ann Ferge		Supervisor's Assistan	intenta
`	Signature of Agency Head or Designed		Print Name		Title	(Month, Day Year)
	Comment: Federal To	w ID# 12	5-168569	1 maa	e school (rab)	Eed Anction & Fund
						FPPC Form 802 (4/12)

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

						A rubic bocument	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					Form For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	9)			r or oniciar out 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				1000000	
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	85.00	
	Event Description Oakland	A's ALDS Provide Title/Exp	lanation	Date(s)0	<u>, 04 , 13</u>	//	
	Tieket(a)/Dece(ee) provided k	Association of the		If no: Oaklar	nd A's		
	Ticket(s)/Pass(es) provided t	by agency r	Yes 🗌 No		Name of Sc		
	Was ticket distribution made at the behest No D Yes X II			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 of		the second se	ation B to identify an individu	al. • Use Section C to iden	ntify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Schott, Brian				Other 🔀	Income	
			3		ance at an event held potential revenue from	at a County facility in n sales.	
					Other describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy		
4.	Verification	ulations 18944.1 an				ith the requirements.	
	Signature of Agenby Head or Designe	0	Michelle D		Supervisor's Aide	(Moglin, Day (Year)	
	Comment:						

						A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					rom
	Division, Department, or Reg	ion (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must	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					(monin, bay, rear)
	Does the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$.	85.00
	Event Description Oakland					//
	Event Description	Provide Title/Expl	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗆 No	If no: Oakla	nd A's	
	nonen(a)/r ada(ea) provided i	y agency i			Name of S	
	Was ticket distribution made at the behest No I Yes I If yes: Valle			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 unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization					
	Use Section A to identify the agend		ction B to identify an individe	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the pul Pass(es)		olic purpose made pursua	nt to the agency's policy
	B Name of Individual		Number of	*		
	B. Name of Individu (Last, First)	a	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	Gutierrez, Stephen		3		Other 🔀 nial Role" or "Other" describe below	income
			3		ance at an event helo potential revenue fro	d at a County facility in m sales.
					Other D nial Role" or "Other" describe below	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursual	nt to the agency's policy
	÷					
4.	Verification					
	I have rend and understand FPPC Reg	ulations 18944.1 and	d 18942. I have ve	erified that the distribution set i	forth above, is in accordance v	with the requirements.
	NUL		Michelle D	landa	Supervisor's Aide	0/7/13
	Signature of Agency Head or Designe	0	Print Nan	10	Title	(Month, Day, Year)
	Comment: Includes 1 parki	ng pass at the	value of \$17	7		
	oonment.					and the second sec

1.	Agency Name		Date Stamp	California 802			
	Alameda County		<u> </u>			Form OUZ	
	Division, Department, or Reg	ion (If Applicable)	8	1	For Onicial 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.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	mation				5 Yo 7 10 10 10 10 10 10 10 10 10 10 10 10 10	
	Does the agency have a tick		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	100.00	
	Event Description Warriors	vs. Kings- Pres	season	Date(s)		//	
	Ticket(s)/Pass(es) provided t	y agency?	Yes 🗆 No l	If no: Golder	If no: Golden State Warriors		
					Name of St		
	Was ticket distribution made at the behest No □ Yes ⊠ of agency official?			If yes: Valle,	I If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)		
3.	• Use Section A to identify the agency's department or unit. • Use Section B to ident				ial. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Describe the pul Pass(es)		iblic purpose made pursuant to the agency's policy		
	B. Name of Individu	ial	Number of Ticket(s)/		Identify one of the follow	ving:	
	B. Name of Individu (Last, First)	ial		Colomonial Bala			
	B. Name of Individu (Last, First) Decena, Eduardo	ial	Ticket(s)/ Pass(es)	한 것 같은 것 같은 것 같은 것 같이 없는 것 같은 것 같	Identify one of the follow	Income	
	(Last, First)	ual	Ticket(s)/	If checking "Ceremon To promote attenda	Other X	Income [
	(Last, First)	ual	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Other X ial Role" or "Other" describe below: ance at an event held	Income [at a County facility in n sales. Income [
	(Last, First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other I Other an Other of the selow: ance at an event held potential revenue from	Income [at a County facility in n sales. Income [
	(Last, First) Decena, Eduardo C. Name of Outside Orga	nization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other A Other A Other A Other A Other A Other A Other describe below: ance at an event held potential revenue from Other A Other A Other A Other A Other A Other I Other A Oth	Income [at a County facility in n sales. Income [
	(Last, First) Decena, Eduardo C. Name of Outside Orga	nization	Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Other A Other A Other A Other A Other A Other A Other describe below: ance at an event held potential revenue from Other A Other A Other A Other A Other A Other I Other A Oth	Income [at a County facility in n sales. Income [

	Michelle Dianda	Supervisor's Aide	01413
Signature of Agenes Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

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-	eremonial Role Even	to una mo	Neur uss	Distributions		A Public Document
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)	-			
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must pi	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				(month), buy, routy
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	100.00
	Event Description Warriors F	Preseason Ga) <u>, 24 , 13</u>	1 1
	Event Description	Provide Title/Expl	and the second se	Date(s)		//
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗆 No	If no: Golde	n State Warriors	
				and the second sec	Name of Sol	
	Was ticket distribution made at the behest No Ves If yes: Val		If yes: Valle	, Richard- Supervisor I Official's Name (I	District 2	
_	of agency official?				Official s Name (L	asi, riisiy
3.	Recipients	v's department or	ust a Use Section C to Ment	ife an outside exception		
	Use Section A to identify the agency's department or A. Name of Agency, Department or Unit		Number of		blic purpose made pursuant to the agency's policy	
			Pass(es)			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:	
	£			Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other C	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	Hayward Arts Council 22394 Foothill Ave. Haywar	Hayward Arts Council 22394 Foothill Ave. Hayward CA 94541		To reward a non-pi community.	rofit organization for its	contributions to the
	Support art programs in Ha	yward				
4.	Signature of Agency Head or Designed	<u>, </u>	Michelle Di	ianda	forth above, is in accordance wit Supervisor's Aide _{Tille}	h the requirements. <u>Worf12</u> (Mogin, Day, Year)

0011		no ana mo	Neur ass	Distributions		A Public Document
1. A	gency Name		Date Stamp	California 802		
AI	lameda County					
Di	vision, Department, or Reg	gion (If Applicable	e)		1	For Official Use Only
Bo	oard of Supervisors					
	signated Agency Contact	(Name, Title)	-			
м	ichelle Dianda					
	ea Code/Phone Number	E-mail			Amendment (Must p	
(5	(10) 272-6692	michelle.dia	nda@acgov.	.org	Date of Original Filing:	Month Day Yead
2. FI	unction or Event Info	rmation				(Monin, Day, Year)
	bes the agency have a tick		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	85.00
						//
Ev	ent Description	Provide Title/Exp	lanation	Date(s)	<u></u>	/
Tic	cket(s)/Pass(es) provided t	ov agency?	Yes 🗌 No	If no: Oaklar	nd A's	
		sy agonoy.			Name of Sol	
	Was ticket distribution made at the behest No I Yes I If yes: Val			If yes: Valle,	, Richard- Supervisor I	District 2
0	f agency official?		Official's Name (L	.ast, First)		
	ecipients					
• U	Jse Section A to identify the agen	cy's department or	the second s	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
Α	Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Describe the pub		lic purpose made pursuant to the agency's policy	
				· · · · · · · · · · · · · · · · · · ·		
-			Number of			10.51M
B	Name of Individu	ial	Ticket(s)/ Pass(es)	Identify one of the following:		
				Ceremonial Role	Other 🛛	Income
Au	ustria, Mangee		3		ial Role" or "Other" describe below:	
			Ŭ	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales		
-						sales
				Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
C.	Name of Outside Orga		Number of Ticket(s)/ Describe the pu		blic purpose made pursuant to the agency's policy	
_	(include address and de	scription)	Pass(es)			
_						
	rification					
/ ha	ve read and understand FPPC Reg	ulations 18944.1 and	18942. I have ve	wified that the distribution set f	orth above, is in accordance wit	h the requirements.
	MAL	-	Michelle D	ianda	Supervisor's Aide	D[a][:
V	Signature of Agancy Head or Designe	0	Print Nam	0	Tillo	(Month, Day, Year)
123						
Co	omment:					

1.	Agency Name				Date Stamp	California 002	
	Alameda County				bute etamp	Form 802	
	Division, Department, or Re	gion (If Applicable	9)			For Official Use Only	
	Board of Supervisors					5.	
	Designated Agency Contact	(Name, Title)	1				
	Michelle Dianda						
	Area Code/Phone Number				t provide explanation in Part 3.)		
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing	I:(Month, Day, Year)	
2.	Function or Event Info						
	Does the agency have a tick		Yes 🛛 No	Face Value of Face Value of Face Value	of Each Ticket/Pass \$	00.00	
	Event Description Disney of	n Ice Provide Title/Exp	lavallar	Date(s)) <u>, 19[.] , 13</u>	//	
		Provide Interexp	lanation	Golda	n State Warriore		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Golden State Warriors			
	Was ticket distribution made at the behest No D Yes If yes: Vall			, Richard- Superviso	r, District 2		
	of agency official?			in yea.	Official's Name	e (Last, First)	
3.	Recipients	VS12155 /1 /2					
27 ° .	• Use Section A to identify the agen	-	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.		
	A. Name of Agency, Department or Unit		Thomas (o)		ublic purpose made pursuant to the agency's policy		
			Pass(es)				
				8			
	B. Name of Individ	ual	Number of Ticket(s)/	Identify one of the following:			
			Pass(es)	Ceremonial Role	Other Income		
	Plancarte, Luisanna				nial Role" or "Other" describe below		
			4	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
			-		Other D		
					nial Role" or "Other" describe below		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	ublic purpose made pursuant to the agency's policy		
÷			rass(05)				
				· · · · ·			
1	Verification						
7.	I have read and understand FPRC Reg	gulations 18944.1 an	d 18942. I have ve	arified that the distribution set i	forth above, is in accordance	with the requirements.	
			Michelle D	ianda	Supervisor's Aide	112/10/13	
	Signature of Agency Head or Design	00	Print Nam		Title	(Mpnth, Day, Year)	
						93 7 - 10 876 - 119	
	Comment:						

		e e way that a set of the set				A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			T OTHE		
	Division, Department, or Regio	n (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (A	lame, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	ation				
	Does the agency have a ticket	policy?	Yes 🛛 No [Face Value of	of Each Ticket/Pass \$ _	60.00
	Event Description Disney on I	се		Date(s) 10), 16, 13	//
	Event becomption	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	agency?	Yes No[If no: Golde	n State Warriors	
			- AN 105 - 205 - 28	Valla	Name of So Disbord Supervisor	
	Was ticket distribution made at the behest No Yes If yes: of agency official?			If yes: Valle	, Richard- Supervisor Official's Name	
3.	Recipients Use Section A to identify the agency'	s department or	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			and the second
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's pole		t to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Ticket(s)/ Identify one of the		ving:
			2	Ceremonial Role If checking "Ceremor	Other D aial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other Inter Other Other Other Other Other Other Other Delow:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	Ruby's Place 1180 B Street, Hayward CA	94541	3	To reward a non-pr community.	rofit organization for it	s contributions to the
	Provides shelter and support to women and children	ive services				
1.	Verification	lions 18944.1 and	1 18942. I have ve Michelle Di		forth above, is in accordance w Supervisor's Aide	ith the requirements.
	Signature of Agency Head or Designee Comment:		Print Name	0	Title	(Morfith, Day, Year)

1.						A Fublic Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County Division, Department, or Regi	on /// Applicable				For Official Use Only	
		on (Il Applicable					
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Michelle Dianda				Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number E-mail				- 		
_	(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Inform					60.00	
	Does the agency have a ticket policy? Yes X No I Event Description Disney on Ice			-	of Each Ticket/Pass \$.		
				Date(s)) <u>, 17 , 13</u>	/	
	Provide Interexplanation				n State Warriere		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: Golde	n State Warriors Name of S	ource	
	Was ticket distribution made at the behest No D Yes 🛛			If yes. Valle	, Richard- Supervisor	District 2	
	of agency official?			n yes.	Official's Name	(Last, First)	
3.	Recipients					1	
	Use Section A to identify the agency's department or unit. Use Section B to identify the agency's department or unit.			ction B to identify an individ	identify an individual. • Use Section C to identify an outside organization.		
	A. Name of Agency, Department or Unit				blic purpose made pursuant to the agency's policy		
			Pass(es)				
			1				
	B. Name of Individual (Last, First)		Name of Individual Number of Ticket(s)/		Identify one of the following:		
			Pass(es)		Identify one of the follow	wing:	
				Ceremonial Role	Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below.		
				Ceremonial Role	Other D	Income	
				(10.335.000.450.000) (10.460.000)	al Role" or "Other" describe below		
			Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy	
	D. L. L. DI.		Pass(es)	-			
	Ruby's Place 1180 B Street, Hayward CA	94541	5	To reward a non-pr community.	rofit organization for it	ts contributions to the	
	Provides shelter and supportive services to women and children		-	oonninanity.			
4	Verification						
φ.	I have read and understand FPPC Regu	lations 18944.1 and	18942. I have ve	wified that the distribution set f	orth above, is in accordance v	vith the requirements.	
	$\ \Lambda \rangle \rightarrow$	<u> </u>	Michelle D		Supervisor's Aide	10/10/12	
	Signature of Agency Head or Designee		Print Nam		Title	(Month, Day Year)	
				10004-0		1	
	Comment:						

1000						A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			F.		Form 602	
	Division, Department, or Regio	on (If Applicable,)				
	Board of Supervisors						
	Designated Agency Contact (/	Varne, Title)	1 .				
	Michelle Dianda						
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
_	(510) 272-6692	michelle.diar	nda@acgov.	.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation				00.00	
	Does the agency have a ticket		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	60.00	
	Event Description Disney on I	сө		Date(s)10) <u>, 18 , 13 </u>	//	
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors Name of Se	0.000	
	Was ticket distribution made at the behest No			valle	, Richard- Supervisor		
	of agency official?	ule bellest	NOL Yes	If yes:	Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agency's department or unit. Use Section B to			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		blic purpose made pursuant to the agency's policy		
			Pass(es)				
	B. Name of Individual		Number of Ticket(s)/		Identify are of the following:		
	(Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:		ving:	
					Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
				Ceremonial Role	Other D	Income	
					ial Role" or "Other" describe below:		
			Number of				
	C. Name of Outside Organi (include address and desc	zation ription)	Ticket(s)/	Describe the put	lic purpose made pursuan	t to the agency's policy	
	D.L.I. Disc.		Pass(es)	-			
	Ruby's Place 1180 B Street, Hayward CA	94541	8	To reward a non-pr community.	ofit organization for it	s contributions to the	
				oonning.			
	Provides shelter and support to women and children	tive services					
4							
4.	Verification	tions 18944.1 and	18942. I have ve	arified that the distribution set f	orth above. is in accordance w	ith the requirements	
	MAR1)		Michelle D		Supervisor's Aide	10/110/12	
	Signature of Agency Head of Designee	2	Print Nam		Title	(Month, Day, Year)	
					(14)32		
	Comment:						
						FPPC Form 802 (4/12)	

1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6692 michelle.dianda@acgov.org (Month, Day, Year) 2. Function or Event Information 65.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No Event Description Live 105 Spookfest Concert Date(s) 10 / 25 / 13 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No Ves X of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other X Income Leocaro, Brenda If checking "Ceremonial Role" or "Other" describe below. 4 To promote attendance at an event held at a County facility in order to maximize potential revenue from sales. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 4. read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Michelle Dianda Supervisor's Aide Signature of Agents, Head or Designee Print Name Title

Comment: _

5	eremonial Role Even	its and fic	keupass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	jion (If Applicable	-	For Official Use Only		
	Board of Supervisors					-
	Designated Agency Contact	(Name, Title)			1	
	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 Infor	mation				and and a second se
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	172.90
	Event Description Kanye We	est Concert		Data(a) 10	0 <u>, 23 , 13</u>	, ,
	Event Description	Provide Title/Expl	lanation	Date(s)	//	//
	Ticket(s)/Pass(es) provided t	ov agency?	Yes 🔲 No	If no: Golde	n State Warriors	
					Name of Sc	
	Was ticket distribution made at the behest No Yes If yes: Valle			If yes: Valle	e, Richard- Supervisor Official's Name	District 2
	of agency official?				Onicial s Manie	Luoi, / holy
3.	Recipients	w's department or	unit a Lise Ser	stion B to identify an individ	lual a lies Section C to ider	tify an outside organization
	A. Name of Agency, Departm		Number of Ticket(s)/		fual. • Use Section C to identify an outside organization. blic purpose made pursuant to the agency's policy	
			Pass(es)			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:	
	Archuleta, Raquel		3		D Other A nial Role" or "Other" describe below:	Income
			4	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
				Ceremonial Role		Income
	Hildreth, Jaken		4		nial Role" or "Other" describe below:	et e County facility in
			16.27	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
	C. Name of Outside Organization (include address and description)		Number of		ublic purpose made pursuant to the agency's policy	
4.	Verification					
	I have read and understand FPPC Reg	ulations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements
	Malan		Michelle D	landa	Supervisor's Aide	PIZZ B
	Signature of Agency Head or Designe	0	Print Nam	10	Title	(Month, Day Year)
						a barrow we we are a barrow of y
	Comment:					

_		to and mo	neur aco	Distributiono		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable	e)	······································	1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	1			
	Michelle Dianda					
	Area Code/Phone Number			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	inda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	172.90
	Event Description Kanye West Concert Date(s) 10			Date(s) 10), 23, 13	//
	Event Description	Provide Title/Exp				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	
	14/			— Valle	Name of So Richard, Supervisor	
	Was ticket distribution made a of agency official?	No 🗌 Yes	If yes: valle,	Richard- Supervisor		
3.	• Use Section A to identify the agence	v's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Describe the sub			
			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:
	(Last, First)		Pass(es)			
	Lahip, John				Other X ial Role" or "Other" describe below:	Income
			2	To promote attendance at an event held at a County facility order to maximize potential revenue from sales.		
				Ceremonial Role	Other 🛛	Income
	Taylor, Terron		2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facilit order to maximize potential revenue from sales.		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	public purpose made pursuant to the agency's policy	
					8	
4.	Verification	ulations 18944.1 an				vith the requirements.
	Signature of AgenCy Head or Designed	p	Michelle D Print Nam		Supervisor's Aide	(Nonth, Day Year)
	Comment:					EPBC Form 802 (4/4

Agency Name					
Agoney Mane				Date Stamp	California Form 802
Alameda County					
Division, Department, or Reg	ion (If Applicable	9)		1	For Official Use Only
Board of Supervisors					3
Designated Agency Contact (Name, Title)			-	
Michelle Dianda	I			Amendment (Must p	provide explanation in Part 3.)
Area Code/Phone Number	E-mail	ndo@oogou		Date of Original Filing:	
(510) 272-6692		nda@acgov.	org	bute of original rining.	(Month, Day, Year)
Function or Event Inform		North Martin	-		172.90
Does the agency have a ticke		Yes 🛛 No	-	of Each Ticket/Pass \$ _	
Event Description Kanye We	st Concert		Date(s)() <u>, 23 , 13</u>	//
2	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No l	If no: Golde	n State Warriors Name of So	
Whe ticket distribution mode a	t the behast		e Valle	, Richard- Supervisor	
Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes: Valle	Official's Name (Last. First)
				1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	
• Use Section A to identify the agency	v's department or	unit a Use Sec	tion B to identify an individ	ual a Use Section C to iden	tify an outside organization
A. Name of Agency, Departme		Number of		plic purpose made pursuant	
,	int of onit	Ticket(s)/ Pass(es)	besonise the put	ne purpose made paradam	to the agency a policy
B. Name of Individua (Last, First)	al	Number of Ticket(s)/		Identify one of the follow	
		Pass(es)		Identify one of the follow	ing:
Carlos, Fajardo			Ceremonial Role		ing: Income
Carlos, Fajardo		Pass(es) 2	If checking "Ceremon To promote attend	Other 🛛	Income
			If checking "Ceremon To promote attend order to maximize Ceremonial Role	Other S nial Role" or "Other" describe below: ance at an event held potential revenue from	Income
Carlos, Fajardo			If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon	Other S nial Role" or "Other" describe below: ance at an event held potential revenue from Other S nial Role" or "Other" describe below:	at a County facility in sales.
		2	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attend	Other Other or "Other" describe below: ance at an event held potential revenue from Other Other" describe below: ance at an event held	Income E at a County facility in a sales. Income E at a County facility in
Plancarte, Luisanna	ization	2	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attend order to maximize	Other Other or "Other" describe below: ance at an event held potential revenue from Other Other or "Other" describe below: ance at an event held potential revenue from	Income E at a County facility in a sales. Income E at a County facility in a sales.
		2	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attend order to maximize	Other Other or "Other" describe below: ance at an event held potential revenue from Other Other" describe below: ance at an event held	Income E at a County facility in a sales. Income E at a County facility in a sales.
Plancarte, Luisanna		2 2 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attend order to maximize	Other Other or "Other" describe below: ance at an event held potential revenue from Other Other or "Other" describe below: ance at an event held potential revenue from	Income [at a County facility in a sales. Income [at a County facility in a sales.
Plancarte, Luisanna		2 2 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attend order to maximize	Other Other or "Other" describe below: ance at an event held potential revenue from Other Other or "Other" describe below: ance at an event held potential revenue from	Income [at a County facility in a sales. Income [at a County facility in a sales.
Plancarte, Luisanna		2 2 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attend order to maximize	Other Other or "Other" describe below: ance at an event held potential revenue from Other Other or "Other" describe below: ance at an event held potential revenue from	Income E at a County facility in a sales. Income E at a County facility in a sales.
Plancarte, Luisanna		2 2 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attend order to maximize	Other Other or "Other" describe below: ance at an event held potential revenue from Other Other or "Other" describe below: ance at an event held potential revenue from	Income [at a County facility in a sales. Income [at a County facility in a sales.
Plancarte, Luisanna C. Name of Outside Organ (include address and des		2 2 Number of Ticket(s)/	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attend order to maximize	Other Other or "Other" describe below: ance at an event held potential revenue from Other Other or "Other" describe below: ance at an event held potential revenue from	Income E at a County facility in a sales. Income E at a County facility in a sales.
Plancarte, Luisanna C. Name of Outside Organ (include address and des	acription)	2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attend order to maximize Describe the put	Other S hial Role" or "Other" describe below: ance at an event held potential revenue from Other S hial Role" or "Other" describe below: ance at an event held potential revenue from blic purpose made pursuant	Income
Plancarte, Luisanna C. Name of Outside Organ (include address and des	acription)	2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attend order to maximize Describe the put	Other O	Income
Plancarte, Luisanna C. Name of Outside Organ (include address and des Verification I have read and understand PRPC Regu	lations 18944.1 an	2 2 Number of Ticket(s)/ Pass(es) d 18942. I have ve Michelle D	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attend order to maximize Describe the put	Other S hial Role" or "Other" describe below: ance at an event held potential revenue from Other S hial Role" or "Other" describe below: ance at an event held potential revenue from blic purpose made pursuant forth above, is in accordance wi Supervisor's Aide	Income
Plancarte, Luisanna C. Name of Outside Organ (include address and des	lations 18944.1 an	2 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremon To promote attend order to maximize Ceremonial Role If checking "Ceremon To promote attend order to maximize Describe the put	Other O	Income

Comment: _

-	eremonial Role Events and Th	cheurass	Distributions		A Public Document	
1.	Agency Name	Date Stamp	California 802			
	Alameda County				Tomin	
	Division, Department, or Region (If Applicab	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.)		
		anda@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
2	Function or Event Information				(Month, Day, Year)	
-	Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	172.90	
			—			
	Event Description Kanye West Concert Provide Title/Ex	planation	Date(s)	0 <u>, 23 , 13</u>	//	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	Golde	en State Warriors		
	ficket(s)/Pass(es) provided by agency P	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 agency's department o	lual. • Use Section C to ider	tify an outside organization.			
	A. Name of Agency, Department or Unit	Describe the put	blic purpose made pursuan	t to the agency's policy		
		Pass(es)				
	B. Name of Individual	Number of Ticket(s)/	Identify one of the following:			
	(Last, First)	Pass(es)				
	Jackson, James		Ceremonial Role	D Other S nial Role" or "Other" describe below:	Income	
	Jackson, James	4			at a County facility in	
			To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
			Ceremonial Role	Other	Income	
			If checking "Ceremo	nial Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	blic purpose made pursuan	t to the agency's policy	
		Pass(es)				
_						
4.	T OTTIT O UTILIANT					
	I have read and understand FPPC Regulations 18944.1 a				ith the requirements.	
	HALLE	Michelle D		Supervisor's Aide	UY LL	
	Signature of Agency Head or Designee	Print Nan	10	Title	(Month, Day, Year)	

A Public Docu	ment
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-6	remonial Role Even	is and no	Reurass	Distributions		A Public Document
١.	Agency Name				Date Stamp	California 802
	Alameda County					
1	Division, Department, or Reg	ion (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	2500000000	nda@acdov	ora	Date of Original Filing:	
_	510) 272-6692 michelle.dianda@acgov.org				(Month, Day, Year)	
÷.	Does the agency have a ticke		Vac 🔽 Nal	Eace Value (of Each Ticket/Pass \$	172.90
	Event Description Kanye West Concert Date(s) 10) 23 13	//
				Golde	n State Warriors	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		Name of So	urce
Was ticket distribution made at the behest No 🗌 Yes 🔲 If yes:						
	of agency official?				Official's Name (I	Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	ual. • Use Section C to iden	tify an outside organization.		
3	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
6						
			Number of			
	B. Name of Individu	al	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			1 433(03)	Ceremonial Role	Other 🛛	Income
	Sims, Steven		4	server and an and the second	nial Role" or "Other" describe below:	
		-7	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales			
,		· · · · ·			0 0	i sales
				7 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7 4 7	L Other L nial Role" or "Other" describe below:	Income
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy
1	(include address and dea	scription)	Pass(es)			to the effected o benef
۱.	Verification		•			5
	have read and understand EPPC Regu	llations 18944.1 and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.
	MAK.		Michelle D	ianda	Supervisor's Aide	0/22/1-
	Signature of Agency Head or Designed	,	Print Nam	0	Title	(Month, Day, Year)
	Commont					3
	Comment:					
			Neur des	Distributions		A Public Document
----	--	--------------------	-------------------------------------	---	--------------------------------------	---
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	on (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				2014 C. A. S.
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$	250.00
	Event Description Warriors v	s. Kings		Data(a) 11	, 02 , 13	
	Event Description	Provide Title/Expl	anation	Date(s)	//	//
	Ticket(s)/Pass(es) provided by	/ agency?	Yes No [If no: Golder	n State Warriors	
					Name of So	
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor I	District 2
					oniciar o Hame (c	uai, r maiy
3.	Recipients Use Section A to identify the agency	's department or	unit e Use Sec	tion B to identify an individu	ual a Lies Section C to Ident	the an outside organization
			Number of			and the second state of the state
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					9	
	· · · · · · · · · · · · · · · · ·					
	B. Name of Individua	1	Number of			
	D. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
					Other describe below:	Income
				Ceremonial Role	Other	Income
	8			승규가 가지 않는 것 같은 것 같이 많이 있는 것 같은 것 같은 것 같은 것 같이 있는 것 같이 있다.	ial 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
	Alameda County Democrati Committee	c Central	4	To reward a non-pr community	ofit organization for its	contributions to the
	P.O. Box 3937, Hayward, C To encourage people to volu					
4.	Verification					
	I have read and understand FPPC Regu	ations 18944.1 and	l 18942. I have ve	rified that the distribution set f	orth above, is in accordance wit	h the requirements
	MASIC	_	Michelle Di	anda	Supervisor's Aide	0/2/12
	Signature of Agency Head or Designee		Print Name	0	Title	(Month, Day, Year)
	Comment: Includes 1 parkin	g pass at the	value of \$20			

. /	and a second					
	Agency Name				Date Stamp	California 802
1	Alameda County					1.0111
Ē	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only
E	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must p	vrovide explanation in Part 3.)
	(510) 272-6692		nda@acgov.	ora	Date of Original Filing:	(Month, Day, Year)
	Function or Event Infor					(Monin, Day, Year)
S	Does the agency have a ticke		Yes 🛛 No	E Face Value o	of Each Ticket/Pass \$ _	200.00
				-		
E	Event Description Warriors v	Provide Title/Exp	lanation	Date(s)	1 12 13	//
4	ficket(s)/Pass(es) provided b	nanan manan manan di		Golde	n State Warriors	
	ncket(s)/Fass(es) provided b	y agency r	Yes 🗌 No		Name of Sc	
	Vas ticket distribution made a	at the behest	No 🗆 Yes	If yes: Valle	, Richard- Supervisor	District 2
	of agency official?				Official's Name (Last, First)
. 1	Recipients					
-	• Use Section A to identify the agenc	y's department or		tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
1	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
ī						
1	B. Name of Individu (Last, Firal)	al	Number of Ticket(s)/ Pass(es)	ł.	Identify one of the follow	ing:
-	B. Name of Individu (Last, First)	al	Ticket(s)/	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other Inter Int	ing: Income
-	B. Name of Individu (Last, First)	al	Ticket(s)/	If checking "Ceremon Ceremonial Role	Other in Other in Other in Other in Other in Other in Other' describe below:	
-	B. Name of Individu (Last, First) C. Name of Outside Organ (include address and des	nization	Ticket(s)/	If checking "Ceremor Ceremonial Role If checking "Ceremor	Other Other Control of the control	Income
-	(Last, First)	nization scription)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other Other Control C	Income
	C. Name of Outside Organ (include address and det League of Volunteers	nization scription) Newark CA nd seniors in	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the put	Other	Income [Income [

1.	Agency Name				Date Stamp	California 802
	Alameda County				1	T OIL
	Division, Department, or Re	gion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	t (Name, Title)			1	
	Michelle Dianda					
	Area Code/Phone Number (510) 272-6692	E-mail michelle.diar	nda@acgov.org		Date of Original Filing:	rovide explanation in Part 3.)
2.	Function or Event Info Does the agency have a tick Event Description Warriors	et policy?	Yes 🛛 No 🗌		of Each Ticket/Pass \$ _	200.00
	Event Description	Provide Title/Expl	anation	Date(s)		//
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors Name of So	urce
	Was ticket distribution made of agency official?	at the behest	No 🗆 Yes 🛛	If yes: Valle	, Richard- Supervisor Official's Name (District 2 Last, First)
3.	• Use Section A to identify the agen	cy's department or	unit. • Use Section B	to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
				19		
	-	1				

В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role Other I Income Income II checking "Ceremonial Role" or "Other" describe below:
			Ceremonial Role Other I Income Income II checking "Ceremonial Role" or "Other" describe below:
c.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	vark Rotary Club . Box 105, Newark CA 94560	4	To reward a non-profit organization for its contributions to the community.
	vides support to local non-profits inizations and humanitarian efforts		

4. Verification

hŧ	ve reac	and understand	FPAC Regulations 18	1944.1 and 18942.	I have verified that the	distribution set forth above,	is in accordance with the	requirements.	
			/		- III Dianala	distribution set forth above,		101/-	72

Michelle Dianda Supervisor's Aide Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: Includes 1 parking pass at the value of \$20.

						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County		2012			Form OOZ
	Division, Department, or Reg	ion (If Applicabl	e)			For Onicial Ose 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	inda@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	rs. Lakers Provide Title/Exp	lanation	Date(s)) <u>, 30 , 13</u>	//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🔲 No	If no: Golder	n State Warriors	
		y agonoy.			Name of Se	
	Was ticket distribution made a	at the behest	No 🗆 Yes	If yes: Valle,	, Richard- Supervisor	District 2
_	of agency official?				Official's Name	(Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	Number of	ation B to identify an individu I	ual. • Use Section C to ider	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
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving:
	frant cont		Pass(es)	Ceremonial Role	Other 🛛	Income
	Dunckel, Jon		2.5		alal Role" or "Other" describe below:	
			4		ance at an event held potential revenue fron	at a County facility in n sales.
				Ceremonial Role	Other O	Income
			4	If checking "Ceremon	vial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
	Verification		and success			
	I have lead and understand FPPC Regu	llations 18944.1 an	d 18942. I have ve	orified that the distribution set f	forth above, is in accordance w	ith the requirements
	JULL	~	Michelle D		Supervisor's Aide	00013
	Signature of Agency Head or Designed	,	Print Nam	90	Title	(Month, Day, Year)
	Comment:					

170						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Reg	ion (If Applicable	9)]	For Oricial Ose 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.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				200.00
	Does the agency have a ticke	at policy?	Yes 🛛 No 🗌] Face Value of	of Each Ticket/Pass \$ _	300.00
	Event Description Warriors	/s. Celtics		Date(s)01	<u>, 10 , 13</u>	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗋 No 🛛	If no: Golde	n State Warriors	200729
	Was ticket distribution made	at the behast		a Valle	, Richard- Supervisor	
	of agency official?	at the penest	No 🗌 Yes 🛛	If yes:	Official's Name	(Last, First)
3	Recipients					
0.	Use Section A to identify the agend	y's department or	unit. • Use Secti	ion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departm	And and a state of the state of	Number of Ticket(s)/ Pass(es)	a de la compañía de l	olic purpose made pursuan	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	Income
				Ceremonial Role	ial Role" or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	New Haven Schools Found 33377 Western Ave. Union		4	To reward a non-pr community.	rofit organization for it	s contributions to the
	Support schools with extra- activities and scholarships	curricular				
4.	Verification I have read and understand FPPC Reginstruction Signature of Agendicated or Designed Comment: Includes 1 parking	0	Michelle Dia Print Name	anda	forth above, is in accordance w Supervisor's Aide _{Title}	ith the requirements.
	Second the second se	2000 and a 1000				EBBC Eorm 902 /4/4

						A rubic bocument
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	jion (If Applicable	9)			For Onicial Ose Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Michelle Dianda					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
6	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Infor	mation				200.00
	Does the agency have a ticke		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$.	200.00
	Event Description Warriors	/s. Trailblazer Provide Title/Exp	S lanation	Date(s)1	1 <u>, 23 , 13</u>	//
	Ticket(s)/Pass(es) provided t	y agency?	Yes 🔲 No	If no: Golde	n State Warriors	
		,,		23	Name of S	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor Official's Name	District 2
_					Omciars Name	(Last, Pirst)
3.	Recipients					
	Use Section A to identify the agend		Number of			a reference and a second dependence
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursua	nt to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follo	wing:
	(Last, First)		Pass(es)			
	Lindsey, Tommie		4	If checking "Ceremon	Other 🔀 nial Role" or "Other" describe below	
			-	To reward a comm	unity volunteer for hi	s service to the public.
				Ceremonial Role If checking "Ceremon	Other Other Other Other Other	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursua	nt to the agency's policy
4.	Verification	ulations 18944.1 an	d 18942. I have ve Michelle D		forth above, is in accordance v Supervisor's Aide	with the requirements. $\begin{bmatrix} 05/7.4 \end{bmatrix} F$
	Signature of Agency Head or Designe	<u>a</u>	Print Nam		Supervisor's Alde	(Mdnth, Day, Year)
						(indian' ray, that)
	Comment: Includes 1 parki	ng pass at the	value of \$20),		

A Fublic Document	A	Publ	lic	Document
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oeremonial itole Events and it	shour use	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicable	le)		-	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Michelle Dianda				
Area Code/Phone Number E-mail				provide explanation in Part 3.)
(510) 272-6692 michelle.dia	anda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				1. March 2010 11 11
Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	250.00
Event Description Warriors vs. Pacers	100000000000000000000000000000000000000		1 , 20 , 14	
Event Description Provide Title/Exp	planation	Date(s)		//
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 of agency official?	No 🗌 Yes	If yes: Valle	e, Richard- Supervisor Official's Name	District 2
			Union o Hamo	Luoi, rhay
 Recipients Use Section A to identify the agency's department of 	runit. • Use Sec	tion B to identify an individ	ual	tify an outside organization
	Number of			The second second second second
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
i				
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
McDonald, Eileen	4		nial Role" or "Other" describe below:	Income 🗖
			ance at an event held potential revenue fron	
		Ceremonial Role If checking "Ceremo	Dother nial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
4. Verification				
have read and understand FPPC Regulations 18944.1 ar	nd 18942. I have ve	rified that the distribution set	forth above, is in accordance w	ith the requirements.
MAL	Michelle Di	ianda	Supervisor's Aide	0/29/3
Signature of Agency Head or Designee	Print Nam	0	Title	(Month, Day Year)

Comment: Includes 1 parking pass at the value of \$20.

4

1. A	gency Name				Date Stamp	California 000
	lameda County				bute cramp	Form 802
	vision, Department, or Reg	jion (If Applicable	9)			For Official Use Only
В	oard of Supervisors					
	signated Agency Contact	(Name, Title)				
Le	ee Ann Fergerson, Super	visor's Assista	nt			
1.11	ea Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(5	10) 272-6691	leeann.ferge	erson@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2. F	unction or Event Info	mation				ut
	bes the agency have a tick		Yes 🗌 No 🗌		f Each Ticket/Pass \$ _	(1,000
Ev	vent Description Warriors	Provide Title/Exp	Innation	_ Date(s)	<u>, 21 , 13</u>	//
		Second Constant of Second		If no: GSW		
Tic	cket(s)/Pass(es) provided t	by agency?	Yes 🛛 No 🗆		Name of S	
	as ticket distribution made	at the behest	No 🗆 Yes 🛛	If yes: Alam	eda County Supervise	or Haggerty D-1
0	f agency official?	an a constant and an		.,	Official's Name	(Last, First)
	ecipients					
• L	Jse Section A to identify the agen	sy's department or		B to identify an individu	al. • Use Section C to iden	ntify an outside organization.
A	Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	t to the agency's policy
в	Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving:
			Pass(es)	Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
_				Ceremonial Role	Other describe below:	Income
1					*/	
С	Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	it to the agency's policy
	ublin Partners in Educatio .O. Box 2307 Dublin CA 9		20/4		school or nonprofit ontributions to the co	
	erification ave read and understand EPPC Reg	ulations 18944.1 an	d 18942. I have verified	that the distribution set f	orth above, is in accordance w	ith the requirements.
H	111 Dreux		Lee Ann Ferger		Supervisor's Assistar	
A	Signature of Agendy Head of Designe	0	Print Name		Tille	(Month, Day, Year)
	All products and		ducational Draw	ama aanina ali -	tudente in the Duble	Linified Only of Dist
C	omment: All proceeds sup	port DPIE's E	ducational Prog	rams serving all s	tudents in the Dublin	Unified School Dist.

remonial Role Events and Tic Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicabl	e)		
Board of Supervisors Designated Agency Contact (Name, Title)			
Lee Ann Fergerson, Supervisor's Assista	ant	Amendment (Mu	ust provide explanation in Part 3.)
Area Code/Phone Number E-mail (510) 272-6691 leeann.ferg	erson@acgov.org	Date of Original Fill	ng:(Month, Day, Year)
Function or Event Information			14 020
Does the agency have a ticket policy?		/alue of Each Ticket/Pass	\$ 1] 000
Event Description <u>Warriors Skybox vs. G</u> Provide Title/Ex	rizzlies Date(s) <u>3 , 28 , 14</u>	//
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No 🗌 If no: 🖞	GSW	
		Name	of Source rtv. Dist. 1
Was ticket distribution made at the behest of agency official?	No 🗋 Yes 🔀 🛛 If yes:	A.C. Supervisor Hagger Official's Na	ame (Last, First)
Use Section A to identify the agency's department of Manelof Agency Department or Unit.	Drunit. • Use Section B to Identify an Number of The start Passies		suantio the agency is policy
	Numberoy Peaster Paster Numberoy Torocay Hasece	the public purpose mitde pure	suant to the egency's policy ollowing: Income
	Number of The ends Paster Paster Paster Paster Toostay Hassice Ceremor If checking	meipublic purpose made pure (dentify one prime for hial Role Other g "Ceremonial Role" or "Other" describe t	suant to the egency's policy ollowing: Income
	Numberov Peartee Numberov Torverey Torverey Hasece Ceremor If checking	melpublic purpose made pure identify one prime for hal Role Other	suant to the egency's policy ollowing: below: Income
	Number of Thereites Pasaes Number of Pasaes Number of Ceremon If checking Ceremon If checking	the public purpose made pure identify one prime for head Role D Other D g "Ceremoniel Role" or "Other" describe to hiel Role D Other D	suant to the agency's policy clowing: below: Income below:
A. Name of Agency Department or Britt	Number of Thereiter Pasates) Number ov Tove (a) Hask (a) Ceremor If checkin Ceremor If checkin If checkin Tokat(a) Describ	melpublic purpose made pure	suant to the agency's policy blowing: Income below: resuant to the agency's policy profit organization
Name of Agency Department or Unit	Number of Thereiter Pasates) Number ov Tove (a) Hask (a) Ceremor If checkin Ceremor If checkin If checkin Tokat(a) Describ	the public purpose made pure identify one prime in identify one prime if ial Role D Other D g "Ceremonial Role" or "Other" describe i a "Ceremonial Role" or "Other" describe i e the public purpose made pur reward a school or nonc	suant to the agency's policy blowing: below: resuant to the agency's policy for the agency's policy profit organization

eremonial Role Evel	hts and lic	Ket/Pass	Distributions		A Public Documer
. 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 Contact	: (Name, Title)			-	
Lee Ann Fergerson, Super	visor's Assistar	nt			
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691	leeann.ferge	rson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Info	rmation				
Does the agency have a lick	et poliøy?	Yes 🗹) No	Face Value c	of Each Ticket/Pass \$ _	85.00
- 15 · A/.	5 JASE	AVIII		r (l) >	
Event Description	Provide Title/Expla	anation	Date(s)		
Ticket(s)/Pass(es) provided I	ov agency?	Yes 🗹 No	I If no Cak	land Ath	lettes
	sy agonoy .	ies dr Nu		Name of So	purce
Was ticket distribution made	at the behest	No 🗌 Yes	→ If yes:	eda County Supervisor S	
of agency official?			(Official's Name (Last, First)
Recipients					
Use Section A to identify the agent	cy's department or u	Init. • Use Sec	ction B to identify an Individu	ual. • 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	to the agency's policy
z internet internet internet internet	eres i te de constructiones	r 855(65)			
B. Name of Individu	al	Number of			
Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			To promote attendar	nce at a county sponsored	event in order ncome
			to maximize potentia	I county revenue for conc	
Orang Smith		2	parking sales	• . • ,	
	·····		Ceremonial Role	Other	
. ,			-	al Role" or "Other" describe below:	
C. Name of Outside Orgar		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	to the agancy's policy
(include address and des	scription)	Pass(es)			to the ugency a policy
Verification					
have read and understand FPPC Regu	lations 18944.1 and 1	18942. I have vei	rified that the distribution set fo	rth above, is in accordance with	the requirements.
10 Mm. Br MA	К ц	ee Ann Ferg	gerson S	Supervisor's Assistant	10-02-
Signature of Agency Head or Designee		Print Name		Title	(Month; Day, Year)
() ()					
Comment:					

Seremonial Role Ever		000 010	unoutona		A Public Documen
I. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ For Official Use Only
Division, Department, or Reg	ion (If Applicable)				For Onicial Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Superv	visor's Assistant				
Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
 Function or Event Infor Does the agency have a ticket Event Description	et policy? Yes BASE Construction Provide Title/Explanation y agency? Yes at the behest No y's department or unit. • U	Ves	Date(s) <u>G</u> If no: <u>G</u> If yes: <u>Alame</u> If yes: <u>If yes</u>	f Each Ticket/Pass \$ _ D D D Ada County Supervisor So Official's Name (al. • Use Section C to iden ic purpose made pursuant	cott Haggerty, District 1 Last, First) tify an outside organization.
B. Name of Individua (Lost. First)	al Numbo Ticket Pass((s)/		Identify one of the follow	ng:
Wandathon	DSON Z	to	o promote attendant o maximize potential arking sales	ce at a county sponsored county revenue for conce	event in order 'ncome 🗖 ession and
			Ceremonial Role		Income
C. Name of Outside Organ (include address and des	ization Numbe cription) Pass((s)/	Describe the publi	c purpose made pursuant	to the agency's policy
Verification	Lee Ann	ive verified the Fergerso		th above, is in accordance with upervisor's Assistant Title	the requirements. $\frac{10/2/13}{(Month, Day, Year)}$

Agency Report of: d Ticket/Dee Distributi C

Ceremonial Role Events and Lick	etrass Dis	stributions		A Public Document
1. Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region (If Applicable)			1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervisor's Assistan	t			
Area Code/Phone Number E-mail			. [_] Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6691 leeann.ferger	son@acgov.org	3	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	<u></u>			
	Yes 🛛 No 🗌	Face Value c	of Each Ticket/Pass \$ _	100
Event Description Warriors Pre-season gan Provide Title/Explai	Ne nation) , 07 , 13	//
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No 🗌	If no: <u>Golde</u>	n State Warriors Name of So	
Maa ticket distribution made at the behast		Alam	eda County Superviso	
Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: <u>Addition</u>	Official's Name (Last, First)
	Pass(es)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
Felicia Hassett			ance at a county sponsore ial county revenue for cond	
		Ceremonial Role If checking "Ceremor	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 put	olic purpose made pursuan	t to the agency's policy
4. Verification			······	

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

Allin On Mic	Lee Ann Fergerson	Supervisor's Assistant	101-112
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

С	eremonial Role Even	ts and Tick	(et/Pass	Distributions		A Public Document
1.	Agency Name			<u>, , , , , , , , , , , , , , , , , , , </u>	Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable)				For Official Use Only
	Board of Supervisors		# 1.			
	Designated Agency Contact (Name, Title)			-	
	Lee Ann Fergerson, Superv	isor's Assistan	t			
	Area Code/Phone Number	E-mail			_ [_] Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferger	son@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				00.00
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	60.00
	Event Description Disney on	Ice Provide Title/Expla	nation	Date(s)	0 <u>,</u> 17 <u>,</u> 13	///
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	If no: Golde	en State Warriors Name of S	ource
	Was ticket distribution made a of agency official?	at the behest	neda County Supervis Official's Name	or Scott Haggerty, D1 (Last, First)		
3.	Recipients • Use Section A to identify the agence A. Name of Agency, Departme	ja -	nit. • Use Sec Number of Ticket(s)/ Pass(es)		lual. • Use Section C to ide blic purpose made pursuar	
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/		Identify one of the follow	ving:
	(Lööi, rivoi)		Pass(es)	Ceremonial Role	Other 🛛	Income
	Scott Haggerty				nial Role" or "Other" describe below	
			4	To obtain oversigh County funding or	nt of facilities or events support	s that have received
				Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below	Income
	C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	nt to the agency's policy

4.

I. Verification			
I have read and understand FPPC Regulations 18	944.1 and 18942. I have verified that the distrib	ution set forth above, is in accordance with the re	quirements
Filmingues	Lee Ann Fergerson	Supervisor's Assistant	10/7/13
Signature of Agency Head or Designee	Print Name	Title	Month, Day, Year)

Comment:

C						
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	gion (If Applicable	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Lee Ann Fergerson, Super	vieor'e Accieta	nt			
	Area Code/Phone Number	E-mail	m		Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691		erson@acgo	v.ora	Date of Original Filing	I <u> </u>
2	Function or Event Info	-	sitesii@doge			(Month, Day, Year)
£.,	Does the agency have a tick			Eace Value	of Each Ticket/Pass \$.	30.00
			Yes 🛛 No			
	Event Description A's Baseball Date(s) 8				8 <u>30</u> 13	//
	W. L. W. M	NAMES IN A COMPANY OF T		Oakl	and Athletics	
	Ticket(s)/Pass(es) provided I	by agency?	Yes 🛛 No	If no:	Name of S	ource
	Was ticket distribution made	at the behest	No 🗌 Yes	If ves. Alar	neda County Supervis	or Scott Haggerty, D1
	of agency official?			11 yos	Official's Name	(Last, First)
3.	Recipients					
					dual. • Use Section C to ide	ntify an outside organization.
	Use Section A to identify the agen					ning un outside organization.
	Ose Section A to identify the agen A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)	and the second second	ublic purpose made pursual	and the second
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	and the second second	ublic purpose made pursua	nt to the agency's policy
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	and the second second	Iblic purpose made pursual	nt to the agency's policy
	A. Name of Agency, Departm B. Name of Individu (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pr	Identify one of the follow	nt to the agency's policy wing:
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pr	Iblic purpose made pursual Identify one of the follow Other Sonial Role" or "Other describe below	nt to the agency's policy wing: Income
	A. Name of Agency, Departm B. Name of Individu (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pro- Ceremonial Role If checking "Cerem To promote attent	Iblic purpose made pursual Identify one of the follow Other Sonial Role" or "Other describe below	nt to the agency's policy wing: Income [nsored event to maximiz
	A. Name of Agency, Departm B. Name of Individu (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pro- Ceremonial Role If checking "Cerem To promote atten potential county r	Identify one of the follow Identify one of the follow Other Social Role" or "Other" describe below dance at a county spoi evenue for concession	nt to the agency's policy wing: Income [nsored event to maximiz
	A. Name of Agency, Departm B. Name of Individu (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the provide the providet the	Identify one of the follow Identify one of the follow Other Social Role" or "Other" describe below dance at a county spoi evenue for concession	nt to the agency's policy wing: Income [nsored event to maximiz and parking sales. Income [
	A. Name of Agency, Departm B. Name of Individu (Last. First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the provide the providet the	Identify one of the follow Identify one of the follow Other Some of the follow Other Some of the follow Identify one of the follow Other Some o	nt to the agency's policy wing: Income [nsored event to maximiz and parking sales. Income [
	A. Name of Agency, Departm B. Name of Individu (Last, First) Nabeela Amiri	ient or Unit	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2	Describe the provide the providet the	Identify one of the follow Identify one of the follow Other Some of the follow Other Some of the follow Identify one of the follow Other Some o	nt to the agency's policy wing: Income [nsored event to maximiz and parking sales. Income [
	A. Name of Agency, Departm B. Name of Individu (Last. First)	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	Describe the pro- Ceremonial Role If checking "Cerem To promote atten- potential county r Ceremonial Role If checking "Cerem	Identify one of the follow Identify one of the follow Other Some of the follow Other Some of the follow Identify one of the follow Other Some o	wing: Income [nsored event to maximiz and parking sales. Income [
	A. Name of Agency, Departm B. Name of Individu (Last, First) Nabeela Amiri	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 Number of	Describe the pro- Ceremonial Role If checking "Cerem To promote atten- potential county r Ceremonial Role If checking "Cerem	Identify one of the follow Identify one of the follow Other S onial Rate" or "Other" describe below dance at a county spoi evenue for concession Other Concession Other Concession	wing: Income [nsored event to maximiz and parking sales. Income [
	A. Name of Agency, Departm B. Name of Individu (Last, First) Nabeela Amiri	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	Describe the pro- Ceremonial Role If checking "Cerem To promote atten- potential county r Ceremonial Role If checking "Cerem	Identify one of the follow Identify one of the follow Other S onial Rate" or "Other" describe below dance at a county spoi evenue for concession Other Concession Other Concession	wing: Income [nsored event to maximiz and parking sales. Income [
	A. Name of Agency, Departm B. Name of Individu (Last, First) Nabeela Amiri	ual	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 2 2 2 Number of Ticket(s)/	Describe the pro- Ceremonial Role If checking "Cerem To promote atten- potential county r Ceremonial Role If checking "Cerem	Identify one of the follow Identify one of the follow Other S onial Rate" or "Other" describe below dance at a county spoi evenue for concession Other Concession Other Concession	wing: Income [nsored event to maximiz and parking sales. Income [

 Lee Ann Fergerson
 Supervisor's Assistant
 10/07/13

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

Comment: _

A Public Document

\sim			Distributions		A Public Document
1.	Agency Name			Date Stamp	California Form 802
	Alameda County				
	Division, Department, or Region (If Applicable)			1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		••••••••••••••••••••••••••••••••••••••		
	Lee Ann Fergerson, Supervisor's Assistant				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6691 leeann.fergers	son@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	is Cold Cold and I am model to the cold product the	the new sector and the sector of th		
	Does the agency have a ticket policy?	/es 🛛 No	Face Value of	of Each Ticket/Pass \$	222.00
	Event Description Raiders Football Provide Title/Explan	ation	Date(s)1	2413	//
	Ticket(s)/Pass(es) provided by agency?	∕es⊠ No	If no: Oaklai	nd Athletics Name of So	urce
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: <u>Alam</u>	eda County Superviso Official's Name (I	r Scott Haggerty, D1 Last, First)
3.	Recipients • Use Section A to identify the agency's department or ur	nit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	B. Name of Individual (Lasi, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	John Rudolph			Other 🛛	Income
	John Rudolph		to reward a County	iial Role" or "Other" describe below: / employee for his exe age staff development	
			Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy

4. Verification

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

VIIII V X08	Lee Ann Fergerson	Supervisor's Assistant	10/07/13
Signature of Agency Head or Designee	Print Name	Title	(Monlh, Day, Year)

Comment: ___

A Public Document

					Date Stamp	California 802
	lameda County					For Official Use Only
D	ivision, Department, or Re	gion (If Applicable)		1	Por Oniolar one Only
	oard of Supervisors					
	esignated Agency Contac	t (Name, Title)			-	
	• • • • • • • • • • • • • • • • •					
	ee Ann Fergerson, Supe	the second se	11		Amendment (Mus	t provide explanation in Part 3.)
	rea Code/Phone Number 510) 272-6691	E-mail leeann.ferge)	Date of Original Filing	(Month, Day, Year)	
2. F	unction or Event Info	ormation				1.0 00
	oes the agency have a tic		Yes No	Face Value	of Each Ticket/Pass \$	60.00
	De	rey on 1	ce.	Data(a))(2,20,13	1 1
E	vent Description	Provide Title/Expl	anation			
ar.	icket(s)/Pass(es) provided	by agency?	Yei 🕰 No 🗆	If no: G	Sle	
	icket(s)/Pass(es) provided	by agency .			Name of neda County Supervisor	
	Vas ticket distribution made of agency official?	e at the behest	No 🗆 Yes 🗗	If yes:	Official's Name	*
	Recipients Use Section A to identify the age	ncy's department or	unit. • Use Section	B to identify an individ	dual. • Use Section C to id	entify an outside organization.
1	A. Name of Agency, Depart		Number of Ticket(e)/ Pass(es)	Describe the pu	iblic purposè made pursua	int to the agency's policy
	Nour of highly	dual	Number of			
E	3. Name of Individual (Least, Fired)	qual	Ticket(s)/ Pass(es)		Identify one of the folio	wing:
•	maria Ca	rona	¥		attendance at a county sp potential county revenue f	
-				Ceremonial Role	Other D	Income
		1		a strating salari		
C	Name of Outside Org		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	int to the agency's policy
-						
1		and been a				
					and the second sec	

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

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

Agency Name Alameda County			NAMES OF TAXABLE PARTY.				ní
Alemede County				Date Stamp	California	802	2
Alameda County				1 A A	Form		1
Division, Department, or Re	gion (If Applicable	e)			For Official U	Use Only	
Board of Supervisors					3		
Designated Agency Contact	(Name, Title)						
Lee Ann Fergerson, Super	visor's Assista	int					_
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, Yea	(1)	
Function or Event Info	rmation						-
Does the agency have a tick	et policy?	Yes DO No C] Face Value o	of Each Ticket/Pass \$.	60,00	7	
	en on	<u>ce</u>		1.19/13	/	1	3
		Contraction and the second second	I If no: GE	510)			
Ticket(s)/Pass(es) provided	by agency?	Yes A No		Name of S			
Was ticket distribution made	at the behest	No 🗆 Yes 🙀	If yes:	eda County Supervisor S		rict 1	
of agency official?		- (Official's Name	(Last, First)		
• Use Section A to identify the agen	cy's department or	unit. • Use Section	on B to identify an individe	ual. • Use Section C to iden	ntify an outside organ	nization.	
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(ds)	Describe the pub	olic purposè made pursuan	t to the agency's po	olicy	0
B. Name of Individue (Last, First)	ual	Number of Ticket(s)/ Pass(cs)	1	Identify one of the follow	- C - X2	3 3	
Arselia C	orona	4	To promote attend to maximize poten parking sales	ance at a county sponsor tial county revenue for co	ed event in order ncession and	ome	
			Ceremonial Role If checking *Ceremon	Other I other describe below:		Income	3
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	ilc purpose made pursuan	t to the agency's po	licy	
	1						
		1					

n Lee Ann Fergerson Supervisor's Assistant 10-1 $l \leq$ n Signature of Agency fleat or Designe Print Name Title (Month; Day, Year) Comment: _

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

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗆 Event Description <u>A's Baseball</u> Date(s) ____9 __1 __/ 13 Provide Title/Explanation If no: Oakland Athletics Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: <u>Alameda County Supervisor Scott Haggerty</u>, D1 Was ticket distribution made at the behest No 🗌 Yes 🖾 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Other 🗵 Ceremonial Role Income Eric Bakhtiani If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at a county sponsored event to maximize potential county revenue for concession and parking sales. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

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.

Jun Ara	Lee Ann Fergerson	Supervisor's Assistant	10/07/13
Signature of Agency Head or Desighee	Print Name	Title	(Month, Day, Year)

Comment: __

Name County Department, or Regi Supervisors d Agency Contact (/ Fergerson, Supervi /Phone Number -6691 n or Event Inforr agency have a ticket cription <u>A's Baseba</u> Pass(es) provided by distribution made a / official? n A to identify the agency te of Agency, Departme	Name, Title) isor's Assistan E-mail leeann.ferge mation t policy? all Provide Title/Expl y agency? It the behest	nt erson@acgo Yes ⊠ No lanation Yes ⊠ No No □ Yes unit. • Use Sec Number of Ticket(s)/	□ Face Value Date(s) □ If no: Oakla ⊠ If yes: Alan	Date of Original Filing of Each Ticket/Pass \$ 9 _ 3 _ 13 and Athletics Name of neda County Supervis Official's Name	(Month, Day, Year)
Department, or Regi Supervisors d Agency Contact (/ Fergerson, Supervi /Phone Number -6691 n or Event Inforr agency have a ticket cription <u>A's Baseba</u> distribution made a / official? hts n A to identify the agency	Name, Title) isor's Assistan E-mail leeann.ferge mation t policy? all Provide Title/Expl y agency? It the behest	nt erson@acgo Yes ⊠ No lanation Yes ⊠ No No □ Yes unit. • Use Sec Number of Ticket(s)/	□ Face Value □ Date(s) - S □ If no: Oakla ⊠ If yes: Alan Stion B to identify an individe	Date of Original Filing of Each Ticket/Pass \$ 9 _ 3 _ 13 and Athletics Name of neda County Supervis Official's Name	For Official Use Only t provide explanation in Part 3.) G:(Month, Day, Year)30.00 Source sor Scott Haggerty, D1 e (Last, First) entify an outside organization.
Supervisors d Agency Contact (A Fergerson, Supervi /Phone Number -6691 n or Event Inforr agency have a ticket cription <u>A's Baseba</u> vass(es) provided by distribution made a v official?	Name, Title) isor's Assistan E-mail leeann.ferge mation t policy? all Provide Title/Expl y agency? It the behest	nt erson@acgo Yes ⊠ No lanation Yes ⊠ No No □ Yes unit. • Use Sec Number of Ticket(s)/	□ Face Value □ Date(s) - S □ If no: Oakla ⊠ If yes: Alan Stion B to identify an individe	Date of Original Filing of Each Ticket/Pass \$ 9 _ 3 _ 13 and Athletics Name of neda County Supervis Official's Name	entify an outside organization.
d Agency Contact (Fergerson, Supervi /Phone Number -6691 n or Event Inforr agency have a ticket cription <u>A's Baseba</u> ass(es) provided by distribution made a v official?	isor's Assistan E-mail Ieeann.ferge mation t policy? all <i>Provide Title/Expl</i> y agency? It the behest	erson@acgo Yes X No Ianation Yes X No No Yes unit. • Use Sec Number of Ticket(s)/	□ Face Value □ Date(s) - S □ If no: Oakla ⊠ If yes: Alan Stion B to identify an individe	Date of Original Filing of Each Ticket/Pass \$ 9 _ 3 _ 13 and Athletics Name of neda County Supervis Official's Name	g:
Fergerson, Supervi /Phone Number -6691 n or Event Inform agency have a ticket cription <u>A's Baseba</u> vass(es) provided by distribution made a v official?	isor's Assistan E-mail Ieeann.ferge mation t policy? all <i>Provide Title/Expl</i> y agency? It the behest	erson@acgo Yes X No Ianation Yes X No No Yes unit. • Use Sec Number of Ticket(s)/	□ Face Value □ Date(s) - S □ If no: Oakla ⊠ If yes: Alan Stion B to identify an individe	Date of Original Filing of Each Ticket/Pass \$ 9 _ 3 _ 13 and Athletics Name of neda County Supervis Official's Name	g:
/Phone Number -6691 a or Event Inform agency have a ticket cription <u>A's Baseba</u> ass(es) provided by distribution made a v official?	E-mail leeann.ferge mation t policy? all <i>Provide Title/Expl</i> y agency? It the behest y's department or	erson@acgo Yes X No Ianation Yes X No No Yes unit. • Use Sec Number of Ticket(s)/	□ Face Value □ Date(s) - S □ If no: Oakla ⊠ If yes: Alan Stion B to identify an individe	Date of Original Filing of Each Ticket/Pass \$ 9 _ 3 _ 13 and Athletics Name of neda County Supervis Official's Name	g:
/Phone Number -6691 a or Event Inform agency have a ticket cription <u>A's Baseba</u> ass(es) provided by distribution made a v official?	E-mail leeann.ferge mation t policy? all <i>Provide Title/Expl</i> y agency? It the behest y's department or	erson@acgo Yes X No Ianation Yes X No No Yes unit. • Use Sec Number of Ticket(s)/	□ Face Value □ Date(s) - S □ If no: Oakla ⊠ If yes: Alan Stion B to identify an individe	Date of Original Filing of Each Ticket/Pass \$ 9 _ 3 _ 13 and Athletics Name of neda County Supervis Official's Name	g:
n or Event Inforr agency have a ticket cription <u>A's Baseba</u> ass(es) provided by distribution made a v official?	mation t policy? all <i>Provide Title/Expl</i> y agency? It the behest y's department or	Yes ⊠ No lanation Yes ⊠ No No □ Yes unit. • Use Sec Number of Ticket(s)/	□ Face Value □ Date(s) - S □ If no: Oakla ⊠ If yes: Alan Stion B to identify an individe	of Each Ticket/Pass \$ 9 <u>3</u> 13 and Athletics Name of neda County Supervis Official's Name	(Month, Day, Year) Source Sor Scott Haggerty, D1 e (Last, First) entify an outside organization.
rigency have a ticket cription <u>A's Baseba</u> Pass(es) provided by distribution made a v official? The figure of the transformed by n A to identify the agency	t policy? all <i>Provide Title/Expl</i> y agency? It the behest y's department or	lanation Yes ⊠ No No ⊡ Yes unit. • Use Sec Number of Ticket(s)/	Date(s) If no: Oakla ⊠ If yes: Alan Stion B to identify an individ	9 <u>3</u> 13 and Athletics Name of neda County Supervis Official's Name dual. • Use Section C to id	Source Sor Scott Haggerty, D1 e (Last, First) entify an outside organization.
cription <u>A's Baseba</u> vass(es) provided by distribution made a v official? hts n A to identify the agency	all Provide Title/Expl y agency? It the behest y's department or	lanation Yes ⊠ No No ⊡ Yes unit. • Use Sec Number of Ticket(s)/	Date(s) □ If no: Oakla ☑ If yes: Alan Stion B to identify an individ	9 <u>3</u> 13 and Athletics Name of neda County Supervis Official's Name dual. • Use Section C to id	Source Sor Scott Haggerty, D1 e (Last, First) entify an outside organization.
'ass(es) provided by distribution made a / official? nts n A to identify the agency	y agency? It the behest y's department or	Yes ⊠ No No ⊡ Yes unit. • Use See Number of Ticket(s)/	☐ If no: Oakla ☑ If yes: Alan	and Athletics Name of neda County Supervis Official's Name dual. • Use Section C to id	Source sor Scott Haggerty, D1 e (Last, First) entify an outside organization.
distribution made a / official? nts n A to identify the agency	It the behest y's department or	No Yes	If yes: <u>Alan</u>	Name of neda County Supervis Official's Name dual. • Use Section C to id	sor Scott Haggerty, D1 e (Last, First) entify an outside organization.
/ official? nts n A to identify the agency	y's department or	unit. • Use Sec Number of Ticket(s)/	ction B to identify an individ	dual. • Use Section C to id	entify an outside organization.
n A to identify the agency		Number of Ticket(s)/			-
		Number of Ticket(s)/			
le of Agency, Departme	int or Unit		Describe the pu		and the fills a second second as all second
		Pass(es)		iblic purpose made pursua	ant to the agency's policy
Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:
Irown	<u>, , , , , , , , , , , , , , , , , , , </u>	_			w:
		2			
					Income
		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	ant to the agency's policy
	(Last, First) rown lame of Outside Organ		Name of Individual (Last, First) Ticket(s)/ Pass(es) rown 2 lame of Outside Organization Number of Tight(s)/	Name of Individual (Last, First) Ticket(s)/ Pass(es) rOWN 2 2 Ceremonial Role If checking "Cerem To promote attent potential county re- ceremonial Role If checking "Cerem Image: state of Outside Organization elude address and description Number of Ticket(s)/	Name of Individual (Last, First) Ticket(s)/ Pass(es) Identify one of the following (Last, First) rOWN 2 Ceremonial Role □ Other ⊠ If checking "Ceremonial Role" or "Other" describe below To promote attendance at a county spot potential county revenue for concessio 2 Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below Iame of Outside Organization elude addresse and description) Number of Ticket(s)/ Describe the public purpose made pursual

4.	Verification	1 and 18942. I have verified that the distribu	tion set forth above, is in accordance with the re	quirements.
	All trier	Lee Ann Fergerson	Supervisor's Assistant	10/07/13
	Signature of Agency Head or besignee	Print Name	Title	(Month, Day, Year)

		GUI 433	Distributions		A Public Document		
1.	Agency Name	Date Stamp	California Form 802				
	Alameda County						
	Division, Department, or Region (If Applicable)		For Official Use Only				
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Lee Ann Fergerson, Supervisor's Assistant	t					
	Area Code/Phone Number E-mail			Amendment (Must pi	rovide explanation in Part 3.)		
	(510) 272-6691 leeann.ferger	son@acgo	v.org	Date of Original Filing: .	(Month, Day, Year)		
2.	Function or Event Information			1			
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	30.00		
	Event Description <u>A's Baseball</u> Provide Title/Explai	413	///				
	· · · · · · · · · · · · · · · · · · ·	If no: Oaklar	nd Athletics Name of Sou	urce			
	Was ticket distribution made at the behest of agency official?	If yes: Alam	meda County Supervisor Scott Haggerty, D1 Official's Name (Last, First)				
3.	Recipients						
	• Use Section A to identify the agency's department or u	nit. 🔹 Use Se	ction 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)/	Describe the pub	olic purpose made pursuant	to the agency's policy		
		Pass(es)					
		Number of					
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	Bryan Smith		Ceremonial Role	Dother X	Income		
		2	To promote attendance at a county sponsored event to maximiz potential county revenue for concession and parking sales.				
			Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below:	Income		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy		

Verification 4.

If have read and undersigned FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Lee Ann Fergerson Supervisor's Assistant 10/07/13 Print Name Title (Month, Day, Year) Signature of Agency Desidne

Comment: .

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C	eremonial Role Events and Tich	keurass	Distributions		A Public Document		
1.	Agency Name	Date Stamp	California 802				
	Alameda County		1.0111				
	Division, Department, or Region (If Applicable)	-	For Official Use Only				
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)					
	Lee Ann Fergerson, Supervisor's Assistan	.+					
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)		
	(510) 272-6691 leeann.ferger	rson@acqo	v.ora	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Information				(Wohth, Day, Year)		
- .		Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	30.00		
	Event Description <u>A's Baseball</u> Provide Title/Expla	Date(s)	<u>, 31 , 13</u>	//			
	Ticket(s)/Pass(es) provided by agency?	If no: Oakla	nd Athletics Name of Sc	NU200			
	Was ticket distribution made at the behest No \Box Yes \Box If yes: Ala			eda County Superviso			
	of agency official?	Official's Name ((Last, First)				
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
		Number of			-		
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy		
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	/ing:		
	(Ldd, r//3)/	Pass(es)					
	Tirta Armstead		Ceremonial Role If checking "Ceremor	D Other X nial Role" or "Other" describe below:	Income		
		2	1	dance at a county sponsored event to maxir			
				ential county revenue for concession and parking sales.			
	······································		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)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy		
		1	1				

4. Verification

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

Yellin gran	Lee Ann Fergerson	Supervisor's Assistant	10/07/13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: _

C	eremonial Role Events	and lick	(et/Pass	Distributions	A Public Docum		
1.	Agency Name		Date Stamp	California 802			
	Alameda County					Form 002	
	Division, Department, or Region	n (If Applicable)	1	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Na	me, Title)	-				
	Lee Ann Fergerson, Superviso	or's Assistan	t				
		-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6691	eeann.ferger	rson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information						
	Does the agency have a ticket p	olicy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$ _	30.00	
	Event Description A's Baseball	rovide Title/Expla	3 , 31 , 13	///			
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: Oaklar				nd Athletics Name of S	ource	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Alameda County S of agency official?					or Scott Haggerty, D1 (Last, First)	
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy	
	B. Name of Individual		Number of				
	Clast, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Randy Acosta		2	To promote attend	Dether Dether Determined Role" or "Other" describe below. Ince at a county sporter of the county sporter on the concession	nsored event to maximize	
				Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below.	Income	
	C. Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy	

4. Verification

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

Talution	Lee Ann Fergerson	Supervisor's Assistant	10/07/13
Signature of Agency) Head or Designee	Print Name	Title	(Month, Day, Year)

California 802 Form 802 For Official Use Only For Official Use Only Inent (Must provide explanation in Part 3.) Inent Filing: (Month, Day, Year) t/Pass \$ I Name of Source upervisor Scott Haggerty, District 1 icial's Name (Last, First)
For Official Use Only nent (Must provide explanation in Part 3.) Inal Filing:
nent (Must provide explanation in Part 3.) Inal Filing:(Month, Day, Year) t/Pass \$ 1 Name of Source upervisor Scott Haggerty, District 1
VPass \$ Name of Source upervisor Scott Haggerty, District 1
VPass \$ Name of Source upervisor Scott Haggerty, District 1
VPass \$ Name of Source upervisor Scott Haggerty, District 1
VPass \$ Name of Source upervisor Scott Haggerty, District 1
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Name of Source upervisor Scott Haggerty, District 1
Name of Source upervisor Scott Haggerty, District 1
Name of Source upervisor Scott Haggerty, District 1
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pervisor Scott Haggerty, District 1
icial's Name (Last, First)
ion C to identify an outside organization.
de pursuant to the agency's policy
of the following:
Income contractions in the second sec
Income
escribe below:
la numera de al
le pursuant to the agency's policy
profit organization
he community
6M 6
cordance with the requirements.
Excordance with the requirements. Assistant $10 - 3 - (3)$
Assistant 10-3-13
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A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information 100.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Warriors preseason game Date(s) <u>10</u> 07 , Provide Title/Explanation If no: <u>G</u>SW Ticket(s)/Pass(es) provided by agency? Yes 🛛 No 🗌 Name of Source If yes: SUPERVISOR SCOTT HAGGERTY, D1 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other X Income PETER IRVING If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a county sponsored event in order to maximize potential county revenue for concession Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification

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

Telle Aro	Lee Ann Fergerson	Supervisor's Assistant	10/16/13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment:

Ceremonial Role Ever	its and Ticl	ket/Pass	Distributions		A Public Document	
1. Agency Name				Date Stamp	California 802	
Alameda County					Form OUZ	
Division, Department, or Reg	ion, Department, or Region (If Applicable)			1	For Official Use Only	
Board of Supervisors						
Designated Agency Contact	(Name, Title)		×	-		
Lee Ann Fergerson, Super	visor's Assistar	nt				
Area Code/Phone Number	E-mail			_	provide explanation in Part 3.)	
(510) 272-6691	leeann.ferge	rson@acgo\	/.org	Date of Original Filing	(Month, Day, Year)	
2. Function or Event Info	rmation		65.00			
Does the agency have a tick	et policy?	of Each Ticket/Pass \$.	00,00			
	okfest	,25,13				
	Provide Title/Expla	anation	Date(s) 10	≤ 11		
Ticket(s)/Pass(es) provided I	by agency?	Yes A No	If no: G	Name of S	Source	
Was ticket distribution made at the behest No \Box Yes \Box If yes: <u>Alan</u>				neda County Supervisor S	Scott Haggerty, District 1	
of agency official?			u ii yes	Official's Name	(Last, First)	
3. Recipients	Recipients					
Use Section A to identify the agen	cy's department or i		tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Departm	ient or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy	
	ilina di Bilana eni	Pass(es)				
<u> </u>						
B. Name of Individu (Last, First)	Jal	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
1.10 () 0	_	. 1	To promote attend	ance at a county sponsored e	event in order to Income	
AARON KOB	LES	14	maximize potential	county revenue for concessi	on and parking sales	
	- ,	,				
			Ceremonial Role	Other	Income	
			If checking "Ceremo	onial Role" or "Other" describe below	<u>"</u>	
C Name of Outside Orga	ninotion	Number of				
C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy	
1			••••		-, -, -, -, -, -, -, -, -, -, -, -, -, -	
4. Vertification	ร้างการของ - ระบุณา การของสร้างสุขาวจะเรื่อง - ระระ	<u></u>				
I have)read and understand FPPC Reg	ulations 18944.1 and	l 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.	
Julh WM	\underline{v}	Lee Ann Fer	gerson	Supervisor's Assista	nt <u>10/23/13</u>	
Signature of Agency Head or Designed	ee	Print Nam	e	Tille	(Month, Day, Year)	
Comment:						

A Public Document

						A Fublic Document	
1.	Agency Name			n na mil che el sezzo de societa da canto del dell'Additiona de la constanta de la constanta de la constanta d	Date Stamp	California 802	
	Alameda County				Form OOZ		
	Division, Department, or Region	n (If Applicable)	•			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Na	ame, Title)					
	Lee Ann Fergerson, Superviso	or's Assistan	it i				
	Area Code/Phone Number E	-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6691	eeann.ferge	rson@acgo\	/.org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	ation		170.00			
					of Each Ticket/Pass \$	172.90	
	Event Description	ST		Date(s)10) 23 13	/	
	P	Provide Title/Expla					
	Ticket(s)/Pass(es) provided by agency? Yes ⊠ No □ If no: GSW				Name of Sol	Irce	
	Was ticket distribution made at the behest No TYes I If yes. SUPE			ERVISOR HAGGERT			
	of agency official?	the benest	No 🗌 Yes	X If yes:	Official's Name (I	.ast, First)	
3.	Recipients						
	• Use Section A to identify the agency's	department or u	ınit. 🔹 Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy	
			Pass(es)				
					۰. ۲		
	·		<u> </u>			······································	
	B. Name of Individual		Number of				
	D. Name of multiduar (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ng:	
	JESSICA CHRISTAN			To promote attend to maximize poter parking sales	dance at a county sponsore ntial county revenue for cor	ad event in order ^{oome} ocession and	
				Ceremonial Role		Income	
				If checking "Ceremor	nial Role" or "Other" describe below:		
	C. Name of Outside Organiza		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
	(include address and descr	iption)	Pass(es)				
	thing						
	<i>0</i> 7		1				
	<i></i>						
						<u></u>	

Signature of Agency Heat or besignee Lee Ann Fergerson Supervisor's Assistant Image: Organization of the second sec

Comment: _

1.	Agency Name		Date Stamp California 802			
	Alameda County			Form OUZ For Official Use Only		
	Division, Department, or Re	egion (If Applicable,				
	Board of Supervisors					
	Designated Agency Contac	t (Name, Title)				
	Lee Ann Fergerson, Supe	ervisor's Assistar	it		Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail					
_	(510) 272-6691	leeann.ferge	rson@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	ormation				1 000
	Does the agency have a tic		Yes 🛛 No [Face Value	of Each Ticket/Pass \$ _	1,900
	Event Description Warriors	Skybox vs. Griz Provide Title/Expla	zzlies mation	Date(s)	3 <u>, 28 , 14</u>	//
	Ticket(s)/Pass(es) provided	by agency?	Yes 🛛 No [If no: GSW	Name of St	ource
	Was ticket distribution made	e at the behest	No 🗆 Yes 🛙	A.C.	Supervisor Haggerty,	
	of agency official?			∆i ii yes:	Official's Name	(Last, First)
2	Recipients					
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Indivi- (Lost, First)	dual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ving:
				Ceremonial Role	Other D onial Role" or "Other" describe below.	Income
	C. (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
	Washington Hospital Healthcare Foundation		20/4	To reward For its	d a school or nonprofi contributions to the c	t organization community
	2500 monty du	84536		2		
1 .	Verification			annan Secondar -		
	I have read and understand FPPC Re	\sim	18942. I have ve Lee Ann Fer		t forth above, is in accordance w Supervisor's Assistar	10112/1
	Comment:	tosit		Gremor	Tille	(Month, Day, Year)

A Public Document

Ceremonial Role Even	ts and Ticket/	Pass Dis	tributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Reg	ion (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Superv	visor's Assistant				
Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)
(510) 272-6691	leeann.fergerson	@acgov.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Infor	mation			L	
Does the agency have a ticke	t policy?Yes		Face Value o	f Each Ticket/Pass \$	0000
	riors Bas	ketba	U Date(s)	12,13	
	Provide Title/Explanation				
Ticket(s)/Pass(es) provided b	y agency? Yes	ÊNo⊡	lf no:	<u>SW</u>	
Maa tickat distribution mode	at the helpest		Alar	<i>Name of So</i> neda County Supervisor S	
Was ticket distribution made a of agency official?	at the benest No	🗋 Yes 🗌	lf yes:	Official's Name (I	
B. Recipients					
Use Section A to identify the agence	y's department or unit.	Use Section B	to identify an individu	ual. • Use Section C to ident	tify an outside organization.
A. Name of Agency, Departme		mber of sket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		iss(es)			
D Name of ladiatida	-1 Nu	mber of			
B. Name of Individu	11	cket(s)/ ass(es)		Identify one of the follow	ing:
1 upperson of Valla	1 A		Ceremonial Role	Other	Income
Livermore Valle Education Four	datio.		If checking "Ceremon	ial Role" or "Other" describe below:	
Concertion 1000	ansion				
			Ceremonial Role	Other	
				ial Role" or "Other" describe below:	
	••				
C. Name of Outside Organ (include address and des	Tic	mber of cket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		iss(es)	T		
Education Found	۱ I	47.1		school or nonprofit c ontributions to the cor	
	micaden				
American Swi	State A	A.	auric	شر	
6500 Dublin K).	Ste IUL IDU	BUNCE	X 74568		
. Verification {have read, and understand FPPC Regu	Ilations 18944.1 and 18942	. I have verified ti	at the distribution set fo	orth above, is in accordance wil	th the requirements
Kellin lecun	0 -	Ann Fergers		Supervisor's Assistant	$\lambda \circ (1)$
Signature of Agency Head or Designed		Print Name		Title	(Month, Day, Year)
NA	1 odi - lal -	buch	0. 0. 2. Jan	andan	Qual
Comment: LVCF 15 d	a tarcasta	10 resto	ing venna	ningacadem	<u>е в ехтастујен</u> а FPPC Form 802 (4/12) 366/ASK-FPPC (866/275-7772)
programs	within 4	he live	more	FPPC Toll-Free Helpline: 8	866/ASK-FPPC (866/275-7772)
Valley Joiv	vt Umfled S	shool Dis	strict		

Signature of Agency Head or Designee

Comment: _

U	eremonial Role Even	ts and lice	(evPass	Distributions		A Public Document
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 Assistan	t			
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferger	rson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				10000
	Does the agency have a ticke	et policy?	Yes PNo	Face Value o	f Each Ticket/Pass \$ _	0000
	Event Description	Jors Bas	ketbal	Date(s)	2,11,13	//
	Ticket(a)/Deca(ca) provided b	Provide Title/Expla		If has G	SW	
	Ticket(s)/Pass(es) provided b	y agency?	Yes P No		Name of So	purce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	P If yes: <u>SCC</u>	HHAGGCTA Official's Name	(Last, First)
3.	Recipients		1		·	
	Use Section A to identify the agence	y's department or u	4	ction B to identify an individu	al. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
			Pass(es)			
			·			
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	<i>i</i> ng:
	(Lasi, riisi)		Pass(es)		•	
	dude Go		Ľ		endance at a county spon tential county revenue for	
	Chuck San	Auch	7	parking sales		
						and the second
				Ceremonial Role	Other D ial Role" or "Other" describe below:	Income
				" checking Celemon		
	C. Name of Outside Organ (include address and deal		Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
	·		Pass(es)			
	.					··· ·····
	Molfrada					
4.	Verification	ilations 18944 1 and	18942 have v	erified that the distribution set f	orth above is in accordance w	ith the requirements
	DO LAN XAFCA	4	_ee Ann Fei			
		~ 1		iyeisuli	Supervisor's Assistan	

Print Name

Title

(Month, Day, Year)

. ..

	eremonial Role Event	s and no	Neurass i	Distributions		A Public Documen	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Regi)			For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (/	Vame, Title)					
	Lee Ann Fergerson, Supervi	sor's Assistar	nt				
		E-mail	· · · ·	· · · · · · · · · · · · · · · · · · ·	Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6691	leeann.ferge	rson@acgov	.org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation		nin (j. ministrati se nemetra bastara se sa menerala na se se sa ma			
	Does the agency have a ticket	policy?	Yes 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$ _	100.00	
	Event Description Warriors pr	reseason garr	ne	Data(a) 1() _ 24 _ 13	1 1	
		Provide Title/Expla	anation			······································	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No [If no:GSW			
		4 4h - h - h f					
	Was ticket distribution made a of agency official?	t the benest	No 🗌 Yes 🛛	If yes: 30FT	ERVISOR SCOTT HA	Last, First)	
2					•		
э.	Recipients • Use Section A to identify the agency	's department or ι	unit. • Use Sect	ion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of	Describe the put	lic purpose made pursuant	to the agency's policy	
	· · · · · · · · · · · · · · · · · · ·		Ticket(s)/ Pass(es)		no parpooo mado paredan	to the ugency o policy	
	B. Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			rass(es)			Income	
	STEPHANIE		2/1		inty employee for his	-	
	COMPERA		2/1		ry service to the public e staff development		
				-	stan development		
						Income	
			2/1				
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
	(include address and des	cription)	Pass(es)	· · ·			
	· · · · · · · · · · · · · · · · · · ·			-			
4.	Verification						
,	I have read and understand FPPC Regul	ations 18944.1 and	18942. I have ver	ified that the distribution set i	forth above, is in accordance wi	th the requirements.	
	Villa tor M-	AND A DAY FOUR THE AND AND A DAY	Lee Ann Ferg	gerson	Supervisor's Assistan	t 10/15/13	

Comment: _

Ceremonial Role Events and Ticket/Pass Distributions				A Public Document	
 Agency Name Alameda County 			Date Stamp	California 802	
Division, Department, or Region (If Applicable) Board of Supervisors			2	For Official Use Only	
Designated Agency Contac Lee Ann Fergerson, Supe	a that a star		Amendment (Must e	rovide explanation in Part 3.)	
Area Code/Phone Number (510) 272-6691	E-mail leeann.fergerson@acgov.org		Date of Original Filing:		
2. Function or Event Info Does the agency have a tick Event Description WARP Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?	tet policy? Yes No No D Provide Title/Explanation by agency? Yes No D	Date(s)G	f Each Ticket/Pass \$ - 	vervisor Scott Hagger	

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.

or Unit Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Number of Ticket(s)/ Pass(os)	Identify one of the following:
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
ETT 4/	ne To promote attendance at a county sponsored event in order to maximize potential county revenue for concession and parking sales
ation Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	or Unit Ticket(s)/ Pass(es)

puninno_	Lee Ann Fergerson	Supervisor's Assistant	11-20-13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: _

Ceremonial Role Even	its and Ticket/Pass Distr		A Public Document		
1. Agency Name Alameda County		Date Stamp	California 802		
Division, Department, or Reg Board of Supervisors Designated Agency Contact			For Official Use Only		
Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number E-mail (510) 272-6691 leeann.fergerson@acgov.org			Date of Original Filing:(Month, Day, Year)		

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:	
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below.	
		Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy	
Sund Business Guild	4	To reward a school or nonprofit organization For its contributions to the community	
P. O. BOY 94 Sunol, CA 94586 Verification			

These read and understand FPPC Regulations	18944.1 and 18942. I have verified that the distribut Lee Ann Fergerson	ion set forth above, is in acco. Supervisor's As		requirements.
Signature of Agency Head or Designee	Print Name	Thie		(Month, Day, Year)
Comment: The Guild V	asses funds to hely	mantain	and	
help local	Non-profits.	FPPC Toll-Free He	elpline: 866/A	FPPC Form 802 (4/12) SK-FPPC (866/275-7772)

E-mail Leemail	Name of Source Sounty Supervisor Scott Haggerty, District 1 Official's Name (Last, First)
Ivision, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Irea Code/Phone Number E-mail 510) 272-6691 Ieeann.fergerson@acgov.org Function or Event Information Ioes the agency have a ticket policy? Yest A. No Face Value of Eacl Vent Description Provide Tille/Explanation Icket(s)/Pass(es) provided by agency? Yest A. No Vas ticket distribution made at the behest No If vest	For Official Use Only Amendment (Must provide explanation in Part 3.) e of Original Filing:
Board of Supervisors resignated Agency Contact (Name, Title) .ee Ann Fergerson, Supervisor's Assistant rea Code/Phone Number 510) 272-6691 Ieeann.fergerson@acgov.org Function or Event Information roes the agency have a ticket policy? rest Description Provide Title/Explanation ricket(s)/Pass(es) provided by agency? Yes No If no: CGW	e of Original Filing:
eesignated Agency Contact (Name, Title) .ee Ann Fergerson, Supervisor's Assistant .rea Code/Phone Number 510) 272-6691 E-mail leeann.fergerson@acgov.org Function or Event Information loes the agency have a ticket policy? vent Description Max Way S Provide Title/Explanation licket(s)/Pass(es) provided by agency? Yes No If no: GGW	e of Original Filing:
.ee Ann Fergerson, Supervisor's Assistant .rea Code/Phone Number E-mail 510) 272-6691 leeann.fergerson@acgov.org Date Function or Event Information	e of Original Filing:
rea Code/Phone Number E-mail Image: Code/Phone Number E-mail Image: Code/Phone Number E-mail Image: Code/Phone Number Number Image: Code/Phone Number Image: Cod	e of Original Filing:
510) 272-6691 leeann.fergerson@acgov.org Date Function or Event Information rowside a ticket policy? Yest A No Face Value of Each vent Description ANNUSCA ANNU	Mame of Source Name of Source Sounty Supervisor Scott Haggerty, District 1 Official's Name (Last, First)
Function or Event Information loes the agency have a ticket policy? Yest A vent Description MMV WY S Provide Title/Explanation icket(s)/Pass(es) provided by agency? Yas ticket distribution made at the behest No If yes:	Mame of Source Name of Source Official's Name (Last, First)
voes the agency have a ticket policy? Yes A No Face Value of Each vent Description Value of Each Date(s) II Provide Tille/Explanation Date(s) II icket(s)/Pass(es) provided by agency? Yes A No If no: GOW Vas ticket distribution made at the behest No Yes A If ves: Alameda Co	Name of Source Sounty Supervisor Scott Haggerty, District 1 Official's Name (Last, First)
Vas ticket distribution made at the behest No I Yes If yes: Alameda Co	ounty Supervisor Scott Haggerty, District 1 Official's Name (Last, First)
As ticket distribution made at the behest No 🗌 Yes 🗗 If yes: Alameda Co	ounty Supervisor Scott Haggerty, District 1 Official's Name (Last, First)
	Use Section C to identify an outside organization.
Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. •	
Number of	pose made pursuant to the agency's policy
Name of Individual Itali finit Itali It	tify one of the following:
Pass(es) To promote attendance at	a county sponsored event in order nome
Ceremonial Role if checking "Coremonial Role" of	Other D Income C
Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purp	pose made pursuant to the agency's policy
erification avg reaβ and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth abo	ove, is in accordance with the requirements.
1 1 \sim 6	rvisor's Assistant
Signature of Agency Healt of Designee Print Name	Tile (Monith, Day, Year)

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information Ч .00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No 9 Δ **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🖾 No 🗌 Name of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No 🗌 Yes If yes: . of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Β. Name of Individual Identify one of the following: (Last, First) To promote attendance at a county sponsored event in order come to maximize potential county revenue for concession and Kon Bonta parking sales Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) 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 Lee Ann Fergerson Supervisor's Assistant 'nΛ nature of Agency Head or Designee Print Name Title Comment:

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information 1,00.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🗋 No 🗋 9 Date(s) Event Description Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes 🔂 🛛 No 🗌 Name of Source Alameda County Supervisor Was ticket distribution made at the behest No 🗌 Yes 🔽 If yes: - Scott Haggerty, District 1 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 А. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income П If checking "Ceremonial Role" or "Other" describe below. Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) To reward a school or nonprofit organization For its contributions to the community 0 Henn 548 blin 4. **Verification** nd understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Print Name 88 Dublin Winfred rades choo 6 Comment: FPPC Form 802 (4/12)

Ceremonial Role Eve	nts and Ticket/Pass Dis	stributions		A Public Document
1. Agency Name Alameda County		Date Stamp	California 802 Form For Official Use Only	
Division, Department, or R Board of Supervisors	egion (If Applicable)	-		
Designated Agency Conta Lee Ann Fergerson, Supe				
Area Code/Phone Number E-mail (510) 272-6691 leeann.fergerson@acgov.org			Date of Original Filing:	
 Function or Event Inf Does the agency have a tion Event Description	Ret policy? Yes No No Provide Title/Explanation	Date(s) 4		250
Was ticket distribution mad of agency official?	e at the behest No 🗆 Yes 🖾	If yes: 500	off Hagcierty Officiai's Name	Last, First)
3. Recipients • Use Section A to Identify the ag A. Name of Agency, Depar	ency's department or unit. • Use Section E tment or Unit Number of		ual. • Use Section C to iden blic purpose made pursuan	

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 Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
		Ceremonial Role Other Income I			
2		Ceremonial Role Other I Income Income I			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
Anoup Seco Elementary	School 1	To reward a school or nonprofit organization For its contributions to the community			
5280 Ivene Way Invermore, CA 94550	4/1				
Verification	1 1 80 10 L hours under	d that the distribution and forth where is to concertance with the construction			
Mall Miellio -	Lee Ann Ferger	d that the distribution set forth above, is in accordance with the requirements. rson Supervisor's Assistant $[l - Dl_0 - 1]$			
Signature of Agency Head or Designee	Print Name	Title (Month, Day, Year)			
Comment: Dementary Sc	chool - D	ponation to Fundraiser to			
help of set cuts.	6	FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)			
education	n				
С	eremonial Role Events and Tic	ket/Pass D)istributions		A Public Document
--------------	--	----------------------------------	--	---------------------------------------	---------------------------------
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable	e)		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Lee Ann Fergerson, Supervisor's Assista	ant			
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
		erson@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🕼 No 🗆	Face Value of	of Each Ticket/Pass \$ _	123.75
	Event Description Mchael F	Suble	Data(s)	1,30,13	1 1
	Provide Title/Exp	planation	Date(s)	1,30,13 -SW	
	Ticket(s)/Pass(es) provided by agency?	Yes 🖾 No 🗆	l lf no:		
		C C		Name of Sc	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🗌	l If yes:	Official's Name (Last, First)
<u></u>		ann an baile bhann bhann bhailte	e de service a de la companya de la		
J.	• Use Section A to identify the agency's department of	r unit. • Use Sectio	on B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of		olic purpose made pursuan	
		Ticket(s)/ Pass(es)		ewe bridden ware barenau	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ána:
	(Last, First)	Pass(es)			-
	Gaut Il a and	4			come
	Scott Angeerty	(sight of facilities or ever	ts that have
			received Count	y funding or support	
			Ceremonial Role	Other	Income
			If checking "Ceremo	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 pursuan	t to the agency's policy
		Pass(es)			
4.	Verification				
- r .	have read and understand FPPC Regulations 18944.1 ar	nd 18942. I have verif	ied that the distribution set	forth above, is in accordance w	ith the requirements.
C	Heller to uson	Lee Ann Ferge	erson	Supervisor's Assistar	t 1/-72-(2
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
	A manual Al Cum.	t. S.	a alle al Da	chart	
	Comment: PANAU ANN	m an	en vyor , IPI		FPPC Form 802 (4/12
		1		FPPC Toll-Free Heipline:	866/ASK-FPPC (866/275-7772

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

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6691 leeann.fergerson@acgov.org (Month, Day, Year) 2. Function or Event Information 2000 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes D No 🗆 arriors Z agun Event Description Date(s) Provide Title/Explanation If no: 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 No Ves 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Lost, First Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Washington High C lool To reward a school or nonprofit organization for its contributions to the community. 28442 Fremont Blud Fremont CL 94536 Verification 4. I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Lee Ann Fergerson Supervisor's Assistant Signature of Agency Head or besighee Print Nome Tale -for participation Comment FPPC Form 802 (4/12)

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

-	eremonial Role Events and	Ticket/Pass Dis	stributions		A Public Document
١.	Agency Name			Date Stamp	California 802
	Alameda County				Form For Official Use Only
	Division, Department, or Region (If Appl	icable)		1	For Official Ose Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	1			
	Lee Ann Fergerson, Supervisor's Ass	sistant		-	
	Area Code/Phone Number E-mail			Amendment (Must p	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 Information Does the agency have a ticket policy? Event Description Warriors	Yester No 1 Nuggets	Face Value	of Each Ticket/Pass \$ _ 5, 14	350
	Provide Title Ticket(s)/Pass(es) provided by agency	evExplanation Yest ANO□	If no:	SSW Name of Sc	
	Was ticket distribution made at the beh of agency official?	est No□Yes(2	If yes:	meda County Supervisor S Official's Name (
3.	* Use Section A to identify the agency's department		B to identify an individ	dual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follow	ving: Income
			Ceremonial Role If checking "Ceremo	Other O onial 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 pursuan	t to the agency's policy
	J V¢	hod 4		d a school or nonprofi contributions to the co	
	36442 Fremont Blud Fremont Cd 94536				
4.	Verification I have read and understand FPPC Regulations 1894 Signature of Agency Head or Designae Comment: Fremont Ha Yaysung funds for I	4.1 and 18942. I have verified Lee Ann Ferger Print Name <u>Milippines</u> To	son to'rewava	Supervisor's Assistar THO L Students	11 22 17
	victims to help re	build.	11	99999999999999999999999999999999999999	en menerala de la constituit de la constitu

1.	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
1	Division, Department, or Reg	gion (If Applicable)				
	Board of Supervisors	3				
1	Designated Agency Contact	(Name, Title)			1	
	Lee Ann Fergerson, Super		t i			amulda evolunation in Part 3.1
	Area Code/Phone Number	E-mail				t provide explanation in Part 3.)
	(510) 272-6691	leeann.ferger	son@acgov.	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Info	rmation				25000
	Does the agency have a tick	et policy?	Yes No] Face Value	of Each Ticket/Pass \$	
		TIONS GW	me.	Date(s)	,24,14	//
	Event Description	Provide Tille/Exple)	
	Ticket(s)/Pass(es) provided	by agency?	Yes D No C] If no: GS	Name of	Source
		San	T	Ala		Scott Haggerty, District 1
	Was ticket distribution made of agency official?	e at the behest	No 🗌 Yes 🗌	If yes:	Official's Nam	and the second se
	of agency officially					
-	Destudents					
3.	Recipients • Use Section A to Identify the age	ncy's department or u	unit. • Veo Soci	ion B to identify an indivi	duni. • Vac Section C to id	lentify an outside organization. and toxing againsyle policy
3.	• Use Section A to Identify the age		THE REAL PROPERTY AND AND A REAL PROPERTY OF A	ion B to identify an indivi	alajia permetalaininka purau	artf toistje legandy/w polity/
3.	. Use Section A to Identify the age		THE REAL PROPERTY AND AND A REAL PROPERTY OF A	gelentitise drui pr	itin granden in die poreur	arti toiste legerdy's policy
3.	• Use Section A to Identify the age		THE REAL PROPERTY AND AND A REAL PROPERTY OF A	Ceremonial Role	itelas germanalismadas provent iduntity eine et ans tell	ent toiste legendy/w policy ewing: Income
3.	• Use Section A to Identify the age		THE REAL PROPERTY AND AND A REAL PROPERTY OF A	Ceremonial Role // Ceremonial Role // chocking "Ceremonial Role	Identify one of the follo Identify one of the follo e Other Identify one of the follo	entroisrei legers y/e: polity owing: ow: ow:
3.	• Use Section A to Identify the age	mant or suit		Ceremonial Role // checking "Cerem // checking "Cerem	ICUNTILY ONE OF THE FOIL ICUNTILY ONE OF THE FOIL e Other One nonlel Role" or "Other" describe beach nonlel Role" or "Other" describe beach	entroisrei legers y/e: polity owing: ow: ow:
3.	Use Section A to Identify the age	annation down down/plines School B (Jd.)	THE REAL PROPERTY AND AND A REAL PROPERTY OF A	Ceremonial Role If checking 'Cerem Ceremonial Role If checking 'Cerem Describe the p To reward a	ICUNTILY ONE OF THE FOIL ICUNTILY ONE OF THE FOIL e Other One nonlel Role" or "Other" describe beach nonlel Role" or "Other" describe beach	ent to the agents/'s polloy organization for

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 Indverse read and understand FPPC Regulations 18844.1 and 18842.1 have verified that the distribution set forth above, is in accordance with the requirements.

 Lee Ann Fergerson
 Supervisor's Assistant
 [1-22-13

 Signature of Adency Head of Destance
 Print Nome
 Title
 (Month, Day, Year)

 Signature of Adency Head of Destance
 Print Nome
 Supervisor's Assistant
 [1-22-13

 Signature of Adency Head of Destance
 Print Nome
 Title
 (Month, Day, Year)

 Signature of Adency Head of Destance
 Print Nome
 Title
 (Month, Day, Year)

 Operational Print Nome
 Title
 (Month, Day, Year)

 Comment:
 Pression
 Supervisor's Assistant
 [1-22-13

 Operational Print Nome
 Title
 (Month, Day, Year)

 Comment:
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 FPPC Form 802 (4/12)
 FPPC Form 802 (4/12)

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

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~	eremonial Role Ever	its and nor	leurass D	Subutons		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				101111	
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Super	vieor'e Accietor				
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6691		rson@acgov.c	org	Date of Original Filing:	41
2	Function or Event Info		oon gaag on a			(Month, Day, Year)
÷.,	Does the agency have a tick			Face Value /	of Each Ticket/Pass \$ _	30000
	1, 101	and the second second	Yes D No D	1.		
	Event Description _	Provide Title/Expla	manager and	Date(s)	61112	//
	Ticket(a)/Deco/co) provided I		F	Han G	SW	
	Ticket(s)/Pass(es) provided t	by agency r	Yes 🖸 No 🗆		Name of Sc	
	Was ticket distribution made	at the behest	No Yes	If yes: Alan	neda County Supervisor So	cott Haggerty, District 1
	of agency official?		7	2	Official's Name (Last, First)
3.	Recipients		198 13 1 197	and the second		
	• Use Section A to identify the agen	cy's department or u		n 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	blic purpose made pursuan	t to the agency's policy
			Pass(es)			
	B. Name of Individu	ual	Number of			1010
	D. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
			.1			'ncome
	all aller		41	To promote attendar	nce at a county sponsored eve	nt in order to
	Bobby Winston	10			ounty revenue for concession	
			1	Ceremonial Role	Other D	Income
					nial Role" or "Other" describe below:	income
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the put	blic purpose made pursuan	t to the agency's policy
	(include address and de	scription)	Pass(es)			
	\bigcirc					
4.	Verification					
4	I have read and understand FPPC Reg	ulations 18944.1 and	18942. I have verifi	ed that the distribution set	forth above, is in accordance w	ith the requirements.
	Jell XXX		Lee Ann Ferge	erson	Supervisor's Assistan	1 1-4-53
	Signature of Agency Head or Designe	10	Print Name		Title	(Month, Day, Year)
	Comment					
	Comment:					and the second state of th

-	eremonial Role Even	its and no	Reurass Dia	sumulons		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					- Tomin
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Super-	/isor's Assista	nt			
	Area Code/Phone Number	E-mail	MC -		Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	erson@acgov.org	9	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				CONTRACTOR OF THE OWNER
	Does the agency have a tick	et policy?	Yes 🚺 No 🗆	Face Value of	of Each Ticket/Pass \$ _	35000
	Event Description	riors	ч	Date(s)	2,13,13	1 1
	Event Description	Provide Title/Exp	lanation			//
	Ticket(s)/Pass(es) provided t	y agency?	Yes 😰 No 🗆	If no: 650	Name of S	0.000
	Was ticket distribution made	at the behavit				or Scott Haggerty, District 1
	of agency official?	at the benest	No 🗌 Yes 🚺	If yes:	Official's Name	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or	unit. • Use Section	B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	t to the agency's policy
	B Name of Individu		Number of			
	B. Name of Individu (Last, First)	101	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Mel & Barbara	hing	4/1		idance at a county sponsored al county revenue for conces	
				Ceremonial Role If checking "Ceremo	Cther Cher Cher Cher Control of the	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	at to the agency's policy
4.	Verification I have read and proderstand FPPC Reg Hellow WWG Signature of Agency Head & Designed		ud 18942. I have verified Lee Ann Ferger Print Name		forth above, is in accordance v Supervisor's Assistan 711e	11 10 10
	Comment:	_				

Agency Report of: te and Ticket/Base Distribu

Ceremonial Role Events ar	id licket/Pass Di	stributions	A Public Document
I. Agency Name		Date Stam	
Alameda County			Form COZ
Division, Department, or Region (#)	Applicable)		For Onicial One Only
Board of Supervisors			
Designated Agency Contact (Name,	Title)		
Lee Ann Fergerson, Supervisor's	Assistant		(Must amuda avalanation in Paul 31
Area Code/Phone Number E-ma	11		(Must provide explanation in Part 3.)
(510) 272-6691 leea	nn.fergerson@acgov.or	g Date of Original	Filing:(Month, Day, Year)
2. Function or Event Information	on _e		ss \$_200°00
Does the agency have a ticket polic		Face Value of Each Ticket/Pa	
Event Description		_ Date(s)	3
	e Title/Explanation	GSW	
Ticket(s)/Pass(es) provided by ager	ncy? Yes 🚺 No 🗆	If no:	me of Source
Was ticket distribution made at the I	pehest No 🗆 Yes 🔯	Alameda County Superv	visor Scott Haggerty, District 1
of agency official?		Official's	Name (Last, First)
3. Recipients			
	number of Number of	B to identify an individual. • Use Section C	to identify an outside organization.
A. Name of Agency, Department or U	nit Ticket(s)/ Pass(es)	Describe the public purpose made p	ursuant to the agency's policy
	Pass(us)		
B. Name of Individual	Number of Ticket(s)/	Identify one of the	e following:
	Pass(es)	Ceremonial Role Other	Income
		If checking "Ceremonial Role" or "Other" describ	NUM BUDA
-			
		Ceremonial Role Conter If checking "Ceremonial Role" or "Other" describ	be below:
C. Name of Outside Organization (include address and descriptio		Describe the public purpose made p	ursuant to the agency's policy
Fremont ELKS # 212	1 3.PO.E	To reward a school or nonp its contributions to th	
38991 Farwell Drive	4/1		
Fremont CA 94536	/ 1		
 Verification I have read and understand FPPC Regulations 	18944.1 and 18942. I have verifie	d that the distribution set forth above, is in accord	dance with the requirements.
Killin Ergirson	Lee Ann Ferge		1 10 13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
comment The Frence at	Elks donate	s to charities; e	especially local
VELENCIALS - DAG		2 4	FPPC Form 802 (4/12)
veterans & hand	happed Onil	FPPC Toll-Free He	Ipline: 866/ASK-FPPC (866/275-7772

A Public Document

0010					Charles and the second s	
1. Ag	gency Name				Date Stamp	California Form 802
Ala	ameda County					, com
Div	rision, Department, or Reg	ion (If Applicabl	e)			For Official Use Only
Во	ard of Supervisors					
Des	signated Agency Contact (Name, Title)				
Ale	ex Boskovich					
Are	ea Code/Phone Number	E-mail			Amendment (Must	t provide explanatioπ in Part 3.)
	10) 272-6693	alex.boskov	vich@acgov.c	org	Date of Original Filing	(Month, Day, Year)
2. Fu	Inction or Event Infor	mation				
Doe	es the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	350
F	Warriors v	s. Nuggets			, 15 , 14	//
Eve	ent Description Warriors v	Provide Title/Exp	olanation	Date(s)	/	//
				If no: Golder	n State Warriors	
1101					Name of S	
	Was ticket distribution made at the behest No I Yes If			If yes: Alam	eda County Supervis	sor Wilma Chan
of	f agency official?				Official's Name	? (Last, First)
	ecipients					
	se Section A to identify the agenc	y's department o	runit. •Use Sec	tion B to identify an individu	ual. • Use Section C to ide	entify an outside organization.
	se Section A to identify the agenc		r unit. • Use Sec Number of Ticket(s)/ Pass(es)		Jai. • Use Section C to lde	
• Us	se Section A to identify the agenc		Number of Ticket(s)/			
• Us	se Section A to identify the agenc	ent or Unit	Number of Ticket(s)/			nt to the agency's policy
<u>• Us</u> A. B.	se Section A to identify the agenc Name of Agency, Departme Name of Individu (Last, First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursua	nt to the agency's policy
<u>• Us</u> A. B.	se Section A to identify the agenc Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Identify one of the follo	nt to the agency's policy wing: Income
<u>• Us</u> A. B.	se Section A to identify the agenc Name of Agency, Departme Name of Individu (Last, First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To promote attenda	Identify one of the follo	nt to the agency's policy wing: Income
<u>• Us</u> A. B.	se Section A to identify the agenc Name of Agency, Departme Name of Individu (Last, First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To promote attenda	Identify one of the follo	nt to the agency's policy wing: ////////////////////////////////////
<u>• Us</u> A. B.	se Section A to identify the agenc Name of Agency, Departme Name of Individu (Last, First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To promote attenda order to maximize Ceremonial Role	Identify one of the follo	nt to the agency's policy wing: v: d at a County facility in enue from sales.
<u>• Us</u> A. B.	se Section A to identify the agenc Name of Agency, Departme Name of Individu (Last, First)	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Identify one of the follo	nt to the agency's policy wing: Income [v: d at a County facility in enue from sales. Income [v:
• Us A. B.	se Section A to identify the agenc Name of Agency, Departme Name of Individu (Last, First) oldesenbet, Makada	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put Ceremonial Role If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Identify one of the follo	nt to the agency's policy wing: Income d at a County facility in enue from sales. Income
• Us A. B.	se Section A to identify the agenc Name of Agency, Departme Name of Individu (Last, First) oldesenbet, Makada	ent or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Identify one of the follo	nt to the agency's policy wing: Income d at a County facility in enue from sales. Income %
• Us A. B.	se Section A to identify the agenc Name of Agency, Departme Name of Individu (Last, First) oldesenbet, Makada	ent or Unit	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon To promote attenda order to maximize Ceremonial Role If checking "Ceremon	Identify one of the follo	nt to the agency's policy wing: Income [v: d at a County facility in enue from sales. Income [v:

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

 Alex Boskovich
 Senior Legislative Aide
 11/26/13

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

Comment: .

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 300 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No Event Description Warriors vs. Mavericks Date(s) <u>12</u> <u>11</u> 13 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Alameda County Supervisor Wilma Chan</u> Was ticket distribution made at the behest No 7 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 Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income Boggan, Jacqueline If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: z Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 4.

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

	Alex Boskovich	Senior Legislative Aide	11/26/13
Signature of Agency Head or Pesignee	Print Name	Title	(Month, Day, Year)
Comment:			

Alameda County For Division, Department, or Region (If Applicable) For C Board of Supervisors For C Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number E-mail (510) 272-6693 alex.boskovich@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	^{mia} 802
Alameda County For C Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number E-mail (510) 272-6693 alex.boskovich@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	
Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number [510] 272-6693 Dest of Original Filing: (510] 272-6693 Dest the agency have a ticket policy? Yes ID Provide Title/Explanation Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ID No ID If no: Golden State Warriors Name of Source Was ticket distribution made at the behest No ID Yes ID Yes Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section C to identify the agency'	fficial Use Only
Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number (510) 272-6693 E-mail alex.boskovich@acgov.org Date of Original Filing:	
Alex Boskovich Image: Area Code/Phone Number E-mail (510) 272-6693 alex.boskovich@acgov.org Date of Original Filing: (Month, D) 2. Function or Event Information Does the agency have a ticket policy? Yes IN NO IF ace Value of Each Ticket/Pass \$ Face Value of Each Ticket/Pass \$ (Month, D) Event Description Warriors vs. Mavericks Date(s) 12 / 11 / 13 / _/ // Ficket(s)/Pass(es) provided by agency? Yes IN NO IF incket(s)/Pass(es) provided by agency? Yes IN NO IF inc. If no: Golden State Warriors Was ticket distribution made at the behest of agency official? No IF Yes IF is included the second of th	
Area Code/Phone Number (510) 272-6693 E-mail alex.boskovich@acgov.org Date of Original Filing:	
Area Code/Phone Number (510) 272-6693 E-mail alex.boskovich@acgov.org Date of Original Filing:	tion in Part 3)
2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$	
Does the agency have a ticket policy? Yes X No X Face Value of Each Ticket/Pass \$	y, Year)
Event Description Warriors vs. Mavericks Date(s) 12 11 13	200/020
Provide Title/Explanation 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 C Official's Name (Last, First) Image: extreme term of agency official? No Yes If yes: Alameda County Supervisor Wilma C Official's Name (Last, First) Image: extreme term of agency official? No Yes If yes: Alameda County Supervisor Wilma C Official's Name (Last, First) Image: extreme term of agency of agency, Department or unit • Use Section B to identify an individual. • Use Section C to identify an outside Describe the public purpose made pursuant to the agency Pass(es) Image: extreme term of individual (Last, First) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency Pass(es) Image: extreme term of individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: If checking "Caremonial Role" or "Other" describe below: To promote attendance at an event held at a Count	300/\$30
Was ticket distribution made at the behest of agency official? No Yes X If yes: Alameda County Supervisor Wilma C 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 outsid A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency Pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Chan, Carl 2/park Ceremonial Role Other Other describe below:	
Was ticket distribution made at the behest of agency official? No rest X If yes: Alameda County Supervisor Wilma C 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 outsid • Use Section A to identify the agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency Pass(es) • Use Section C to identify an outsid Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency Pass(es) • Use Section C to identify an outsid Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency Pass(es) • Use Section C to identify an outsid Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency Pass(es) • Chan, Carl Name of Individual (Last, First) Ceremonial Role (Coremonial	
of agency official? Official's Name (Last, First) • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outsid A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency and the pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Pass(es) Chan, Carl 2/park Ceremonial Role Other of Other' describe below: To promote attendance at an event held at a Count	L
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A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency. B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Chan, Carl 2/park Ceremonial Role [] Other [] If checking "Ceremonial Role or "Other" describe below:	
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following: Chan, Carl 2/park Ceremonial Role I Other I If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a Count	y's policy
B. Name of Individual (Last, First) Ticket(s)/ Pass(es) Identify one of the following: Chan, Carl Ceremonial Role □ Other □ If checking "Ceremonial Role" or "Other" describe below: 2/park To promote attendance at an event held at a Count	
(Last, First) Pass(es) Chan, Carl Ceremonial Role Componential Role" or "Other" describe below: 2/park To promote attendance at an event held at a Count	
Chan, Carl 2/park 2/park To promote attendance at an event held at a Coun	
2/park To promote attendance at an event held at a Coun	Income
order to maximize potential County revenue from s	ty facility in ales.
Ceremonial Role Other	Income
If checking "Ceremonial Role" or "Other" describe below:	
C. Name of Outside Organization Number of (include address and description) Pass(es) Describe the public purpose made pursuant to the agen	cy's policy
(include address and description) Pass(es)	- Carrier - Carrier
. 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 require	nents.
Alex Boskovich Senior Legislative Aide	11/26/13
Signature of Agericy Head or Designee Print Name Title	(Month, Day, Year)
Comment:	

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: alex.boskovich@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information 350 /\$ 30 Parking Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Warriors vs. Rockets Date(s) ______ 12 ____ 13 ___ 13 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🖾 Name of Source If yes: ______ Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit.. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Ceremonial Role Other Income Peck, Kim If checking "Ceremonial Role" or "Other" describe below: 2 + To promote attendance at an event held at a County facility in parking order to maximize potential County revenue from sales. Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Ź Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) 4 Verification C Regulations 18944. Tand 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I have read and understand Senior Legislative Aide Alex Boskovich 11/22/13 Print Name Title (Month, Day, Year) Signature of Agency Head or Designe

Comment:

						A CONTRACTOR OF A CONTRACTOR O
1.	Agency Name				Date Stamp	California 802
	Alameda County					the second s
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	3
	Alex Boskovich					
	Alex Boskovich Area Code/Phone Number E-mail				provide explanation in Part 3.)	
	(510) 272-6693	1202000000000000	vich@acgov.o	rg	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Info	mation				6400.75
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$.	\$123.75
	Event Description Michael E	Buble		Date(s) 1	1 , 30 , 13	/
		Provide Title/Exp	slanation			
	Ticket(s)/Pass(es) provided	by agency?	Yes No I	If no: Golde	en State Warriors	Jourse
	144 - 16-1 - 1 - 18-18-18 - 18 - 18 - 18 -			- Alan	neda County Supervis	
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes	If yes: Alan	Official's Name	(Last, First)
0						
3.	* Use Section A to identify the agen	cy's department or	runit. • Use Sea	tion B to identify an individ	iual. • Use Section C to ide	entify an outside organization.
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individ A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe the pu					
	A. Name of Agency, Departm	ent or Unit		Describe the pu	blic purpose made pursua	nt to the agency's policy
	A. Name of Agency, Departm	ient or Unit	Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
	A. Name of Agency, Departm B. Name of Individ		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	
	B. Name of Individ		Ticket(s)/ Pass(es)	Describe the pu		
	B. Name of Individ		Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follo	wing: Income [
	B. Name of Individ		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial To promote attend order to maximize	Identify one of the follo	wing: Income [w d at a County facility in enue from sales.
	B. Name of Individ		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial To promote attend order to maximize Ceremonial Role	Identify one of the follo	wing: Income [w d at a County facility in enue from sales. Income [
	B. Name of Individ		Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial To promote attend order to maximize Ceremonial Role	Identify one of the follo	wing: Income [w d at a County facility in enue from sales. Income [
	B. Name of Individ	nization	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial To promote attend order to maximize Ceremonial Role If checking "Ceremonial	Identify one of the follo	wing: Income [d at a County facility in enue from sales. Income [
	B. Name of Individ (Last Pent) Reyes, Rocio	nization	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial To promote attend order to maximize Ceremonial Role If checking "Ceremonial	Identify one of the follo	wing: Income [d at a County facility in enue from sales. Income [
	B. Name of Individ (Last Pent) Reyes, Rocio	nization	Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremonial To promote attend order to maximize Ceremonial Role If checking "Ceremonial	Identify one of the follo	wing: Income [d at a County facility in enue from sales. Income [

 Alex Boskovich
 Senior Legislative Aide
 11/21/13

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

C	eremonial Role Events and Ti	cket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County		×		rom
	Division, Department, or Region (If Applical	1	For Official Use Only		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	1			
	Alex Boskovich				
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	(510) 272-6693 alex.boskc	wich@acgov.c	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				350
	Does the agency have a ticket policy?	Yes 🛛 No		of Each Ticket/Pass \$.	
	Event Description Warriors vs. Rockets	2 , 13 , 13			
		en State Warriors			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	2.3	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 N					(Last, First)
3.	• Use Section A to identify the agency's department	or unit. • Use Se	ction 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)/		blic purpose made pursua	An and second and a second second second
		Pass(es)			
	B. Name of Individual The Cast Field			identify one of the follo	wing:
		Pass(es)	Ceremonial Role	Other D	Income
	Garcia, Jane	2	If checking 'Ceremonial Role' or 'Other' describe below: To promote attendance at an event held at a County facility in		
		~		dance at an event hele potential County reve	
		2		Other D aniel 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 pursua	nt to the agency's policy
				7	
4.	. Verification	and 18942. I have v	erified that the distribution se	t forth above, is in accordance	with the requirements.
		Alex Bosk	ovich	Senior Legislative Ai	de 11/21/13
	Signature of Agency Head or Designee	Print Nar	ne	Title	(Month, Day, Year)

California 1. Agency Name Date Stamp 8 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 250/\$30 parking Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description Warriors vs. Grizzlies 11 , 20 13 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🖾 Official's Name (Last, First) of agency official?

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(os)	Identify one of the following:
Fobert, Norman	2/park	Ceremonial Role Other Income Income Income
	2/park	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	21-4	Ceremonial Role Other I Income Income I Income II Income III Income II Income II Income II Income II Incom
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	_	

4. Verification

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

	Alex Boskovich	Senior Legislative Aide	11/20/13	
Signature of Agency Head or Designee	Print Name	7/00	(Month. Day, Year)	
Comment:				

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

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Documen
1.	Agency Name Alameda County			Date Stamp	California Form 802	
	Division, Department, or Reg Board of Supervisors	ion (If Applicable)			
	Designated Agency Contact	(Name, Title)			1	
	Alex Boskovich					
	Area Code/Phone Number	E-mail			the second s	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 Infor	mation				950
	Does the agency have a licke	et policy?	Yes 🛛 No [Face Value	of Each Ticket/Pass \$.	250
	Event Description Warriors vs. Grizzlies Date(s)					//
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: _				n State Warriors Name of S	
	Was ticket distribution made at the behest No I Yes I If you for agency official?		If yes: Alam	eda County Supervis Officials Name	or Wilma Chan (Last, First)	
3.	Recipients • Use Section A to identify the agene	sy'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 public purpose made pursuant to the agency's policy		nt to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Cheng, Jamie		2	To promote attend	nial Role' or "Other" describe below	at a County facility in
				Ceremonial Role If checking "Ceremo	Other Diniel Role" or "Other" describe below	Income
	C. Name of Outside Orga (include address and do		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	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.

110 -	Alex Boskovich	Senior Legislative Aide	11/20/13	
Signature of Agency Head or Designoe	Print Name	Title	(Month, Day, Year)	
Comment:				

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			4	
	Alex Boskovich					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	alex.boskov	ich@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🛛 No [Face Value o	of Each Ticket/Pass \$ _	\$118
	Event Description Drake			Date(s)1	l <u>, 19 , 13 </u>	///
	Provide Title/Explanation Encode Ticket(s)/Pass(es) provided by agency? Yes I No IX If no: Golden State Warr					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 🛛 No [Name of Sc	ource
	Was ticket distribution made	at the behest	No 🗌 Yes	X If yes. 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 agend	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy		t to the agency's policy	
			Number of			
	B. Name of Individu		Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
	Devenee Leuren			Ceremonial Role	Dther nial Role" or "Other" describe below:	Income
	Baranco, Lauren		2	To promote attend	ance at an event held potential County reve	at a County facility in
	· · · · ·			Ceremonial Role If checking "Ceremo	Other D	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	·					
4.	Verification	ulations 18044 1 av	18942 I have ve	I enfied that the distribution set	forth above. is in accordance w	ith the requirements.
				ovich	Senior Legislative Aid	

 Alex Boskovich
 Senior Legislative Aide
 11/19/13

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

Comment:

A Public Document

1.	Agency Name			n para pananan karana karan	Date Stamp	California 000
	Alameda County					Form OUZ
	Division, Department, or Regi	on (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	alex.boskovi	ch@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	\$118
	Event Description Drake	·		Date(s)1	<u>, 19 , 13 </u>	///
	,	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 🛛 No 🛛	If no: Goldel	n State Warriors Name of S	ource
	Was ticket distribution made at the behest No 🗖 Yes 🛛 If yes. Alame				eda County Supervis	
	of agency official? Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: Alarme			Official's Name	(Last, First)	
	A. Name of Agency, Departme		Ticket(s)/ Pass(es)		lic purpose made pursuar	
	B. Name of Individua		Number of			
	D. (Last, First)	· · · · · · · · · · · · · · · · · · ·	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Lam, Marianne				Other Dial Role" or "Other" describe below.	Income
	Lam, Mananne		2	To promote attenda		l at a County facility in
			1	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 put	lic purpose made pursuar	nt to the agency's policy
	· ·					
4.	Verification	estimentarian da sun av sy novalanina av				gergy Herverto San Provinsi de Roberto Bolento Brown and

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

	Alex Boskovich	Senior Legislative Aide	11/18/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Cer	emonial Role Ever	its and ric	neurass	Distributions		A Public Document	
1. A	gency Name				Date Stamp	California 802	
A	lameda County					and the state of t	
D	vision, Department, or Reg	jion (II Applicable))			For Official Use Only	
в	oard of Supervisors						
	esignated Agency Contact	(Name, Title)			-		
۸	lex Boskovich						
	rea Code/Phone Number	E-mail				provide explanation in Part 3.)	
	510) 272-6693		ich@acgov.o	org	Date of Original Filing:	(Month, Day, Year)	
2. F	unction or Event Info	rmation				and the second	
D	oes the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$.	\$118	
	Drake			Data(a) 1	1 , 19 , 13	//	
E	Provide Title/Explanation						
T	cket(s)/Pass(es) provided	by agency?	Yes No	If no: Gold	en State Warriors		
					Name of S		
	as ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alar	neda County Supervis Official's Name	(Last, First)	
_							
3. F	Recipients	cv's department or	unit. • Use Sec	tion B to identify an indivi	dual. • Use Section C to ide	ntify an outside organization.	
-	Use Section A to identify the agency's department or unit. Use Section B to id A. Name of Agency, Department or Unit Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy			
P	 Name of Agency, Departn 	ient or Unit	Ticket(s)/ Pass(cs)	Describe the pr	ubile purpose made purada	it to the agoncy a poincy	
E	3. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follo		
1				Caremonial Role		Income	
L	am, Marianne		2	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.			
-			-		D Other	Income	
				COMPANY OF CONTRACTOR OF A CONTRACTOR	ionial Role" or "Other" describe below		
Ċ	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the p	Describe the public purpose made pursuant to the agency's policy		
-							
-							
4. \	/erification						
	have read and decisiond FPPC Re	gulations 18944.1 ai	nd 18942. I have v	erified that the distribution se	et forth above, is in accordance	with the requirements.	
	1	//	Alex Bosk	ovich	Senior Legislative Ai	de 11/18/13	
	French and Annual March Parties	6	Drint Mar	714	Trite	(Month, Day, Year)	

A	gency Name				Date Stamp	California 802
AI	ameda County					and the second statement of the se
Div	vision, Department, or Reg	gion (If Applicab	(e)			For Official Use Only
Bo	pard of Supervisors					
	signated Agency Contact	(Name, Title)			-	
AI	ex Boskovich					
S 2	ea Code/Phone Number	E-mail				provide explanation in Part 3.)
	10) 272-6693	alex.boskov	vich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
. Fr	unction or Event Info	rmation				Sec. 1
	es the agency have a tick		Yes 🛛 No [Face Value	of Each Ticket/Pass \$ _	\$82
	ent Description Pearl Jan				1 , 26 , 13	//
Ev	ent Description	Provide Title/Ex	planation			//
Tic	cket(s)/Pass(es) provided I	by agency?	Yes 🗆 No [If no: Golde	en State Warriors	
	workey, and feel bronness.	.,			Name of S	
	as ticket distribution made	at the behest	No 🗌 Yes	If yes: Alan	neda County Supervise Official's Name	or Wilma Chan
0	f agency official?				Chicion's Humo	Lind, Fridy
. R	ecipients Jse Section A to identify the agen	icy's department o	er unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to Ide	ntify an outside organization.
A	Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	t to the agency's policy
			1 455(557			
_						
В	Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
-	• (Last, First)	ual	Number of Ticket(s)/	Ceremonial Role	Other D	Income
-		ual	Number of Ticket(s)/ Pass(es)	Il checking "Corem	Other D	Income
-	• (Last, First)	ual	Number of Ticket(s)/	It checking "Cerem To promote attend	Other D	Income E
-	• (Last, First)	ual	Number of Ticket(s)/ Pass(es)	N checking 'Cerem To promote attend order to maximize Ceremonial Role	Cther Cther conial Role" or "Other" describe below	Income I I at a County facility in nue from sales.
-	eglin, Chris	anization	Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	Il checking "Cerem To promote attend order to maximize Ceremonial Role Il checking "Cerem	Cther Content of the	I at a County facility in nue from sales.
н 	وglin, Chris Name of Outside Org	anization	Number of Ticket(s)/ Pass(es) 4	Il checking "Cerem To promote attend order to maximize Ceremonial Role Il checking "Cerem	Cther Coniel Role" or "Other" describe below dance at an event helo potential County reve Coniel Role" or "Other Coniel Role" or "Other" describe below	I at a County facility in nue from sales.
н 	وglin, Chris Name of Outside Org	anization	Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/	Il checking "Cerem To promote attend order to maximize Ceremonial Role Il checking "Cerem	Cther Coniel Role" or "Other" describe below dance at an event helo potential County reve Coniel Role" or "Other Coniel Role" or "Other" describe below	I at a County facility in nue from sales.

/ nave ad and

an o	Alex Boskovich	Senior Legislative Aide	11/13/13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)
	and the the second		
Commont			

Comment: __

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3	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document
Ι.	Agency Name Alameda County					California 802
	Division, Department, or Re	gion (If Applicable	e)			For Official Use Only
	Board of Supervisors	and the second second				
	Designated Agency Contact Alex Boskovich	. (Name, Title)			Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number (510) 272-6693	E-mail alex.boskov	ich@acgov.o	rg	Date of Original Filing:	
2.	2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ the Second Seco			Face Value	of Each Ticket/Pass \$ _ 1 , 16 , 13	200/\$30-parking
	Event Description Warnors	Provide Title/Exp		Golde		//
	Ticket(s)/Pass(es) provided	by agency?	Yes 🔲 No 🕻	-	n State Warriors Name of Source	
	Was ticket distribution made of agency official?	at the behest	No 🗖 Yes 🕻	If yes: Alam	eda County Superviso Official's Name	or Wilma Chan (Last, First)
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sect	tion B to identify an individ	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	it to the agency's policy
					1. 1.	
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	ving:
	(Last, First)		Pass(es)	Ceremonial Role	Other D	income
	Yuen, Ted	Yuen, Ted		If checking "Ceremo To promote attend	anial Role" or "Other" describe below: lance at an event held potential County reve	at a County facility in
	») 1			Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income

c.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

;

-

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

and	Alex Boskovich	Senior Legislative Aide	11/13/13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)
Comment:			

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

Agency Name Alameda County Division, Department, or Reg				Date Stamp	California 802
Division, Department, or Reg				Construction of the Article of the Article of the	
					and the second state of the second
	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 p	provide explanation in Part 3.)
(510) 272-6693	ch@acgov.org		Date of Original Filing:	(Month. Day. Year)	
Function or Event Info	mation		20.000		
Does the agency have a tick	Yes 🛛 No [Face Value	of Each Ticket/Pass \$ _	200	
				1 , 16 , 13	, ,
event Description	Provide Title/Exp				
Ficket(s)/Pass(es) provided t	ov agency?	en State Warriors			
			Name of Sc		
	at the behest	If yes: Alam	Official's Name	(Last, First)	
-					
Recipients	ou's department or	unit Use Sec	tion B to identify an individ	fual. • Use Section C to ider	tify an outside organization.
	Contraction of the second	Number of	- desire the second second	a second a second second second second	a dan a sa cara a sa
A. Name of Agency, Departm	Ticket(s)/ Pass(es)	Describe (ne public purpose nucle pursuant to the agency o pency			
B. Name of Individual		Number of Ticket(s)/		Identify one of the following:	
(Lan, Fan)		Pass(es)	Caremonial Role	Other D	Income
Brown, Fred				and the second	
		2			
			Ceremonial Role If checking "Ceremo	Ceremonial Role Other I In In In In It Checking "Ceremonial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)		e public purpose made pursuant to the agency's policy	
	Ticket(s)/Pass(es) provided to Vas ticket distribution made of agency official? Recipients Use Section A to identify the agen A. Name of Agency, Departm B. Name of Agency, Departm Brown, Fred C. Name of Outside Orga (include address and definition) Verification	Ticket(s)/Pass(es) provided by agency? Vas ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or A. Name of Agency, Department or Unit B. Name of Individual (Last, Feat) Brown, Fred C. Name of Outside Organization (include address and description) Verification	icket(s)/Pass(es) provided by agency? Yes No Vas ticket distribution made at the behest of agency official? No Yes Recipients Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Sectidentify the agency department or unit. • Use Secti	Provide Title/Explanation icket(s)/Pass(es) provided by agency? Yes No X If no: Golde Vas ticket distribution made at the behest No Yes X If yes: Alam 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 A. Name of Agency, Department or Unit B. Number of Ticket(s) Pass(es) Ceremonial Role I checking 'Ceremonial Role II checkin	icket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors Name of State of agency official? Vas ticket distribution made at the behest of agency official? No Yes If yes: Alameda County Supervise Officials Name of State Output Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify and counter C to identify and counter C to identify an identify an identify an identify an identify an identify an identify

1.	Agency Name					Date Stamp	California 802	
	Alameda County Division, Department, or Reg	ion (If Appliach	<i>l</i> e)				For Official Use Only	
		топ (п Арріісар	ie)					
	Board of Supervisors Designated Agency Contact	(Name Title)	······					
	Alex Boskovich	(Name, They						
	Area Code/Phone Number	E-mail				Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693		vich@acgov.o	org		Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Infor	mation						
	Does the agency have a ticke	• •	Yes 🛛 No	🗌 🛛 Face \	/alue o	of Each Ticket/Pass \$200		
	Event Description Warriors v		Date(s)1					
				If no: Golden State Warriors				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	<u> </u>		Name of Sour		
	Was ticket distribution made a	No 🗌 Yes	If yes:	Alam	eda County Supervisor	Wilma Chan		
(CARDING)	of agency official?					Official's Name (La	ost, First)	
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individent of the identify and					ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
	Martinelli, Adolf	· · · · · · · · · · · · · · · · · · ·	2	Ceremoni If checking		Dther D nial Role" or "Other" describe below:	Income	
	<u> </u>		2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.				
				Ceremoni If checking		Other Income Income 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		
4.	Verification	ulations 18944.1 a	nd 18942. I have ve	rified that the distribu	ition set f	forth above, is in accordance with	the requirements.	
	drp		Alex Bosko			Senior Legislative Aide	11/12/13	
	Signature of Agency Head or Designed	9			Alex Boskovicn Signature of Agency Head or Designee Print Name			

A Public Document

0			Distributions		A Public Document
1.	Agency Name	2014 - 1199 - 1199 - 1199 - 1199 - 1199 - 1199 - 1199 - 1199 - 1199 - 1199 - 1199 - 1199 - 1199 - 1199 - 1199 -		Date Stamp	California Form 802
	Alameda County				
	Division, Department, or Region (If Applica	able)			For Official Use Only
	Board of Supervisors			5	
	Designated Agency Contact (Name, Title)			-	
	Alex Boskovich				
	Area Code/Phone Number E-mail		, 	Amendment (Must p	provide explanation in Part 3.)
		ovich@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				(10010), 503, 1001
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	200/\$30-parking
	Warriors vs. Pistons			1 , 12 , 13	/
	Event Description	Explanation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Golde	n State Warriors	·
				Name of Sc	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Alam			eda County Superviso Official's Name (or Wilma Chan
	of agency official?	Oniciai's Name (
3.	Recipients • Use Section A to identify the agency's department	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
	Sandoval, Terry			DOther Dinal Role" or "Other" describe below:	Income
		2 +park		ance at an event held potential County rever	
				Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
				De la constante de la cons	
4.	Verification	l and 18942. I have ve	n A serified that the distribution set	forth above, is in accordance w	ith the requirements.
	mp	Alex Bosk		Senior Legislative Aid	e 11/12/13
	Signature of Agency Head or Designee	Print Nam	ne -	Title	(Month, Day, Year)

-		1970 1927 AVAS - 7. AVAS	17477 (1747) (1747) (1747)	2002 A PARTICIPATION AND A		AT abite bootament		
1.	Agency Name		Date Stamp	California 802				
	Alameda County					Form For Official Use Only		
	Division, Department, or Reg	ion (If Applicable	0)			Por Onicial Ose 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.	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 of Face Value of Face Value	e of Each Ticket/Pass \$ 200.00			
	Event Description Warriors v	/s. Jazz		Date(s) 11	Date(s) 1613/			
	Event Description	Provide Tille/Exp	lanation					
	Ticket(s)/Pass(es) provided b	y agency?	Yes No	If no: Golde	If no: Golden State Warriors			
			201 642 682 10		Name of Source			
	Was ticket distribution made at the behest No Yes X of agency official?			If yes: Valle	If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First)			
-			contra riante	land t nay				
3.	• Use Section A to identify the agence	v's department or	unit. e Use Sec	tion B to identify an individ	ual. • Use Section C to ider	atify an outside organization.		
	A. Name of Agency, Departme	Number of	and the second se		and the second second designed			
	M. Name of Agency, Departme	Ticket(s)/ Describe the pu Pass(es)		blic purpose made pursuant to the agency's policy				
	B. Name of Individu	af	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
	<u>.</u>			Ceremonial Role If checking "Ceremor	Other D	Income		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy		
	St. Rose Hospital Foundation 27200 Calaroga Ave. Hayw		4	To reward a non-proceed to community.	rofit organization for it	s contributions to the		
	Raises funds to continue hospital mission of providing quality health care							
4.	Verification Neve read and understand FPPO Regulations 18944.1 and 18942. I have Michelle I Signification S			ianda	forth above, is in accordance w Supervisor's Aide 7itle	(Mpniti, Def. Year)		
						EDDC Earm 902 /4/4		

1.							
	Agency Name		Date Stamp	California 802			
	Alameda County					Form For Official Use Only	
	Division, Department, or Regior	1 (If Applicable)			For Onical Odd C	For Onical One Only	
	Board of Supervisors						
	Designated Agency Contact (Na	me, Title)					
	Michelle Dianda						
		-mail			Amendment (Must provide explanation in Part 3.)		
	같은 것이 같은 것이 같은 것이 같은 것이 같이 같이 많이 많이 했다. 이 가지 않는 것이 같이 같이 같이 많이	nichelle.diano	da@accov.	ora	Date of Original Filing:		
2	Function or Event Informa			(Month, Day, Year)			
	Does the agency have a ticket p		(177 N	Eace Value o	f Each Ticket/Pass \$ _	118.00	
			Yes 🛛 No				
	Event Description Drake Conce	ert rovide Tille/Explar	allan	Date(s)1	<u></u>	//	
		and the second second	auon	Golde	State Warriers		
	Ticket(s)/Pass(es) provided by a	igency?	res 🗌 No	If no: Golden	n State Warriors Name of Sc	ource	
	Was ticket distribution made at t	he behest	No Ves Ves If yes: Valle, Richard- Supervisor District 2				
	of agency official?			in yes:	If yes:		
3.	Recipients						
	Use Section A to identify the agency's	department or ur	nit. • Use Sec	tion B to identify an individe	al. • Use Section C to Iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	a second s	lic purpose made pursuan		
	B. Name of Individual				Identify one of the following:		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ving:	
	B. Name of Individual (Last. First)				Identify one of the follow Other Identify Other Identify Other Identify Ide	ing: Income	
	B. Name of Individual (Last. First)		Ticket(s)/	If checking "Ceremon	Other Differ Dif	Income	
	B. Name of Individual (Last. First)		Ticket(s)/	If checking "Ceremon Ceremonial Role	Other Differ Dif		
	B. Name of Individual (Last. First) C. Name of Outside Organiza (include address and descri		Ticket(s)/	If checking "Ceremon Ceremonial Role If checking "Ceremon	Other	Income	
	(Last. First)	ption)	Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other	Income	
	C. Name of Outside Organiza (include address and descri Decisiones	ption) 5 94577	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Olher Olher Olher Olher Olher Olher Olher Olher Olher Dl Olher Ol	Income [Income [
4.	C. Name of Outside Organiza (include address and descri Decisiones 401 Marina Blvd, San Leandro School and community based	ption) 0 94577 AOD and	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To reward a non-pr community.	Other Other Other Other Other Other Other Other Other In Prote or Other	Income	
1.	C. Name of Outside Organiza (include address and descri Decisiones 401 Marina Blvd, San Leandro School and community based gang intervention counseling Verification	ption) 0 94577 AOD and ons 18944.1 and 1	Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) 4	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub To reward a non-pr community.	Other Other Other Other Other Other Other Other Other In Prote or Other	Income	

0.23						AT ubic bocument	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	9)			For Oniolar One Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Michelle Dianda						
	Area Code/Phone Number	E-mail				t 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				00.00	
	Does the agency have a ticke	at policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	82.00	
	Event Description Pearl Jam	Concert Provide Title/Exp		/			
	Ticket(s)/Pass(es) provided b	v agency?	Yes No	If no: Golde	n State Warriors		
	nonen(o)// dob(oo) pro maca o	y agonoy :		23	Name of S		
	Was ticket distribution made a	at the behest	, Richard- Superviso	r District 2			
_	of agency official?		Official's Name	(Last, First)			
3.	Recipients						
	Use Section A to identify the agence	y's department or	unit. + Use Sec Number of	tion B to identify an individe	ual. • Use Section C to ide	entify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Describe the put Pass(es)		olic 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)				
	Douglas, Simon		2	If checking "Ceremon	Other 🔀 vial Role" or "Other" describe below		
		_	2		ance at an event in a revenue from sales.	County facility in order to	
				3 (PO 2 17) NO. 40 (20) NO. 5	Other D	ncome	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
4.	Verification	ulations 18944.1 an				with the requirements.	
5	Signature of Agency Head or Designer	0	Michelle D		Supervisor's Aide	(1/12/13) (Month. Day Year)	
	Comment:						

-			20.50 C 20.5 C			Ar ubic bocument
1.	Agency Name		Date Stamp	California 802		
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	jion (If Applicable))]	For Onicar 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	mation				
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$.	82.00
	Event Description Pearl Jan	n Concert Provide Title/Exp	lanation	Date(s)11	1 <u>, 26 , 13</u>	//
	Ticket(s)/Pass(es) provided I	w agency?	Yes 🗌 No	If no. Golde	n State Warriors	
	nokel(a)n asales/ provided i	y agoney i			Name of S	
	Was ticket distribution made at the behest No I Yes I If yes: Valle,				, Richard- Supervisor	District 2
	of agency official?		Official's Name	(Last, First)		
3.	Recipients					
	Use Section A to identify the agen	Number of	in the second	NUMBER OF STREET	and the second second second second	
	A. Name of Agency, Departm	ient or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/		klantify one of the follow	Mag
	(Last, First)		Pass(es)	Identify one of the following:		
	Trullinger, Andi				Other 🔀 nial Role" or "Other" describe below	Income 🗌
			2	To promote attendance at an event in a County facility in order to maximize potential revenue from sales.		
	C. Name of Outside Organization (include address and description)				Other Dinel Role" or "Other" describe below	Income
			Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
4.	Verification	iulations 18944.1 an	d 18942. / have ve Michelle D		forth above, is in accordance v Supervisor's Aide	with the requirements. $11/12/13$
	Signature of Agency Head or Design	20	Print Narr		TiNe	(Month, Day, Year)
	Comment:					

			2000 C 1000 C 100			AT usite bocument	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					Form 602	
	Division, Department, or Reg	ion (If Applicable)]	Por Onicial Ose 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.dian	da@acgov.	org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	mation				000.00	
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ 200.00		
	Event Description Warriors v	s. Suns		Date(s) 12	2 , 27 , 13		
	Event Description	Provide Title/Expla	mation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes No	If no: Golder	n State Warriors		
			No 🗆 Yes		Name of S		
	Was ticket distribution made a of agency official?	it the behest	Richard- Supervisor	(Last. First)			
2				ferred const			
3.	Recipients Use Section A to identify the agence	v's department or u	init. • Use Sec	ation B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
	· · · · · · · · · · · · · · · · · · ·		Number of	and a second second second			
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual (Lost, Find)		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	wing:	
				If checking "Ceremon	ial Role" or "Other" describe balow	6	
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below	Income	
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
	League of Women Voters- P.O. Box 2234, Castro Valle		4	To reward a non-pr community.	rofit organization for i	ts contributions to the	
	Informs and encourages ac participation in government						
4.	Verification						
	I have read and understand FPPC Regu	ilations 18944.1 and	18942. I have ve	erified that the distribution set i	forth above, is in accordance w	with the requirements.	
	MALL	42	Michelle D		Supervisor's Aide	11/2/13	
	Signature of Agency Head or Designed		Print Nam		Tille	(Month, Pay, Year)	
	Comment: Includes 1 parking	ng pass at the	value of \$20	0			

d American Manage					
1. Agency Name		Date Stamp	California 802		
Alameda County					Form
Division, Department, o	r Region (If Applicable	»)		1	For Official Use Only
Board of Supervisors					
Designated Agency Con	tact (Name, Title)			-	
Michelle Dianda					
Area Code/Phone Numb	or E-mail			Amendment (Must provide explanation in Part 3.)	
(510) 272-6692		nda@acgov.	org	Date of Original Filing:	(Month Day Year)
2. Function or Event I		0.0			(monal, Day, real)
Does the agency have a	1 위험 것 것 같은 것	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$ _	350.00
Event Description	Event Description Warriors vs. Spurs Date(s) 12				//
Ticket(s)/Pass(es) provid	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golder			n State Warriors	
Ticket(a)/Ticaa(ca) provid				Name of S	Constant of the
	Was ticket distribution made at the behest No I Yes I If yes: Va			, Richard- Supervisor	District 2
of agency official?		Official's Name	(Last, First)		
3. Recipients					
Use Section A to identify the	agency's department or		tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, De	partment or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant to the agency's policy	
B. Name of In		Number of Ticket(s)/		Identify one of the follow	ving:
B. Name of In		Number of Ticket(s)/ Pass(es)		Identify one of the follow	
(Last, Fa		Ticket(s)/		Other 🛛	Income
B. Name of In (Last, Fa Collett, Tom		Ticket(s)/	If checking "Ceremon	Other X	Income
(Last, Ph		Ticket(s)/ Pass(es)	If checking "Ceremon	Other X	Income
(Last, Ph		Ticket(s)/ Pass(es)	If checking "Ceremor To reward a comm Ceremonial Role	Other 🛛 Other 🖾	Income
(Last, Fa	Organization	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a comm Ceremonial Role If checking "Ceremon	Other O	Income

1. Agency Na			Date Stamp	California 802				
Alameda Cou		less (II Asselfast)			_	For Official Use Only		
Division, Depa	artment, or Reg	ion (If Applicabl	0)		7			
Board of Sup								
Designated A	gency Contact	(Name, Title)			1			
Michelle Diar					Amendment (Must	provide explanation in Part 3.)		
Area Code/Ph		E-mail		672-672				
(510) 272-66			inda@acgov.	.org	Date of Original Filing:(Month, Day, Year)			
2. Function of						222.00		
이번 것 이야지 같아? 가슴을 다 한 것 같아?	ncy have a ticke		of Each Ticket/Pass \$ _					
Event Descrip	tion Oakland F	Raiders vs. Te Provide Title/Exp		/				
Ticket(s)/Pass	(es) provided b	y agency?	Yes 🔲 No	If no: Oakla	nd Raiders Name of Se			
			100 <u>101</u> 100 1	Valla	, Richard- Supervisor			
	Was ticket distribution made at the behest No Yes If yes: Valle of agency official?					(Last, First)		
 Recipients Use Section A to 	dentify the agenc	v's department or	unit. • Use Sec	tion B to identify an individ	ual Use Section C to ide	tify an outside organization.		
	Agency, Departme	Survey of the States	Number of Ticket(s)/ Pass(es)	ection B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy				
в.	Name of Individu (Lost, First)	ai	Number of Ticket(s)/ Pass(es)	Identify one of the following:				
Valle, Monica					Other 🛛	Income 🔲		
valie, worlde			3	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.				
			3	집 같은 것 같은	Other Diner Other Other Other Other	Income		
	e of Outside Organ le address and de		Number of Ticket(s)/ Pass(es)	Describe the put	public purpose made pursuant to the agency's policy			

						A Fublic Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					Form OUZ For Official Use Only	
	Division, Department, or Reg	jion (If Applicable	e)			For Onicial Ose Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Michelle Dianda						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	at policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$.	123.75	
	Event Description Michael B	uble Concert Provide Tille/Exp	Date(s)1	1 <u>,</u> 30 <u>,</u> 13			
	Tieket/s\/Decc(cs) provided k	anna an		Golde	If no: Golden State Warriors		
	Ticket(s)/Pass(es) provided t	by agency r	Yes 🗌 No		Name of 5	2010-2010	
	Was ticket distribution made at the behest No I Yes			If yes: Valle	, Richard- Supervisor	District 2	
	of agency official?		Official's Name	(Last, First)			
3.	Recipients						
	Use Section A to identify the agend		ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit				olic purpose made pursuant to the agency's policy		
			Pass(es)			1	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Ramirez, Rudy			Ceremonial Role Other Other Income			
			4		ance at an event held tial revenue from sale	f at County facility in order es	
					Other Income Income Income		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
4.	Verification	d 18942. I have ve Michelle D		forth above, is in accordance o Supervisor's Aide	with the requirements:		
	Signature of Agency Head or Designe	0	Print Nam	00	Title	(Month, Day, Ybar)	
	Comment:	0					

A Public Document

4	A gon ov Nomo						
1.	Agency Name		Date Stamp	California Form 802			
	Alameda County					For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	e)				
	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: <u>11/21/13</u> (Month, Day, Year)		
2.	Function or Event Infor	mation				141 50	
	Does the agency have a ticke	t policy?	Yes 🔲 No	🗙 Face Value c	of Each Ticket/Pass \$ _	141.50	
	Event Description Pink Conc	ert		Date(s) 10), 10, 13	////	
		Provide Title/Expl	lanation	Date(s)]	
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🔲 No	If no: Golde	n State Warriors		
				Name of S	ource		
	Was ticket distribution made at the behest No 1 Yes S If yes: Carso			on, Keith			
	of agency official?		Official's Name	(Last, First)			
3.	• 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, Departme	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
	· ·						
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
				Ceremonial Role		Income	
	Simpson, Michelle		4	-	ial Role" or "Other" describe below.		
					ance at a County faci venue from parking a	lity in order to maximize and concession sales	
					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 put	olic purpose made pursuar	nt to the agency's policy	
					<u>.</u>		
	Verification			-151444		vith the requirements	

Amy Shrago Supervisor's Assistant 11/21/13 Title Agency

Print Name

Comment: _

A Public Document

-		o una m		Biotributionio		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Amy Shrago					
	-	E-mail			Amendment (Must pr	
			@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)
2	Function or Event Information					
	Does the agency have a ticket	Yes 🔲 No	o ⊠ Face Value of Each Ticket/Pass \$6			
				—) , 17 , 13	
	Event Description Disney on Ice Date(s) Date(s)				//	
				If no. Golde	n State Warriors	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no				Name of Sou	irce
	Was ticket distribution made at the behest No 1 Yes 🔁			If yes: Carso	on, Keith	
	of agency official?				Official's Name (L	ast, First)
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Mitchell Tions			Ceremonial Role	_	Income
	Mitchell, Tiara		4	If checking "Ceremonial Role" or "Other" describe below: To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales		
					Other D ial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
A	Varification			1		

4. Verification						
I have read and upderstand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.						
A Shippip	Amy Shrago	Supervisor's Assistant	11/21/13			
signature of Agency Hend of Designee	Print Name	Tille	(Month, Day, Year)			

С	eremonial Role Even	ts and Ti	cket/Pass D	istributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Reg	ion (If Applicab		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name,Title)					
	Amy Shrago		Amendment (Must provide explanation in Part 3.)				
	Area Code/Phone Number E-mail				Dete of Original Filing: 11/21/13		
	(510) 272-6695	amy.shrage	o@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	2. Function or Event Information						
	Does the agency have a ticke	t policy?	Yes 🔲 No 🛛	Face Value of	of Each Ticket/Pass \$60.0		
	Event Description Disney on Ice Provide Title/Explanation		Date(s)1(Date(s) / / / ////////			
			Yes 🗌 No 🛛	If no: Golden State Warriors		IIIre	
	Was ticket distribution made at the behest No Yes			If yes: Carso			
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy	
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role	Other 🛛	Income	

Osorio, Vickie		4	Ceremonial Role Other I Income Income I Income To reward a community volunteer for his or her service to the public.		
			Ceremonial Role Dother D Income Income If checking "Ceremonial Role" or "Other" describe below:		
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

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

11/21/13 Amy Shrago Supervisor's Assistant Print Name Title (Month, Day, Year) or Designee ure of Agency

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) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail 11/21/13 Date of Original Filing: (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 60.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ___ Yes 🗋 No 🛛 Event Description Disney on Ice Date(s) <u>10</u> , 19 , 13 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: <u>Carson</u>, Keith Was ticket distribution made at the behest No Yes of agency official? Official's Name (Last, First) Recipients 3. • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other X Desautels, Alex If checking "Ceremonial Role" or "Other" describe below: 4 To reward a County employee for his or her exemplary service to the public or to encourage staff development Ceremonial Role Other Income

4. Verification

C.

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

Ingrafure of Agency i for Designee

Name of Outside Organization

(include address and description)

Amy Shrago

Number of

Ticket(s)/ Pass(es)

Supervisor's Assistant

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

If checking "Ceremonial Role" or "Other" describe below:

______ 11/21/13 (Month, Day, Year)

A Public Document

						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Region (If Applicable)					For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Amy Shrago					
	-	E-mail			Amendment (Must p	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 Inform	nation		en yw swradniadon sine o men ei allaf ewn Kolonionaeth		nin har 25 San Marana Marana ka Karana ka da ana da ana ka marana ana ana ana ana ana ana ana ana an
	Does the agency have a ticket policy? Yes □ No ⊠ Face Value of			of Each Ticket/Pass \$ _	60.00	
	Dianov on loo), 20, 13	//	
	Event Description Disfley of rice Date(s) Date(s)			//		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			n State Warriors		
				Name of Sc	urce	
	Was ticket distribution made at of agency official?	t the behest	No Yes	If yes: Cars	on, Keith Official's Name (Last, First)	
						Last, Filstj
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			
	A. Name of Agency, Department	nt or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
	-		1m - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:		ina:
	(Last. First)		Pass(es)			
				Ceremonial Role	Dother nial Role" or "Other" describe below:	Income
				in checking Ceremon		
				Ceremonial Role	Other D	Income
				If checking "Ceremo	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 pursuan	t to the agency's policy
	· · · · · · · · · · · · · · · · · · ·		Pass(es)			
	Socially Responsible Network - CBO trai 360 Grand Ave. #57 Oakland, CA		4		o reward a school or nonprofit organization for its contribution	
				to the community		
4.	Verification					
	have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution s					
	And Agency wead or Designee	Amy Shr. Print Nam	······	Supervisor's Assistan	t 11/21/13 (Month, Day, Year)	

Comment: _____
						A Public Documen
1. /	Agency Name				Date Stamp	California 802
/	Alameda County					
٦	Division, Department, or Reg	on (If Applicable	9)			For O fficial Use Only
I	Board of Supervisors					
ī	Designated Agency Contact (Name, Title)				
,	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)
2. I	Function or Event Infor	nation			a Cliffe fill a faile and a state of the sta	
Ľ	Does the agency have a ticke	t policy?	Yes 🔲 No	🗙 Face Value o	f Each Ticket/Pass \$	172.90
E	Event Description Kanye We	st Concnert		Data(a) 10	, 23 , 13	1 1
		Provide Title/Exp	lanation	Date(s)	//	
٦	licket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	
	Was ticket distribution made at the behest NoT I Ves Manual If ves. Carso				Name of Sou	rce
	of agency official?	it the benest	No 🚺 Yes	If yes: Carso	Official's Name (L	ast. First)
						····,
	Recipients • Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identi	fy an outside organization.
1	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
_	· · · · · · · · · · · · · · · · · · ·					
_						
E	B. Name of Individual (Last. First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role		Income
ł	Brown, Aisha		4		ial Role" or "Other" describe below:	
					ourage staff developm	er exemplary service to ent
_				Ceremonial Role If checking "Ceremon	Other ial 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
-						

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

A Folliera	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency Hour or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

<u> </u>				Distributions		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	@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)	
2.	Function or Event Infor	mation		Länst MM-2445 Mar Schlich Endelste Antoniska der Schlieber auf Birker Konste Alter Mars von an			
	Does the agency have a ticke		Yes 🔲 No	Face Value c	of Each Ticket/Pass \$	172.90	
	Event Description Kanye We			, 23 , 13			
	Event Description	Provide Title/Exp	lanation	Date(s)		//	
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🔲 No	If no. Golder	n State Warriors		
					Name of Sou	rce	
	Was ticket distribution made at the behest No 🕻 ' Yes 🔀			If yes: Carso	If yes: <u>Carson, Keith</u>		
	of agency official?				Official's Name (L	ast, First)	
	• Use Section A to identify the agency's department or A . Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)		lic purpose made pursuant f		
	B. Name of Individua		Number of				
	D. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ig:	
	Brown, Amari				I Other X ial Role" or "Other" describe below:	Income	
		biown, Aman			nt for outstanding schol	astic achievement	
				Ceremonial Role If checking "Ceremon	Other D ial 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	
	Verification						
^	WORLDOOTION						

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.

(h S Maga)	Amy Shrago	Supervisor's Assistant	11/21/13
Vsignature of Agency wead or Designee	Print Name	Tille	(Month, Day, Year)

Comment: ___

				Distributions		A Public Documer
1.	Agency Name				Date Stamp	California 802
	Alameda County	neda County				
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors	i.				
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)
) 	Function or Event Infor	mation		dis 5052 Edit Mitten Schlittlichen kommunision die blaiste Alternet die Unterhiste dasse were		
	Does the agency have a ticke	t policy?	Yes 🔲 No	🗙 Face Value o	of Each Ticket/Pass \$ _	172.90
	Event Description <u>Kanye We</u>	est Concert		Data(a) 10	, 23 , 13	///
		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	urce
	Was ticket distribution made a of agency official?	at the behest	No Ves	If yes: Carso	Official's Name (i	act First)
	- •					-03, 1130
•-	• Use Section A to identify the agence	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	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	B. Name of Individu (Last. First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	· · · · ·			Ceremonial Role	Other 🔀	Income
	Adams, Darnell		3	-	ial Role" or "Other" describe below:	
					ance at a County facili venue from parking ar	ty in order to maximize nd concession sales
				Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Verification	.,				
	TGINGGUUN					

 di Mago)	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency Alead or Designee	Print Name	Title	(Month, Day, Year)

Comment: ____

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			2.00.000		A Fublic Document		
1.	Agency Name			Date Stamp	California 802		
	Alameda County	5a	Form OUZ				
	Division, Department, or Region (If		For Official Use Only				
	Board of Supervisors						
	Designated Agency Contact (Name,	Title)		-			
	Amy Shrago						
	Area Code/Phone Number E-ma		rovide explanation in Part 3.)				
	(510) 272-6695 amy	.shrago@acgov.org	l	Date of Original Filing:	11/21/13 (Month, Day, Year)		
2.	Function or Event Information	DN					
	Does the agency have a ticket polic	;y? Yes 🗖 No	Face Value	of Each Ticket/Pass \$ _	172.90		
	Event Description Kanye West Co			0 , 23 , 13	////		
	Event Description	le Title/Explanation	Date(s)		//		
	Ticket(s)/Pass(es) provided by age	ncy? Yes 🗌 No	If no: Golde	en State Warriors			
	· · · · · · · · ·			Name of So	urce		
	Was ticket distribution made at the behest No Yes If yes: Cars			On, Keith Official's Name (i	ast First		
	of agency official?						
3.	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
			-	·····			
	A. Name of Agency, Department or U	Jnit 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 follow	ing:		
	(Last, First)	Pass(es)					
	Cox, Lori		Ceremonial Role	Other 🔀	Income		
		2	-	nial Role" or "Other" describe below: ty employee for his or	her exemplary service to		
				courage staff developn			
	· · · · · · · · · · · · · · · · · · ·		Ceremonial Role	Other	Income		
				nial Role" or "Other" describe below:	_		
	C. Name of Outside Organization (include address and description	IICKet(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy		
		Pass(es)					
	Verification						
	I have read/and understand FPPC Regulations	18944.1 and 18942. I have v	rerified that the distribution set				
	MTDL	Amy Sh		Supervisor's Assistan			
	Signature of Agency Head or Designee	Print Nai	me	Title	(Month, Day, Year)		

Comment: ____

A Public Document

						A Public Document
1.	Agency Name Alameda County				Date Stamp	California 802
	Division, Department, or Regi	on (If Applicable	<i>э)</i>		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number E-mail			Amendment (Must p		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)
2.	Function or Event Inform	nation		470.00		
	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		Date(s) 10) , 23 , 13	///
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	·
				Name of So	urce	
	Was ticket distribution made at the behest No Yes A If yes: Carso of agency official?			Official's Name (I	ast. First)	
3.	• 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 iden	tify an outside organization.
	A		Number of			
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individua		Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)		Pass(es)			
	Cook, Kym				Dether X	Income
	Cook, Kym		3	-		ty in order to maximize
					evenue from parking an	
				Ceremonial Role If checking "Ceremon	Dether nial Role" or "Other" describe below:	Income
	-		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			

 Amy Shrago
 Supervisor's Assistant
 11/21/13

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

A Public Document

Board of Superviso Designated Agency Amy Shrago Area Code/Phone No. (510) 272-6695 2. Function or Even Does the agency hav Event Description K Ticket(s)/Pass(es) pr Was ticket distribution of agency official? 3. Recipients • Use Section A to identify	Contact (Name, Title) umber E-mail amy.shrage nt Information ve a ticket policy? anye West Concert Provide Title/Ex rovided by agency? on made at the behest y the agency's department of	o@acgov.org Yes ☐ No ^{cplanation} Yes ☐ No No [—] Yes	Date(s) 10 23 13
Division, Department Board of Superviso Designated Agency Amy Shrago Area Code/Phone National (510) 272-6695 2. Function or Event Does the agency have Event Description K Ticket(s)/Pass(es) provide the agency official? 3. Recipients • Use Section A to identify	ors Contact (Name, Title) umber E-mail amy.shrage nt Information ve a ticket policy? anye West Concert Provide Title/Ex rovided by agency? on made at the behest y the agency's department of	o@acgov.org Yes ☐ No ^{cplanation} Yes ☐ No No [—] Yes	For Official Use Only For Official Use Only Amendment (Must provide explanation in Part 3.) Date of Original Filing: 11/21/13 (Month, Day, Year) Example Face Value of Each Ticket/Pass \$
Board of Superviso Designated Agency Amy Shrago Area Code/Phone No. (510) 272-6695 2. Function or Even Does the agency hav Event Description K Ticket(s)/Pass(es) pr Was ticket distribution of agency official? 3. Recipients • Use Section A to identify	ors Contact (Name, Title) umber E-mail amy.shrage nt Information ve a ticket policy? anye West Concert Provide Title/Ex rovided by agency? on made at the behest y the agency's department of	o@acgov.org Yes ☐ No ^{cplanation} Yes ☐ No No [—] Yes	Date of Original Filing: 11/21/13 (Month, Day, Year) Image: State Value of Each Ticket/Pass \$
Designated Agency Amy Shrago Area Code/Phone Na (510) 272-6695 2. Function or Even Does the agency have Event Description <u>K</u> Ticket(s)/Pass(es) provide the section of agency official? 3. Recipients • Use Section A to identify	Contact (Name, Title) umber E-mail amy.shrage nt Information ve a ticket policy? anye West Concert Provide Title/Ex rovided by agency? on made at the behest y the agency's department of	Yes ☐ No ^{(planation} Yes ☐ No No ⁻ Yes	Date of Original Filing: 11/21/13 (Month, Day, Year) Image: State Value of Each Ticket/Pass \$
Amy Shrago Area Code/Phone Na (510) 272-6695 2. Function or Even Does the agency hav Event Description K Ticket(s)/Pass(es) pr Was ticket distribution of agency official? 3. Recipients • Use Section A to identify	umber E-mail amy.shrage nt Information ve a ticket policy? anye West Concert Provide Title/Ex rovided by agency? on made at the behest y the agency's department of the second secon	Yes ☐ No ^{(planation} Yes ☐ No No ⁻ Yes	Date of Original Filing: 11/21/13 (Month, Day, Year) Image: State Value of Each Ticket/Pass \$
 Area Code/Phone Na (510) 272-6695 Function or Even Does the agency have Event Description <u>K</u> Ticket(s)/Pass(es) prevent Was ticket distribution of agency official? Recipients • Use Section A to identify 	amy.shrage nt Information ve a ticket policy? anye West Concert <i>Provide Title/Ex</i> rovided by agency? on made at the behest y the agency's department of	Yes ☐ No ^{(planation} Yes ☐ No No ⁻ Yes	Date of Original Filing: 11/21/13 (Month, Day, Year) Image: State Value of Each Ticket/Pass \$
 (510) 272-6695 2. Function or Even Does the agency have Event Description <u>K</u> Ticket(s)/Pass(es) presson Was ticket distribution of agency official? 3. Recipients Use Section A to identify 	amy.shrage nt Information ve a ticket policy? anye West Concert <i>Provide Title/Ex</i> rovided by agency? on made at the behest y the agency's department of	Yes ☐ No ^{(planation} Yes ☐ No No ⁻ Yes	Date of Original Filing: 11/21/13 (Month, Day, Year) Image: State Value of Each Ticket/Pass \$
 2. Function or Even Does the agency have Event Description <u>K</u> Ticket(s)/Pass(es) prevent to the section of agency official? 3. Recipients • Use Section A to identify 	nt Information ve a ticket policy? anye West Concert <i>Provide Title/Ex</i> rovided by agency? on made at the behest y the agency's department o	Yes ☐ No ^{(planation} Yes ☐ No No ⁻ Yes	Image: State Value of Each Ticket/Pass \$
Does the agency have Event Description <u>K</u> Ticket(s)/Pass(es) pr Was ticket distributio of agency official? 3. Recipients • Use Section A to identify	ve a ticket policy? anye West Concert <i>Provide Title/Ex</i> rovided by agency? on made at the behest y the agency's department o	xplanation Yes ☐ No No [—] Yes	Image: Value of Each Ticket/Pass \$
Event Description <u>K</u> Ticket(s)/Pass(es) pr Was ticket distributio of agency official? 3. Recipients • Use Section A to identify	anye West Concert Provide Title/Ex rovided by agency? on made at the behest y the agency's department o	xplanation Yes ☐ No No [—] Yes	Image: Value of Each Ticket/Pass \$
Ticket(s)/Pass(es) pr Was ticket distributio of agency official? 3. Recipients • Use Section A to identify	y the agency's department of	Yes ☐ No No ⁻ Yes	If no: Golden State Warriors Name of Source If yes: Carson, Keith
Ticket(s)/Pass(es) pr Was ticket distributio of agency official? 3. Recipients • Use Section A to identify	y the agency's department of	Yes ☐ No No ⁻ Yes	If no: Golden State Warriors Name of Source If yes: Carson, Keith
Was ticket distributio of agency official? 3. Recipients • Use Section A to identify	on made at the behest y the agency's department c	No Yes	Name of Source
of agency official? 3. Recipients • Use Section A to identify	y the agency's department c	No Yes	If yes: <u>Carson, Keith</u>
of agency official? 3. Recipients • Use Section A to identify	y the agency's department c		Official's Name (Last, First)
3. Recipients • Use Section A to identify		or unit. • Use Sec	
Use Section A to identify		or unit. • Use Sec	
-			tion B to identify an individual. • Use Section C to identify an outside organization.
	A. Name of Agency, Department or Unit		Describe the public purpose made pursuant to the agency's policy
	· · · · · · · · · · · · · · · · · · ·		Describe the public purpose made pursuant to the agency's policy
	of Individual Last, First)	Number of Ticket(s)/	Identify one of the following:
		Pass(es)	
Bynes, Melanie		2	Ceremonial Role D Other 🛛 Income
•			To promote attendance at a County facility in order to maximiz
			potential County revenue from parking and concession sales
			Ceremonial Role D Other D Income
		-	If checking "Ceremonial Role" or "Other" describe below:
		Number of	
	tside Organization ess and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
		1 400(00)	
4. Verification			

(A) Maes	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency Head or Designee	Print Name -	Title	(Month, Day. Year)

-				Distributions		A Public Document
1.	Agency Name			anna a fha an	Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	jion (If Applicable	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Amy Shrago	Amy Shrado				
	Area Code/Phone Number	E-mail		unana dan m ¹² n sa d		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					(Mohal, Day, Tear)
	Does the agency have a ticke		Yes 🗌 No	Face Value of	of Each Ticket/Pass \$	172.90
	Event Description Kanye We	•				///
	Event Description	Provide Title/Exp	lanation	Date(s)		//
	Ticket(s)/Pass(es) provided b	w agency?	Yes 🗌 No	If no. Golde	n State Warriors	
		y agonoy .			Name of So	urce
	Was ticket distribution made at the behest No Yes Market If yes: Car			If yes: Carso	on, Keith	
	of agency official?				Official's Name (L	Last, First)
3.	Recipients					
	Use Section A to identify the agend	cy's department or	unit. • Use Sec Number of	ction B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
		ŧ				
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the followi	ing:
	(Pass(es)	0		
	McWilson, Marlon			Ceremonial Role If checking "Ceremor	Anial Role" or "Other" describe below:	Income
			2	To promote attend	ance at a County facili	ty in order to maximize
				potential County re	evenue from parking ar	nd concession sales
				Ceremonial Role	Other	Income
				If checking "Ceremor	nial Role" or "Other" describe below:	
	Nama of Outside Orga		Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy

4. Verification

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

M Shaaro	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 11/21/13 (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 172.90 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes 🗋 No 🛛 Event Description Kanye West Concert Date(s) <u>10</u>, 23, 13 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: <u>Carson</u>, Keith Was ticket distribution made at the behest Yes 🗷 No of agency official? Officiat's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of -۸ -..

A. Name of Agency, Department of Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
Gallagher, Hannah	2	Ceremonial Role Other Income Income Income Other describe below:		
	2	To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales		
	-	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	1999 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 19			
	1			

4. Verification

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

ATTINOS	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

_				Distributiono		A Public Document	
1.	Agency Name			n en	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)		·····			
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must pro		
	(510) 272-6695	amy.shrago	@acdov.ord		Date of Original Filing:	1/21/13 (Month, Day, Year)	
2	Function or Event Inform	<u></u>	999, MILLING BURNEL	an a substant constant and a substant and a substant and a substant constant and a substant constant and a subs	(Month, Day, Year)		
£.,	Does the agency have a ticke	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	172.90		
		· •					
	Event Description Kanye We	Provide Title/Expl	lanation	Date(s)) <u>23</u> 13	//	
	Ticket(s)/Pass(es) provided by			uf no. Goldei	n State Warriors		
	rickel(s)/Pass(es) provided by	y agency?	Yes 🔲 No		Name of Sour	rce	
	Was ticket distribution made a	t the behest	No Yes	🔀 Ifyes: Carso	on, Keith		
	of agency official?		, , ,		Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agency		ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	the public purpose made pursuant to the agency's pol		
	B. Name of Individua (Last, First)	3. Name of Individual (Last, First)			Identify one of the followin	ıg:	
				Ceremonial Role	Other 🔀	Income	
	Leung, Chris		2	-	ial Role" or "Other" describe below:		
					ance at a County facility venue from parking and		
					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	lic purpose made pursuant t	o the agency's policy	
4.	Verification			L	· · · · · · · · · · · · · · · · · · ·	a anna an an an anna an an an an an an a	

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

1 Shigo	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

A Public Document

						AT usite Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	gion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name,Title)				
	Amy Shrago Area Code/Phone Number	E-mail	Amendment (Must pro	ovide explanation in Part 3.)		
	(510) 272-6695		Bacqov ora		Date of Original Filing: _	11/21/13
_		amy.shrago		(Month, Day, Year)		
2.	Function or Event Info		f Each Ticket/Decc ¢	172.90		
	Does the agency have a tick		f Each Ticket/Pass \$			
	Event Description Kanye W	est Concert	<u>, 23 , 13 </u>	///		
		Provide Title/Expla				
	Ticket(s)/Pass(es) provided	by agency?	n State Warriors Name of Sou	rce		
	Was ticket distribution made	at the behast	on, Keith			
	of agency official?	at the benest	Official's Name (L	ast, First)		
_						
J.	• Use Section A to identify the agen	cy's department or i	tion B to identify an individu	al. • Use Section C to identi	fy 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			
	<u> </u>				· · · · · · · · · · · · · · · · · · ·	
	B. Name of Individ	Jal	Number of Ticket(s)/ Pass(es)	s)/ Identify one of the followin		ng:
				Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	
			:			
				Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	
	C. Name of Outside Orga	nization	Number of	Describe the sub	lic purpose made pursuant	to the approvis policy
	(include address and de		Ticket(s)/ Pass(es)	Describe the pub	and purpose made pursuant	to the agency's policy
	BAY EMT 1000 San Leand Leandro, CA train youth to		5	To reward a school to the community	l or nonprofit organizati	on for its contributions
						2
4.	Verification					

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

 Amy Shrago
 Supervisor's Assistant
 11/21/13

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

0		is and nu	sheur ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Regi	on (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 pr	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)
2.	Function or Event Inform	nation	***************************************			
	Does the agency have a ticke	t policy?	Yes 🔲 No	🗙 Face Value d	of Each Ticket/Pass \$	65.00
	Event Description Live 105 S	pookfest Cor Provide Title/Exp	ncert) <u>, 25 , 13</u>	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	If no: Golder	n State Warriors	
		4.4k - k - k 4			Name of Sou	Irce
	Was ticket distribution made a of agency official?	it the benest	No / Yes	If yes: Carso	Official's Name (L	ast. First)
_	-		·	. ,		
3.	• Use Section A to identify the agency	/'s department or	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua (Last, First)	l	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Robles, James			Ceremonial Role If checking "Ceremon	Other 🔀	Income
			4		y employee for his or h ourage staff developm	ner exemplary service to lent
				Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
_	X7 - 20					

4. Verification

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

nature of Agency Herd or Designee

Amy Shrago Print Name

Supervisor's Assistant Tille

11/21/13 (Month, Day, Year)

Comment: .

A Public Document

	v Name				Date Stamp	California 802		
Alameda	a County			Form OUA				
Division,	Department, or Reg	ion (If Applicabl	e)		For Official U			
Board of	Supervisors							
	ed Agency Contact	(Name,Title)			1			
Amy Shr	ago							
•	le/Phone Number	E-mail		······································		rovide explanation in Part 3.)		
(510) 272		amy.shrago	@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)		
Functio	on or Event Infor	mation	9918200099300000000000000000000000000000000	hAddishin Ginin di Ali Kareer ayaa ayaa ayaa ayaa ayaa ayaa ayaa				
Does the	agency have a ticke	et policy?	Yes 🔲 No	Face Value of	of Each Ticket/Pass \$ _	158.00		
Event De	scription Family Br	dges Present	s 3 Divas Liv	/e! Date(s)1	<u>, 9 , 13 </u>	//////		
	- / \ \ \ \				n State Warriors			
licket(s)/	Pass(es) provided b	y agency?	Yes 🔲 No	If no: Colde	Name of So	urce		
Was ticke	et distribution made	at the behest	No] Yes	If yes: Carso	on, Keith			
of agenc	cy official?			yza, ii yes	Official's Name (I	Last, First)		
Recipie		y's department or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.		
A. Na	me of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy		
 B.	Name of Individu	al	Number of			1		
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	<i>ing:</i>		
Sar, Tina	a			Ceremonial Role If checking "Ceremor	Other X iial Role" or "Other" describe below:	Income		
			4	To reward a comm public	unity volunteer for his	or her service to the		
			4	public Ceremonial Role	-	or her service to the		
			4	public Ceremonial Role	Other	or her service		
Verifica		scription)	Number of Ticket(s)/ Pass(es)	public Ceremonial Role If checking "Ceremon Describe the pub	Other	Income to the agency's policy th the requirements.		

0			NCUI 455	Distributions		A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Regi	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 pr	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$	82.00		
	Event Description		, 26 , 13	1 1		
		Provide Title/Expl				
	Ticket(s)/Pass(es) provided by	y agency?	n State Warriors			
			Name of Sou	rce		
	Was ticket distribution made a of agency official?	it the behest	No Yest	If yes: Carso	Official's Name (L	ast. First)
~						
3.	• Use Section A to identify the agency	y's department or	ual. • Use Section C to identi	fy 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	
						анананан каланан калана К
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role		Income
	Valentine, Valerie		4	_	ial Role" or "Other" describe below:	, in order to unovincing
					ance at a County facilit venue from parking an	
				Ceremonial Role	Other International of the second sec	Income
				in choosing concinen		
	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(es)		···· · · · · · · · · · · · · · · · · ·	
4.	Verification					

I have verified that the distribution set forth above, is in accord

attingos	Amy Shrago	Supervisor's Assistant	11/21/13
Sgnature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

A Public Document

. Ag	ency Name				Date Stamp	California 802		
Ala	meda County							
Divi	sion, Department, or Reg	ion (If Applicab	le)			For Official Use Only		
Boa	ard of Supervisors							
	ignated Agency Contact ((Name,Title)						
Am	y Shrago							
	a Code/Phone Number	E-mail	 		Amendment (Must p.			
(51	0) 272-6695	amy.shrage	o@acgov.org		, Date of Original Filing: ,	(Month, Day, Year)		
. Fu	nction or Event Infor	mation	n na na manani makana na na paga ana ina yana mga na gang panana na sa ing matani ka Ad	110				
Doe	s the agency have a ticke	t policy?	Yes 🗖 No	🗙 Face Value o	of Each Ticket/Pass \$	123.75		
Eve	nt Description <u>Michael B</u>	uble		Data(a) 11	i , 30 , 13	///		
⊂ve:		Provide Title/Ex	planation					
Tick	Ticket(s)/Pass(es) provided by agency?			If no: Golde	n State Warriors			
				Name of So	urce			
	sticket distribution made a agency official?	at the behest	No Yeş,	🖺 If yes: Carso	ON, KEIIN Official's Name (I	ast First)		
	Recipients Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
-	· · · · · · · · · · · · · · · · · · ·		Number of					
A. Name of Agency, Department or		ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy		
					unaama chin ina name'eni oo actii in ki kin in 'na chinikara in itaa n			
В.	Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ing:		
	(Ləst, First)		Pass(es)		· · · · ·	-		
Sar	nchez, Mina			Ceremonial Role	Definition of the describe below:	Income		
oui			4			ner exemplary service to		
					courage staff developm			
		<u></u>		Ceremonial Role	Other	Income		
				If checking "Ceremon	nial Role" or "Other" describe below:			
<u>.</u>								
C.	Name of Outside Orgar (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy		
	•		Pass(es)					
····	1999 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -							
	ification							
			4 4 9 9 4 9 5 5	197 - 110 - 110 - 12 - 12 - 12 - 12 - 12 -	to the shares in the second state of the secon	the theory of the second to		
	e read and understand FPPC Regu	llations 18944.1 a	nd 18942. I have ve Amy Shr		forth above, is in accordance with Supervisor's Assistant			

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						A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	on (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 p			
	(510) 272-6695	amy.shrago	Date of Original Filing:	11/21/13 (Month, Day, Year)		
2.	Function or Event Infor			85.00		
	Does the agency have a ticke	•	of Each Ticket/Pass \$ _	05.00		
	Event Description	Bame		Date(s)1	3013	/
	•	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by	y agency?	nd A's Name of So			
	Mee ticket distribution made			urce		
	Was ticket distribution made a of agency official?	it the benest	on, Keith Official's Name (i	Last, First)		
2	Recipients					
J.	• Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of		lic purpose made pursuant	
	B. Name of Individua (Last. First)	31	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other 🔀	Income
	Sanchez, Mina		4	-	ial Role" or "Other" describe below:	
					y employee for his or courage staff developn	her exemplary service to nent
				Ceremonial Role	Other describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
		,				

Amy Shrago Supervisor's Assistant 11/21/13 Signature of Agency Hear or Designee Print Name Title (Month, Day, Year)

Comment:

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			sheur ass	Distributions		A Public Document		
1.	Agency Name			000.4 # 2 4 4 1 4 2 4 1 4 1 4 4 4 4 4 4 4 4 4 4	Date Stamp	California 802		
	Alameda County							
	Division, Department, or Reg	jion (If Applicabl	le)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)						
	Amy Shrago							
	Area Code/Phone Number	E-mail	. Amendment (Must p	rovide explanation in Part 3.)				
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)		
2.	Function or Event Infor	mation				na n		
	Does the agency have a ticke	et policy?	Yes 🔲 No	🗙 Face Value d	of Each Ticket/Pass \$ _	85.00		
	Event Description Baseball	Game) _ 5 _ 13					
	Event Description	Provide Title/Exp	······]					
	Ticket(s)/Pass(es) provided b	ov agencv?	nd A's					
		, , ,	Name of So	urce				
	Was ticket distribution made	at the behest	on, Keith	Last First)				
	Was ticket distribution made at the behest No Yes X If yes: Carson, Keith of agency official? Official's Name (Last, First)							
	• Use Section A to identify the agend	w's denartment o	ual a Use Section C to iden	tifu an outside organization				
		· · · ·	Number of					
	A. Name of Agency, Departm	Ticket(s)/ Pass(es))/ Describe the public purpose made pursuant to the agency's poli					
	<u></u>							
	B. Name of Individu	ial	Number of Ticket(s)/		Identify one of the follow	ina:		
	(Ləst, First)		Pass(es)					
	Brooks, Rodney			Ceremonial Role	Dether X nial Role" or "Other" describe below:	Income		
	Brooks, Rouney		4	-		her exemplary service to		
					courage staff developn			
				Ceremoni a l Role	Other	Income		
				If checking "Ceremor	nial Role" or "Other" describe below:			
			Number of					
	C. Name of Outside Orga (include address and de		Ticket(s)/	Describe the put	olic purpose made pursuan	to the agency's policy		
		• •	Pass(es)					
4.	Verification	ulations 18044 1 a	nd 18942 I have ur	arified that the distribution out	forth above is in accordance wi	th the requirements		
4.	Verification I have read and understand FPPC Reg	ulations 18944.1 ar	nd 18942. I have ve Amy Shr		forth above, is in accordance wi Supervisor's Assistan			

A Public Document

				Distributiono		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicabi	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)	1			
	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		enen Her op her Angelen en en her noem en her andere en die en her her die bes		
	Does the agency have a ticke	Yes 🔲 No	Face Value o	of Each Ticket/Pass \$	85.00	
	Event Description Baseball	Game			, 10 , 13	, ,
	Event Description	Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🔲 No	If no: Oaklar	nd A's	****
				Name of Sou	rce	
	Was ticket distribution made a	at the behest	No Yes	If yes: Carso	on, Keith Official's Name (L	oot Fimh
	of agency official?				Official's Name (L	ast, First)
3.	• Use Section A to identify the agence		tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
					Other 🔀	Income
	Shrago, Amy		2	· ·	ial Role" or "Other" describe below:	
				To reward a County employee for his or her exemplary service the public or to encourage staff development		
	DeCarle Katia			Ceremonial Role		Income
	DeCarlo, Katie		2	To reward a comm	ial Role" or "Other" describe below: unity volunteer for his c	or her service to the
				public		
	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

4. Verification

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

Amy Shrago Supervisor's Assistant 11/21/13 ature of Agency H Print Name Title (Month, Day, Year) or Designee

A Public Document

-				Biotingationio		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)	1			
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pr	
	(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 🕱 🛛 Face Value o		of Each Ticket/Pass \$	100.00
	Event Description Basketball	Game	_), 7, 13	
	Event Description	lanation	Date(s)	//		
	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	No 🏹 Yes	If yes: Carso	on, Keith		
	of agency official?				Official's Name (L	
3.	• Use Section A to identify the agency	y's department or	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individua (Last, First)	91	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Jenkins, Kevin			Ceremonial Role	ial Role" or "Other" describe below:	Income
			4	To reward a Count		er exemplary service to ent
				Ceremonial Role If checking "Ceremon	Other D	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

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.

NO.6 alure of Agency Herd or Designee

Amy Shrago Print Name

Supervisor's Assistant

11/21/13 (Month, Day, Year)

Comment: .

A Public Document

						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Region (If	Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name,	Title)				
	Amy Shrago				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number E-ma				Date of Original Filing: _	1/21/13
		.shrago@acgo	v.org		Date of Original Timig.	(Month, Day, Year)
2.	Function or Event Information					1.00 00
	Does the agency have a ticket polic		No 🛽	X Face Value of	f Each Ticket/Pass \$	<u> </u>
	Event Description Basketball Gam	е		Date(s)10	, 30 , 13	
	Provid	le Title/Explanation				
	Ticket(s)/Pass(es) provided by age	ncy? Yes 🗆	No 🖸	If no: Golder	State Warriors	
					Name of Sour	ce
	Was ticket distribution made at the	oehest No 🖡	Yes 🛛	If yes: Carso	n, Keith	A Find
	of agency official?				Official's Name (La	st, First)
3.	Recipients					
	Use Section A to identify the agency's dep			ion B to identify an individu	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or U	nit Tick	er of et(s)/ e(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
			<u> </u>	4 4	a an ann a tha mar ann ann an ann an thatair ann ann	
	······					<u>.</u>
	B. Name of Individual		per of et(s)/		Identify one of the followin	~ •
	(Last, First)		s(es)		Identity one of the followin	y.
				Ceremonial Role	_	Income
	Carson, Keith				al Role" or "Other" describe below:	
				To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales		
				-		
					Other describe below;	Income
				in encenning contennen		
	C. Name of Outside Organization	Num	per of			
	(include address and description	п) ПСК	et(s)/ s(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	· · · · · · · · · · · · · · · · · · ·			Marana .		
					· · · · · · · · · · · · · · · · · · ·	
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.

ature of Agency Hear Sig Designee

Amy Shrago Print Name

Supervisor's Assistant

Title

11/21/13 (Month, Day, Year)

Comment: .

A Public Document

						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ
	Division, Department, or Reg	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 pro	ovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	1/21/13
2	Function or Event Infor		<u>e</u>	i fall de diversité de la contra de diversité de la contra participation de la contra participation de la contr		(Month, Day, Year)
٤.	Does the agency have a ticke	Yes 🔲 No	Face Value o	f Each Ticket/Pass \$	100.00	
	Event Description	Provide Title/Expl	lanation	Date(s)		/
	Cold			Golder	n State Warriors	
	Ticket(s)/Pass(es) provided b	y agency?	Name of Sour	rce		
	Was ticket distribution made a	No Yes	If yes: Carso	on, Keith		
	of agency official?				Official's Name (La	ast, First)
	Use Section A to identify the agence A. Name of Agency, Department	-	unit. • Use Sec Number of Ticket(s)/ Pass(es)		al. • Use Section C to identi	
	B. Name of Individua (Last, First)	Name of Individual (Last, First)			Identify one of the followin	ıg:
			Pass(es)	Ceremonial Role	Other 🔀	Income
	Sandoval, Terry		2	Ŭ	ial Role" or "Other" describe below: unity volunteer for his c	or her service to the
	Loveman, Alisa	oveman, Alisa		To reward a comm	Other D ial Role" or "Other" describe below: unity volunteer for his c	Income
				public		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy

4. Verification

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

Signature of Agency Head or Designee

Amy Shrago Print Name

Supervisor's Assistant

11/21/13 (Month, Day, Year)

Comment: _

Title

	eremoniai Role Even	is and fic	keu Pass	Distributions		A Public Document
1.	Agency Name			anna ann an a	Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	on (If Applicable	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		s	1	
	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 Inform	unction or Event Information				
	Does the agency have a ticke	Yes 🔲 No	Face Value of	of Each Ticket/Pass \$	450.00	
	Event DescriptionBasketball	Game			<u>, 14 , 13</u>	, ,
	Event Description	Provide Title/Exp	lanation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	If no: Golde	n State Warriors	
					Name of Sou	irce
	Was ticket distribution made at the behest No 1 Yes S If yes: of agency official?				on, Keith	
					Official's Name (L	ast, First)
3.	• Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ifv an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/		blic purpose made pursuant	
			Pass(es)			
	B. Name of Individua (Last, First)	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			1 400(00)	Ceremonial Role	Other 🔀	Income
	Jenkins, Kevin				ial Role" or "Other" describe below:	_
			4		y employee for his or h courage staff developm	ner exemplary service to lient
				Ceremonial Role If checking "Ceremon	Other D	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
4.	Verification					

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

Amy Shrago Supervisor's Assistant 11/21/13 d or Designee Print Name Title (Month, Day, Year) Sgnature of Agency he

Comment:

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			-	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)
2	Function or Event Infor	_			1	(Month, Day, Tear)
	Does the agency have a ticke		Yes 🔲 No	Face Value o	of Each Ticket/Pass \$ _	150.00
						///////
	Event Description	Provide Title/Expl	anation	Date(s)		//
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			n State Warriors		
				Name of So	urce	
	Was ticket distribution made a of agency official?	at the behest	on, Keith Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agenc	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	t to the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)	Identify one of the following:		ing:
	Carson, Keith				Other X nial Role" or "Other" describe below:	Income
			4	To promote attendance at a County facility in order to maximiz potential County revenue from parking and concession sales		
					Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Organ (include address and dea		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy

4. Verification

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

Amy Shrago Supervisor's Assistant 11/21/13 eture of Agency Head or Designee Print Name Title (Month, Day, Year) Sign

C	eremonial Role Even	is and the	neur ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicabl	е)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	11/21/13 (Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🔲 No	🗙 Face Value o	of Each Ticket/Pass \$	200.00
	Event DescriptionBasketball	Game		Data(a) 11		1 1
	Event Description	Provide Titte/Exp	lanation			······································
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗋 No	If no: Golde	n State Warriors	
					Name of So	urce
	Was ticket distribution made a of agency official?	it the behest	No 🏹 Yes	If yes: Carso	ON, Keith Official's Name (I	act Eimt)
					Official's Name (E	_asi, ="isij
3.	Recipients				415	
	Use Section A to identify the agency	Number of	tion B to identify an individ	ial. • Use Section C to iden	tity an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
	· · · · · · · · · · · · · · · · · · ·		1 000(00)			
	B. Name of Individua	al	Number of		Identify and of the follow	
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing;
	Ionking Kovin			Ceremonial Role		Income
	Jenkins, Kevin		4		ial Role" or "Other" describe below:	ty in order to movimize
					venue from parking ar	ty in order to maximize
			_	Ceremonial Role		Income
					ial Role" or "Other" describe below:	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy
	(include address and des	cription)	Pass(es)	-		
	•					
-						

4. Verification

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

Amy Shrago Supervisor's Assistant 11/21/13 1000 Print Name Title (Month, Day, Year) ignature of Agency Head or Designee

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) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: <u>11/21/13</u> (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 150.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes 🗋 No 🗵 Event Description Basketball Game Date(s) 11 / 23 / 13 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: <u>Carson</u>, Keith Was ticket distribution made at the behest No 7 Yes of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Other 🔀 Ceremonial Role Income Carson, Keith If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at a County facility in order to maximize potential County revenue from parking and concession sales Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

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.

ATS Mago	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency Headior Designee	Print Name	Title	(Month, Day, Year)

Comment:

A Public Document

_						
I. A	Agency Name				Date Stamp	California Form 802
А	Alameda County					
Di	livision, Department, or Reg	ion (If Applicable	e)			For Official Use Only
В	Board of Supervisors					
	esignated Agency Contact	(Name, Title)				
А	Amy Shrago					
	rea Code/Phone Number	E-mail				rovide explanation in Part 3.)
	510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)
2. F	unction or Event Infor	mation		a an an an an ann an Anna an An		
D	oes the agency have a ticke	et policy?	Yes 🔲 No	Face Value o	of Each Ticket/Pass \$ _	300.00
ς,	vent Description Basketba	l Game			2 , 11 , 13	///
E,		Provide Title/Exp	lanation	Date(s)		
Ti	icket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Golden State Warriors		
1.4	daa kaleak altaketta etta oo oo	- 1 4 h - h - h (Name of So Name of So	urce
	Vas ticket distribution made of agency official?	at the benest	No 🏳 Yes	K If yes: Carso	Official's Name (Last, First)
					·	· ,
	Recipients Use Section A to identify the agend	v's department or	ual. ● Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departm		Number of			
~	 Name of Agency, Departm 	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
В	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
_	Corpon Koith				Other 🔀	Income
C	Carson, Keith		4	To promote attenda	ial Role" or "Other" describe below: ance at a County facili evenue from parking a	ty in order to maximize nd concession sales
				Ceremonial Role If checking "Ceremor	Other D hial Role" or "Other" describe below:	Income
c	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
						1110 <u>1</u>

Amy Shrago Supervisor's Assistant 11/21/13 20 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: ...

A Public Document

_			1001 000	Biotributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable	<i>)</i>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)				
	Amy Shrago					
		E-mail			_ ``	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 Information					150.00
	Does the agency have a ticket		Yes 🔲 No	Face Value o	of Each Ticket/Pass \$	150.00
	Event DescriptionBasketball	Game		Date(s) 12	27 / 13	///
		Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No 🛛	If no: Golder	n State Warriors Name of So	
				- Carso		urce
	Was ticket distribution made a of agency official?	t the benest	No Yes.	If yes: Carso	Official's Name (Last, First)
2					· ·	
ა.	• Use Section A to identify the agency	's department or	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
	B. Name of Individua (Last, First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role		Income
	Carson, Keith		4	-	ial Role" or "Other" describe below:	tu in order to novining
					venue from parking a	ty in order to maximize nd concession sales
				Ceremonial Role		Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy

Amy Shrago Supervisor's Assistant 11/21/13 Signature of Agency Alead or Designee Print Name Title (Month, Day, Year)

Comment: .

A Public Document

_						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form UUZ
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)
2.	Function or Event Infor	mation	880-8400-8000-840-840-840-840-840-840-84			nega new second s
	Does the agency have a ticke	t policy?	Yes 🔲 No	🕅 🛛 Face Value o	of Each Ticket/Pass \$ _	200.00
	Event Description Basketbal	IGame		Date(s)	, 20 , 1 4	/
	Event Description	Provide Title/Expl	anation	Date(s)]
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Golder	n State Warriors	
					Name of So	burce
	Was ticket distribution made a of agency official?	at the behest	No Yes	If yes: Carso	Official's Name	(Last First)
3.	• Use Section A to identify the agence	v's department or	ual. • Use Section C to ider	ntify an outside organization		
	•		Number of			
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving:
			Pass(es)	0		. I -
	Carson, Keith			Ceremonial Role If checking "Ceremon	Other 🔀 ial Role" or "Other" describe below:	
			4	To promote attendance at a County facility in order to maximi		ity in order to maximize
				potential County re	venue from parking a	nd concession sales
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	Name of Outside Orres	-i	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuan	t to the agency's policy
		······	-			
	, ,			1		
4.	Verification I have read and understand FPPC Regu	lations 18944 1 and	+ 18942 have ve	erified that the distribution set f	orth above is in accordance w	ith the requirements
	, mane inde and and orbitand it i to riego				48070, 10 4000144/100 W	

ASMORD	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency peed or Designee	Print Name	Tille	(Month, Day, Year)

Comment: _____

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) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: <u>11/21/13</u> (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 250.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🗋 No 🛛 Event Description Basketball Game Date(s) <u>1</u>, <u>10</u>, <u>14</u> Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗋 No 🛛 Name of Source If yes: Carson, Keith Was ticket distribution made at the behest No Yes 🗹 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es)

В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Green	Greene, Hannah		Ceremonial Role Other I Income Income I Income I Income II Other" describe below:
			County facility in order to maximize potential County revenue from parking and concession sales
			Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

(hogo)	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

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		to and m	A Public Documer			
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Amy Shrago					
	Arrea Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6695		@acgov.org		Date of Original Filing	11/21/13
<u>ົ</u>	Function or Event Infor		waagov.org		-	(Month, Day, Year)
۷.	Does the agency have a ticke			Eace Value o	of Each Ticket/Pass \$.	150.00
			Yes 🔲 🛛 No 🛛			
	Event Description	Provide Title/Exp	lanation	Date(s)	, 10 , 14	///
				Golder	n State Warriors	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No		n State Warriors Name of S	ource
	Was ticket distribution made a	at the behest	No 1 Voot	If yes: Carso	on, Keith	
	of agency official?		No] Yes	n yes:	Official's Name	(Last, 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 ide	ntify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	Brown, Elaine			Ceremonial Role If checking *Ceremon	Other X ial Role" or "Other" describe below	Income _
			4	County facility in or parking and concest		ential County revenue from
				Ceremonial Role	ial Role" or "Other" describe below	Income
				-		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy

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.

AT MOAD	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency Heat or Designee	Print Name	Title	(Month, Day, Year)

A Public Document 1. Agency Name California Date Stamp 8 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable)

в	loard of Supervisors					
	esignated Agency Contact	(Name, Title)	4			
A	my Shrago	·				· _
	rea Code/Phone Number	E-mail				provide explanation in Part 3.)
(5	510) 272-6695	amy.shrag	o@acgov.org		Date of Original Filing:	11/21/13 (Month, Day, Year)
2. F	unction or Event Infor	mation				
Do	oes the agency have a tick	et policy?	Yes 🔲 No	Face Value	of Each Ticket/Pass \$ _	300.00
г.	vent Description Basketba	ll Game			2,22,14	
	vent Description	Provide Title/Ex	planation	Date(s)	///	//
Ti	cket(s)/Pass(es) provided b	by agency?	Yes 🗌 No	If no: Golde	en State Warriors	burce
	as ticket distribution made of agency official?	at the behest	No] Yes	If yes: Cars	on, Keith Official's Name	(Last, First)
	Recipients Use Section A to identify the agend	cy's department c	or unit. ● Use Sec	tion B to identify an individ	dual. • Use Section C to ider	ntify an outside organization.
A	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
B	Name of Individu (Last, First)	ial .	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
В	rown, Aisha			Ceremonial Role	Other 🔀 onial Role" or "Other" describe below:	Income
			4		ty employee for his or courage staff developr	her exemplary service to ment
				Ceremonial Role If checking °Ceremo	Other Donial Role" or "Other" describe below:	Income
c	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
	'erification ave readyand understand FPPC Reg	ulations 18044 1 a	ind 18942 I have ve	rified that the distribution sol	forth above is in accordance w	ith the requirements

_ by Mag D	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

Ala	jency Name ameda County				Date Stamp	California 802
	ameda County					
Div						
	ision, Department, or Regi	on (If Applicable		For Official Use Only		
Во	ard of Supervisors					
Des	signated Agency Contact (Name, Title)				
An	ny Shrago					
	a Code/Phone Number	E-mail	Amendment (Must pro			
(51	10) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: _	1/21/13 (Month, Day, Year)
2. Fu	inction or Event Inform	nation			Annen my en een een man weg ee een sen heeren meeke een man hie tekter in here heeren here heeren here here hie	
	es the agency have a ticke		Yes 🔲 No	🗙 Face Value o	f Each Ticket/Pass \$	250.00
Eve	ent Description <u>Basketball</u>	Game		Date(s) 3	<u> </u>	1 1
		Provide Title/Expl	anation			//
Ticl	ket(s)/Pass(es) provided by	/ agency?	Yes 🔲 No	If no: Golder	n State Warriors	
					Name of Sour	ce
	s ticket distribution made a agency official?	t the behest	No Yes	If yes: Carso	Official's Name (La	ast First)
	ecipients se Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	al • Use Section C to identif	ty an outside organization
<u> </u>	Use Section A to identify the agency's department or unit. Use Section B to identify an individu Number of					
А.	Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
В.	Name of Individua	l	Number of Ticket(s)/		Identify one of the followin	a.
	(Last, First)		Pass(es)			9.
50	nchez, Mina				Other 🔀	Income
Ja			4		ial Role" or "Other" describe below:	er exemplary service to
					ourage staff developme	
				Ceremonial Role	Other	income
					ial Role" or "Other" describe below:	
. <u> </u>						
C.	Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
	(include address and des		Pass(es)			
4. Ve	rification	· · · · · · · · · · · · · · · · · · ·				

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

and head	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: ____

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U	eremonial Role Events	s and nu	NEUF ass	Distributions		A Public Document
1.	Agency Name			Каланики алыны байланы каланы кала Каланы каланы к	Date Stamp	California 802
	Alameda County					
	Division, Department, or Regio)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (N	ame,Title)				
	Amy Shrago					
	-	-mail			Amendment (Must pro	
		amy.shrago(Macdov ord		Date of Original Filing: _	1/21/13
2	Function or Event Inform		gacgov.org	an a		(Month, Day, Year)
Ζ.	Does the agency have a ticket				f Each Ticket/Pass \$	300.00
		•	Yes 🔲 No 🛛			
	Event Description Basketball C	∋ame Provide Title/Expla	anation	Date(s) <u>4</u>	<u>1014</u>	///
		Tornuo ThierExpit			n State Warriors	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No 🛛		Name of Soul	rce
	Was ticket distribution made at	the behest	No Yes	If yes: Carso	on, Keith	
	of agency official?			Li il yes	Official's Name (La	ast, First)
3.	Recipients					
	 Use Section A to identify the agency's 	department or	unit. 🔹 Use Sec	tion B to identify an individu	ial. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Department	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	ıg:
	••••••••••••••••••••••••••••••••••••••			Ceremonial Role	Other 🗙	Income
	Brooks, Rodney		4		ial Role" or "Other" describe below:	
			4		y employee for his or he ourage staff developme	er exemplary service to ent
			4	Ceremonial Role If checking "Ceremon	Other Conternation Conternatio	income
	C. Name of Outside Organiz (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	· · · · · ·					
4.	Verification		1			andele fam de active, come a come

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

A Mapo	Amy Shrago	Supervisor's Assistant	11/21/13
Signature of Agency Head or Designee	Print Name	Title	(Monlh, Day, Year)

Ŭ			133 6			A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County						
	Division, Department, or Region	(If Applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Nan	ne, Title)					
	Amy Shrago						
		mail			Amendment (Must pro	. ,	
	(510) 272-6695 an	ny.shrago@acgov	org		Date of Original Filing:	1/21/13	
2.	Function or Event Information					(WONUT, Day, Tear)	
	Does the agency have a ticket po					200.00	
						//	
	Event Description Basketball Ga	vide Title/Explanation		Date(s)'	1414	//	
	Ticket(s)/Pass(es) provided by ac			If no [.] Golder	State Warriors		
					Name of Sou	rce	
	Was ticket distribution made at th	e behest No]	Yes	If yes: <u>Carso</u>	son, Keith		
	of agency official?	of agency official?			Official's Name (La	ast, First)	
	Use Section A to identify the agency's d A. Name of Agency, Department o	Numbe	rof (s)/	······································	n B to identify an individual. • Use Section C to identify an outside organizat Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual	Numbe Ticket	(s)/		Identify one of the followir	ıg:	
		Pass(es)	Ceremonial Role	Other 🔀		
	Shrago, Amy	4		If checking "Ceremonia To reward a County	al Role" or "Other" describe below:	er exemplary service to ent	
				Ceremonial Role	Other	Income	
	C. Name of Outside Organizati (include address and descrip		(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy	
Δ	Verification						

4.

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

or Designee re of Agency He

Amy Shrago Print Name

Supervisor's Assistant Title

11/21/13 (Month, Day, Year)

Comment: .

A Public Document

1.	Agency Name			Date Stamp	California 002
	Alameda County		Form 802		
	Division, Department, or Region (If)	Applicable)		-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, 7	Title)		-	
	Amy Shrago				
	Area Code/Phone Number E-ma	Amendment (Must	provide explanation in Part 3.)		
		shrago@acgov.org]	Date of Original Filing	: <u>11/21/13</u> (Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes ☐ No ⊠ Face Value			of Each Ticket/Pass \$.	200.00
				, 24 , 14	, ,
	Event Description Basketball Game Date(s) Date(s)				
	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Golder			n State Warriors	Nource
	Was ticket distribution made at the b	obest N. L. L. V.	s 🔀 If yes: <u>Carso</u>		
	of agency official?	ehest NollYes	S Chassic Street	Official's Name	(Last, First)
3.	Recipients				
	• Use Section A to identify the agency's depa	rtment or unit. • Use Se	ection B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or U	nit Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		nt to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			Ceremonial Role If checking "Ceremor	Other D	r:
			Ceremonial Role If checking "Ceremor	Other D nial Role" or "Other" describe below	Income [
	C. Name of Outside Organization (include address and description	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
	Sierra Club San Francisco Bay Chapter 2530 San Pablo Ave., Suite 1 Berkeley C			y employee for his or ourage staff develop	her exemplary service to ment
4.	Verification	8944.1 and 18942. I have v	verified that the distribution set	forth above, is in accordance v	with the requirements.

 Amy Shrago
 Supervisor's Assistant
 11/21/13

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

A Public Document

				Biotributione		A Public Document
1.	Agency Name		2		Date Stamp	California 802
	Alameda County					
	Division, Department, or Regio	on (If Applicable	e)			For Official Use Only
	Board of Supervisors				1	
	Designated Agency Contact (A	lame,Title)				
	Amy Shrago					
		E-mail	···· ·		Amendment (Must pro	- ,
			@acgov.org		Date of Original Filing:	11/21/13
2	Function or Event Inform	-				(Month, Day, Year)
~ .	Does the agency have a ticket			Face Value o	f Each Ticket/Pass \$	200.00
		• •	Yes 🔲 No			
	Event Description Basketball	Provide Title/Exp	lanation	Date(s) <u>4</u>	414	//
					n State Warriors	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No		Name of Sou	rce
	Was ticket distribution made at	the behest	No' Yes	If yes: Carso	on, Keith	
	of agency official?		10 1 103		Official's Name (L	ast, First)
	A. Name of Agency, Departmen		Ticket(s)/ Pass(es)		lic purpose made pursuant	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role If checking "Ceremon	Other D ial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other is other is the selow:	Income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Hopalong Animal Rescue 945 22nd Ave, Oakland, CA	94606	4	To reward a school to the community	or nonprofit organizati	on for its contributions

4. Verification

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

Amy Shrago Supervisor's Assistant 11/21/13 Print Name (Month, Day, Year) ignature of Agency Head or Designee Title

Comment: .

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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date Stamp	California	002
				Form	0U 2
on (if applicable)		········		For Official U	Jse Only
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lame, Title)				I	
aer			、 、		,
			Date of Original Filing: _		
anna gee@acgov org				(month, day, yeai	2
	tion				
		Face V	alue of Each Admissi	ion \$ <u>550.00</u>	
e		Date(s)) <u>11 / 14 / 13</u>		/
/ided by agency? Yes	No 🗹	If no: Golde	en State Warriors		
			Name of S	Source	
sons identified below	made at th	e hehest of	an agency official?		
			an agency onioian		
s: Miley, Nate - Alameda C	County Super	visor			
Official's	Name (Last, F	First) and Title			
s) and the explanation	on:				
		Check the	income box if the agency off	icial claims admiss	sion as
Number of	Agency		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	erformed a ceremo	onial role,
	Official			ose, including	
ion)		ceremoni	al roles, performed by an ager		ual, or
	Yes 🗖			rvice to the public	Income
2					
					Income
2	No 🗖		ounty employee for his exempl	lary service to the	
		punac			 Income
					Income
	No 🗖				
	vided by agency? Yes sons identified below it as: Miley, Nate - Alameda (<i>Official's</i> s) and the explanation (s) ion)	Vame, Title) ger E-mail anna.gee@acgov.org monial Role Information ie vided by agency? Yes □ No ☑ sons identified below made at the is: Miley, Nate - Alameda County Super official's Name (Last, I s) and the explanation: 2 Yes ☑ 100) Yes ☑ 2 No □ 2 No □ Yes ☑ No □ Yes ☑ No □ Yes □ No □	lame, Title) ger E-mail anna.gee@acgov.org monial Role Information	on (if applicable) lame, Title) ger E-mail anna.gee@acgov.org monial Role Information	Image: Title) Image: Title) Image: Title) Image: Title) ger Image: Title) Image: Title) Image: Title) monial Role Information Image: Title) Image: Title) Image: Title) ided by agency? Yes No If no: Golden State Warriors Image: Title) vided by agency? Yes No If no: Golden State Warriors Image: Title scsns identified below made at the behest of an agency official? Image: Title Image: Title scsns identified below made at the behest of an agency official performed a core mode also provide a description. Image: Title image: Title addition scsns identified below made at the behest of an agency official performed a core mode also provide a description. Image: Title addition statile income. description.

3. Verification

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

Yes 🗖

No

· DATE	Anna Gee	Operations Manager	11/1/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Income

	والمراقب ومحمد ومنافعة أرافينا المراجعة والمراجع المروحية والمروحية والمراجع المراجع المراجع المراجع والمراجع						
1.	Agency Name					Date Stamp	California 802
	County of Alameda						Form OUZ
	Division, Department, or Reg	ion (if applica	ble)				For Official Use Only
	Board of Supervisors						
	Street Address						
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Name, Title)				Amendment (Must pro	vide explanation in Part 3)
	Anna Gee, Operations Man	ager					ndo oxpranador in Francis
	Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year)
	510-891-5585	anna.gee(@acgov.org				(
2.	Function, Event, or Cere	emonial R	ole Informat	tion			
	Title Warrirors vs. Jazz					/alue of Each Admissi	
	Description Basketball Gar	ne			Date(s) <u>11 , 16 , 13</u>	//
	Ticket(s)/Admission(s) pro	wided by a	aancu? Vac		lifno. Gold	en State Warriors	
	nckel(s)/Admission(s) pro		gency: res		11110	Name of S	ource
	Was the distribution to per	rsons ident	ified below r	nade at th	e behest of	an agency official?	
		Milev N	ate - Alameda C	ounty Super	visor		
	Yes 🔲 No 🗹 🛛 Ify	es:	Official's	Name (Last, F	First) and Title		
					·		
	The identity of recipient	(s) and the	e explanatio	on:	.		
	Name (Last, First)			A		e income box if the agency offi ncome. If the agency official pr	
	or		Number of Admission(s)/	Agency Official	also prov	vide a description.	
	Organization (Name, Address, Descrip	otion)	Ticket(s)		 If not inc ceremon organiza 	ome, describe the public purpo ial roles, performed by an agen tion.	ise, including cy official, individual, or
	COPP SHOP		4	Yes ☑ No □	To reward a non community	profit organization for its contribution	ons to the Income
	1530 167th Ave-San Leandro, CA 94	578		Yes 🗖 No 🗖			Income
	community policing			Yes 🗖 No 🗖			Income

3. Verification

×.

 \sim

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

Yes 🗖

No 🗖

Yes 🗖

No 🗖

· the fit	Anna Gee	Operations Manager	11/1/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Income

Income

							-		•••amon
1.	Agency Name						Date Stamp	California	• • • •
	County of Alameda							Form	002
	Division, Department, or Regi	on (if applica	able)					For Officia	al Use Only
	Board of Supervisors								
	Street Address								
	1221 Oak Street, Suite 536								
	Designated Agency Contact (Name, Title)							in Dent 0.)
	Anna Gee, Operations Mana	iger					Amendment (Must p	rovide explanation	in Part 3.)
		E-mail					Date of Original Filing:	(month, day, y	aari
	510-891-5585	anna.gee	@acgov.org					(nonn, uay, y	carj
2.	Function, Event, or Cere	and the second		tion					
									•
	Title Warrirors vs. Grizzlies					Face \	alue of Each Admis	sion \$ _250.0	0
	- Baskethall Gan	<u>م</u>					<u>11 , 20 , 13) 11 , 20 , 13 </u>		·
	Description Basketball Gan					Date(s)/ /		/
			_			Gold	on Stata Marriara		
	Ticket(s)/Admission(s) pro	vided by a	igency? Yes		0 🛛	If no:	Name of	Source	
							-		
	Was the distribution to per	sons iden	tified below n	nade a	at the	e behest of	an agency official?		
		Milov N	ata . Alamada C	ountu S	lunon	vicor			
	Yes 🔲 No 🗹 Ifye	es: <u>winey, ru</u>	ate - Alameda C <i>Official's</i>	Name (I	ast. F	First) and Title			
						,			
	The identity of recipient(s) and th	e explanatio	n:					
	Name (Last, First)					CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR	e income box if the agency o scome. If the agency official		-3746-388 (9), "2349-386-394000, 63462, 9468, 40
	no		Number of Admission(s)/	Age Offic	~	also prov	ide a description.		
	Organization (Name, Address, Descrip	tion)	Ticket(s)				ome, describe the public pur al roles, performed by an ag		vidual, or
						organizal			
	Women on the Way to Recover	у	4	Yes		community	profit organization for its conside		Income
			4	No					
	20424 Haviland Ave, Hayward, CA 94	541		Yes					Income
				No					
	programs/services for formerly incarce	rated women		Yes					Income
				No					
				Yes					Income
				No	<u> </u>				
	(Yes					Income
Laboration of				No					
-									

3. Verification

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

1 DATE	Anna Gee	Operations Manager	11/1/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

A Public Document

	•				~	r unite Documer
I. Agency Name				Date St	amp	California
County of Alameda					•	Form 802
Division, Department, or Region (if applic	able)					For Official Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				C American		<u>*</u>
Anna Gee, Operations Manager					ent (Must pro	vide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Origin	al Filing:	(manufa alan na ad
510-891-5585 anna.gee	@acgov.org					(month, day, year)
2. Function, Event, or Ceremonial F	the second se	tion				
Title Warrirors vs. Trailblazers			Face V	alue of Eacl	n Admissi	ion \$ _200.00
Description Basketball Game			Date(s) <u>11</u> <u>23</u>	_/	//
Ticket(s)/Admission(s) provided by	agency? Yes	🗖 No 🗹	If no: Gold	en State Warric	vrs	-
					Name of S	Source
Was the distribution to persons ider	ifified below r	nade at th	e hehest of	an agency o	ficial?	
-				un ugonoj i		
Yes 🔲 No 🗹 If yes: Miley, N	Nate - Alameda C Official's	County Super	visor			
	Official's	Name (Last, F	First) and Title			
The identity of recipient(s) and the	ne explanatio	on:				
Name						cial claims admission as
(Last, First)	Number of	Agency		come. If the age ide a description.	00.00.00100.001.000000000000.000	erformed a ceremonial role,
or Organization	Admission(s)/ Ticket(s)	Official	If not inco	ome, describe the	public purpo	
(Name, Address, Description)			ceremoni organizat		id by an ager	icy official, individual, or
Lambert, Bill		Yes 🗖	1	profit organization f	or its contribution	ons to the Income
	4	No 🗹	community			
		Yes 🗖				Income
		No 🗖				
		Yes 🗖				Income
		No 🗖				
	1	Yes 🗖				Income

3. Verification

-

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

No 🗖

Yes 🗖

No

A A A	Anna Gee	Operations Manager	11/1/13
Signature of Agenov Head or Designee	Print Name	Title	(month, day, year)
Commont: // in this areas areas other	ant for any additional information include	na amondment evaluation)	

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Prize for the castro valley light parade which was organized by volunteers

Income

Income

Agency Report of: Ceremonial Role Events and --!-- D!-4-36--4!--

cket/Admission Distribu	luons			P A A A A A A A A A A A A A A A A A A A	A Public Documen
Agency Name	······		·····	Date Stamp	California
County of Alameda					Form OUZ
Division, Department, or Region (i	f applicable)				For Official Use Only
Board of Supervisors					
Street Address				1	
1221 Oak Street, Suite 536					
Designated Agency Contact (Name	e, Title)			Amendment (Musto	rovide explanation in Part 3.)
Anna Gee, Operations Manager					in the opposite of the opposit
Area Code/Phone Number E-m	ail			Date of Original Filing:	(month, day, year)
510-891-5585 anr	na.gee@acgov.org				,
Function, Event, or Ceremo	nial Role Informat	tion			
Marrirara va Dantora					200.00
Title Warniors vs. Raptors			Face \	Value of Each Admis	sion \$ _200.00
Basketball Game			Dete (e	, 12 , 03 , 13	
Description			Date(s	5)//	//
			Gold	len State Warriors	
licket(s)/Admission(s) provide	o by agency? Yes		IT NO:	Name of	Source
Was the distribution to person	s identified below n	nade at the	e behest of	f an agency official?	
	Vilev. Nate - Alameda C	ountv Super	visor		
fes ∐ No <u>⊯</u> if yes	Official's	Name (Last, F	First) and Title		
The identity of recipient(s) a	and the explanatio				
·					
	Number of	Agency			
no	Admission(s)/	Official			eren historian
Organization (Name, Address, Description)	Ticket(s)		ceremon	ial roles, performed by an ag	
					itions to the Income
			community		
•					
7200 Bancroft Ave, Ste 251-Oakland, CA 94	1605				
					Income
senior advocacy		. —			
· · · · · · · · · · · · · · · · · · ·	· · · · ·				
1		No 🗖			
	Agency Name County of Alameda Division, Department, or Region (i Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name Anna Gee, Operations Manager Area Code/Phone Number E-m 510-891-5585 Description, Event, or Ceremo Title Warrirors vs. Raptors Description Basketball Game Ticket(s)/Admission(s) provide Was the distribution to person Yes No Yes If yes: Organization (Name, Address, Description) United Seniors of Oakland & Alamed County	Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Anna Gee, Operations Manager Area Code/Phone Number E-mail 510-891-5585 Itele Warrirors vs. Raptors Description Basketball Game Ticket(s)/Admission(s) provided by agency? Yes Was the distribution to persons identified below r Yes No Yes If yes: Mame (Last, First) Organization Number of Admission(s) Organization Ticket(s) United Seniors of Oakland & Alameda County 4 7200 Bancroft Ave, Ste 251-Oakland, CA 94605 senior advocacy	Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Anna Gee, Operations Manager Area Code/Phone Number E-mail 510-891-5585 Ina.gee@acgov.org Function, Event, or Ceremonial Role Information Title Warrirors vs. Raptors Description Basketball Game Ticket(s)/Admission(s) provided by agency? Yes No [2] Was the distribution to persons identified below made at the Yes No [2] Was the distribution to persons identified below made at the Yes No [2] If yes: Miley, Nate - Alameda County Super Official's Name (Last, First) or or Official's Name (Last, First) or Name (Last, First) Number of Admission(s) Organization Agency Organization Yes No [2] United Seniors of Oakland & Alameda Yes No [2] senior advocacy Yes No [2] senior advocacy Yes No [2]	Agency Name County of Alameda Division, Department, or Region (if applicable) Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Anna Gee, Operations Manager Area Code/Phone Number E-mail 510-891-5585 anna.gee@acgov.org Function, Event, or Ceremonial Role Information Title Warrirors vs. Raptors Description Basketball Game Description Basketball Game Description Basketball Game Description distribution to persons identified below made at the behest of Yes Yes No Yes No Mame (Last, First) and Title Organization Agency (Name, Address, Description) Number of Agency United Seniors of Oakland & Alameda Yes County 4 Yes In of me community 7200 Bancroft Ave, Ste 251-Oakland, CA 94805 Yes No Yes No Senior advocacy Yes	Agency Name Date Stamp County of Alameda Division, Department, or Region (# applicable) Board of Supervisors Board of Supervisors Street Address 1221 Oak Street, Suite 536 Designated Agency Contact (Name, Title) Anna Gee, Operations Manager Area Code/Phone Number E-mail 510-891-5585 anna.gee@acgov.org Function, Event, or Ceremonial Role Information Title Warrirors vs. Raptors Face Value of Each Admissiones Description Basketball Game Date(s) 12 _ 03 _ 13 Ticket(s)/Admission(s) provided by agency? Yes □ No □ If no: Golden State Warriors Name of Warrier (Last, First) Was the distribution to persons identified below made at the behest of an agency official? Yes □ No □ If yes: Miley, Nate - Alameda County Supervisor Official's Name (Last, First) and Title Official's Name (Last, First) and Title The identity of recipient(s) and the explanation: Check the income hould for all sogney official show provide a description Street Address, Description To keards a non profil organization for its contibue per comparison of the agency official show provide a description To treaval a non profil organization for its contibue per comonular tipe, performed by an sy and point and

3. Verification

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2 81

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions. 1

Yes 🗖

No 🗖

LAN.	Anna Gee	Operations Manager	11/1/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Incomę

tamp California Form 802 For Official Use Only
For Official Use Only
ent (Must provide explanation in Part 3.)
nal Filing:(month, day, year)

Title Drake	Face Value of Each Admission \$
Description Concert	Date(s) 1913 //

Ticket(s)/Admission(s) provided by agency? Yes D No D If no: Golden State Warriors

Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Miley, Nate - Alameda County Supervisor

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	 Check the income box if the agency official claims admit taxable income. If the agency official performed a ceremalso provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, indivorganization. 	nonial role,
Gums, Angelica	2	Yes 🗖 No 🗹	To reward a County employee for his exemplary service to the public	Income
Miley, Sarah	2	Yes 🗖 No 🗹	To promote an event held at a County facility in order to maximize potential County revenue from parking and	Income
		Yes □ No □		Income
		Yes □ No □		
(Yes □ No □		Income

3. Verification

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

1 M Steel	Anna Gee	Operations Manager	11/1/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

Ticket/Admission Dis	tributions			A Public Document
1. Agency Name			Date Stamp	California 802
County of Alameda				<u>A 1999 A second states with the second state states and states</u>
Division, Department, or Re	gion (if applicable)			For Official Use Only
Board of Supervisors				
Street Address				
1221 Oak Street, Suite 53	6			
Designated Agency Contac	t (Name, Title)		FT Amondment (14)	
Anna Gee, Operations Ma	nager			provide explanation in Part 3.)
Area Code/Phone Number			Date of Original Filing	:(month, day, year)
510-891-5585	anna.gee@acgov.org			(monun, uay, year)
2. Function, Event, or Ce	remonial Role Informat	tion		
Title Michael Buble Description Concert			Face Value of Each Administration Face Value of Each Administration (%) The second statement of the se	•
Ticket(s)/Admission(s) p	rovided by agency? Yes	🗆 No 🖸	If no: Golden State Warriors	of Source
Was the distribution to p	ersons identified below n	nade at the	e behest of an agency official	?
Yes [] No [2] If	yes: Miley, Nate - Alameda C	ounty Super	visor	
	Official's	Name (Last, I	First) and Title	
The identity of recipier	nt(s) and the explanatio	on:		
Name (Last, First) or	Number of Admission(s)/	Agency Official	Check the income box if the agency taxable income. If the agency official also provide a description. If not income, describe the public particular of the public	al performed a ceremonial role,

or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Official	 If not income, description, If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Ma, Stella	4	Yes 🗖 No 🗹	To promote an event held at a County facility in order to maximize potential County revenue from parking and concession sales.	Income
		Yes 🗖 No 🗹		Income
		Yes □ No □		Income
		Yes 🗖 No 🗖		Income
		Yes □ No □		Income

3. Verification

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

de the for the second s	Anna Gee	Operations Manager	11/1/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

eremonial Role Events and Tic	cket/Pass D)istributions		A Public Document
Agency Name			Date Stamp	California 802
Alameda County				TOIIII
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.)
(510) 272-6693 alex.boskov	vich@acgov.or	9	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	······································			\$78.05
Does the agency have a ticket policy?	Yes 🖾 No 🗌	Face Value o	of Each Ticket/Pass \$ _	
Event Description Not So Silent Night cor	ncert	Date(s)12	2 , 6 , 13	
Provide Title/Ex	planation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 🛛 No 🛛	lf no: Golder	n State Warriors	ource
We taket distribution made at the behast		Alam	eda County Supervise	
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 of Agency, Department or Unit	Number of Ticket(s)/	e de la construction de la constru	ual. • Use Section C to Ide	
	Pass(es)	<u>en de 2002 de 2000 de 2000</u>	an a	<u>i na </u>
			· · · · · · · · · · · · · · · · · · ·	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
	Pass(es)	Ceremonial Role	Other	Income
Nguyen, Cyndy	4		nial Role" or "Other" describe below	
	/	To promote attend order to maximize	ance at an event held potential County reve	l at a County facility in nue from sales.
		Ceremonial Role	Other	Income
•		If checking "Ceremo	nial Role" or "Other" describe below	:
Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy
	1.1			
. Verification	and 18942 (have ver	fied that the distribution set	forth above, is in accordance.	with the requirements.
. Verification I have read and understand FPPC Regulations 18944.1 a	and 18942. I have ven Alex Bosko		forth above, is in accordance i Senior Legislative Aid	