1.	Agency Name				Date Stamp	California 802		
	Alameda County					rollii		
	Division, Department, or Regi	on (If Applicable)			1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (	Name, Title)			1			
	Lee Ann Fergerson, Supervi	isor's Assistant						
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6691	leeann.fergerso	n@acgov.org	l .	Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	mation				25000		
	Does the agency have a ticker	t policy? Yes	s ⊠ No □	Face Value of	of Each Ticket/Pass \$ 🚅	230		
	Event Description WARRIO	PS BASKETE	RAIL	Date(s)	, 20, 13	, ,		
	Event Description 2021 1122	Provide Title/Explanati	on	In annual control of the second	- w)			
	Ticket(s)/Pass(es) provided by	y agency? Ye	No 🗆	If no:	-SW			
			(	Ala	medor Caenty Sup	urce South I Lorge		
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: ☐ If yes: ☐				Official's Name (	Last First)		
_					one of tall of			
3.	Recipients  • Use Section A to identify the agency	y's department or unit.	ual. • Use Section C to iden	tify an outside organization.				
		N	lumber of					
	A. Name of Agency, Departme	MONTH AND THE PROPERTY OF THE	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy		
	V					H		
	B. Name of Individua	"	lumber of Ticket(s)/		Identify one of the follow	ing:		
	(6.00), 77.00		Pass(es)					
				Ceremonial Role  If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income		
	ERK HASS	Store 1	11			ne 🔲		
	CCO MAN	7611	t/,	To promote atter	ndance at a county sponsored	event in order to		
			(	maximize potent	tial county revenue for concess	sion and parking sales		
	C Name of Outside Organ	Jantina P	lumber of					
	C. Name of Outside Organ (include address and des	celetlant	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy		
1	Verification							
4.	I have read and understand FPPC Regu	lations 18944.1 and 189	42. I have verified i	that the distribution set	forth above, is in accordance wi	th the requirements.		
1	HILL MAIN		Ann Fergers		Supervisor's Assistant	11 22 12		
1	Signature of Agency Head or Designee		Print Name	-	Tille	(Month, Day, Year)		
						(A1762)(1000)(1000)		
	Comment:					EBBC Farm 900 (4449)		

1.	Agency Name Alameda County Dideion Penedment or Begion (# Applicable)				Date Stamp	California 802 Form 809	
	Division, Department, or Reg Board of Supervisors	ion (If Applicabl	(e)			Pol Official Ose Only	
	Designated Agency Contact	(Name, Title)			-		
	Lee Ann Fergerson, Superv	to construction and the construction	ent		Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	uit				
	(510) 272-6691		erson@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor					(monn, pay, rour)	
	Does the agency have a ticke		Yes 🖾 No 🗆	Face Value	of Each Ticket/Pass \$	25000	
	Event Description	Provide Title/Exp	SKETBALL	Date(s)	2,4,14		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗹 No 🗆		Name of Source		
	Was ticket distribution made at the behest of agency official?  No Yes 7  If yes:  Alameda County Supervisor Scott Haggerty, District 1  Official's Name (Last, First)						
3.	Recipients	va. 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10		vo-tues type type tastenskip	nac we are several and report statements and	A.	
	Use Section A to identify the agency's department or unit.			to identify an indivi-	dual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit Tic		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy	
						· · · · · · · · · · · · · · · · · · ·	
	B. Name of Individual (Cast, First)	al	Number of Ticket(s)/ Pass(es)	-	Identify one of the follow	ring:	
				Ceremonial Role # checking "Geremonial	Other or "Other" describe below:	Income	
				Ceremonial Role If checking *Ceremonial*	Other onlead Role" or "Other" describe below:	Income	
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuan	t to the agency's policy	
	Sund Business	s Guld	4	To reward a	a school or nonprofit o ontributions to the cor	rganization nmunity	
	P.O. BOY 94 Sund, CA 94586		- The second of				
4.	Verification I have reed and understand FPPC Regu	viations 18944.1 ar	nd 18942. I have verified to		t forth above, is in accordance w Supervisor's Assistan	11/-11-	
	Signature of Agenty Hood or Designed Comment: The Guil	d Valse	S funds to	s help n	rantour and	(Month, Day, Year)	
	Comment,			1		EPPC Form 802 (4/12)	

						A Labita Document			
1.	Agency Name				Date Stamp	California 802			
	Alameda County					101111			
	Division, Department, or Re	gion (If Applicable	9)			For Official Use Only			
	Board of Supervisors								
	Designated Agency Contact	(Name, Title)			-				
	Lee Ann Fergerson, Super	visor's Assista	nt						
	Area Code/Phone Number	E-mail			Amendment (Must	☐ Amendment (Must provide explanation in Part 3.)			
	(510) 272-6691	leeann.ferge	erson@acgov.	org	Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Info	rmation				rmoo			
	Does the agency have a tick	et policy?	Yes 🗗 No 🗆	] Face Value	of Each Ticket/Pass \$ _	950			
	Event Description WWY	wr5/bas	sletbau	Date(s)	1,14,13				
	Event bescription	Provide Title/Exp.		- many					
	Ticket(s)/Pass(es) provided I	by agency?	Yes No E	If no: GC	2W				
	146			C Alexandra	Name of S				
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes E	If yes:	neda County Supervisor So Official's Name				
3.	Recipients		(			1			
٠.	Use Section A to identify the agent	cy's department or	unit. • Use Secti	on B to identify an individ	lual. • Use Section C to iden	ntify an outside organization.			
	A. Name of Agency, Departm		Number of	Describe the public purpose made pursuant to the agency's policy					
	74. Realing of Agency, Departm	ient or one	Ticket(s)/ Pass(es)	Describe the pu	biic purpose made pursuan	t to the agency's policy			
			Numbered						
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:				
	2289/8		Pass(es)	To promote attends	ance at a county enoneore	d event in order nome			
	T 11	1	111	to maximize potent	ance at a county sponsore tial county revenue for con-	cession and			
	Fred Goth	art	14	parking sales					
	1110								
				Ceremonial Role	Other  onial Role" or "Other" describe below:	Income			
				ir criedwig Corellio	war role or Ciner describe seroly.				
	C. Name of Outside Orga	nization	Number of	Describe the au	blic manage and do manage				
	(include address and de	scription)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy			
	V								
	i.								
	Verification			STORESTON TO STORE SAN TO STORE SAN	80 97 E				
1	I have read and understand FPPC Reg	ulations 18944.1 and	f 18942. I have verif	fied that the distribution set	forth above, is in accordance w	ith the requirements.			
N	selw xxx		Lee Ann Ferg	erson	Supervisor's Assistan	1 _ [6/13/14			
V	Signature of Agency Head of Designe	0	Print Name		Tale	(Month, Day, Year)			
	Comment:								
	Comment:								

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

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

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name		Date Stamp California Q 0 2					
	Alameda County					Form OUZ		
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Name,Title)						
	Lee Ann Fergerson, Superv	isor's Assista	ınt		☐ Amendment (Must	Form For Official Use Only  Immendment (Must provide explanation in Part 3.)  of Original Filling:		
	Area Code/Phone Number	E-mail				,		
	(510) 272-6691					(Month, Day, Year)		
2.	Function or Event Infor					100 00		
	Does the agency have a ticke	t policy?	Yes ☐ No ☐	Face Value of	of Each Ticket/Pass \$ .	200.00		
	Event Description	D. J. C. Till C.	- La	_ Date(s) <u>3</u>	, 9, 14			
		Provide Title/Exp	planation	60	<u> </u>			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔀 No 🗆	If no:				
	Was ticket distribution made a	at the behest	No ☐ Yes 🔽	Alaı If ves: Sco	ameda County Supervisor			
	of agency official?		7.00	11 900. = 300	ou haggerty, district	1 ,, ,-irst)		
<del>-</del> 3.	Recipients							
	-	y's department o	runit. • Use Section	B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.		
	A. Name of Agency, Department or Unit   Number of Ticket(s)/   Describe the public purpose made pursuant to the agency's policy					nt to the agency's policy		
			Pass(es)					
	B. Name of Individual Number of Ticket(s)/Pass(es)			Ceremonial Role ### Checking "Ceremonial"	Identify one of the follow	Income		
				Ceremonial Role  If checking "Ceremon	Other Inial Role" or "Other" describe below	Income :		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursual	nt to the agency's policy		
	Well's Middle S	School	4/1		To reward a school or nonprofit organization For its contributions to the community			
	6800 Penn Drive Dublin CA 9	4568				•		
4.								
	Ina e read and understand FPPC Regu	llations 18944.1 an ∕ ▶	nd 18942. I have verifie Lee Ann Ferge		forth above, is in accordance v Supervisor's Assista	1.4		
	Signature of Agency Nead or Designee		Print Name		Title	(Month, Day, Year)		
	Comment Grades	# 617	88 DW	olin Wife	a School D	istrict		

					711 dibilo boodilione
1.	Agency Name	Date Stamp	California 802		
	Alameda County				Form 002
	Division, Department, or Region (If Applica	able)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)			_	
	Lee Ann Fergerson, Supervisor's Assis	tant		Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail				
	(510) 272-6691 leeann.fe	rgerson@acgov.c	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information	8. 0. 6.	S. SALS INTERNA	1 1890/19 V. 1990/1911 (1990/1911 1990/1911	250
	Does the agency have a ticket policy?	Yes ☐ No ☐	Face Value	of Each Ticket/Pass \$ _	230
	Event Description Warrior S		Data(a)	4.14.13	, ,
	Provide Title/	Explanation	Date(s)		
	Ticket(s)/Pass(es) provided by agency?	VascD. Na D	If no:	SW	
	ricket(s)/Fass(es) provided by agency (	Yes No 🗆	11110.	Name of S	ource
	Was ticket distribution made at the behes	t No ☐ Yes 🗹	If yes:	of Haggertu	Dist.
	of agency official?			Official's Name	(Last, First)
3.	Recipients				
	Use Section A to identify the agency's department	or unit. • Use Sectio	n B to identify an indivi	idual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
		Pass(es)			
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	wina:
	(Last, First)	Pass(es)		identity one of the follow	mig.
			Ceremonial Role	18 3	Income
			If checking "Gerem	ionial Role" or "Other" describe below	ð.
			0		
			Ceremonial Role  # checking "Cerem	Other D	Income 🗆
	C. Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pe	ublic purpose made pursuar	it to the agency's policy
	A (. 17 )	0.1	To rowar	d a school or nonprofi	it organization
	Anoup Seco Elementar	1 Dehoi		contributions to the	
	Control of the Contro		- 10110	y continuations to the	
1	5280 Ivene Way	4/.			
	invermore, CA 94550				
4,	Verification	20 C V 720 - 2			
1	I have read and understand FPPC Regulations 18944.1			et forth above, is in accordance v	with the requirements.
1	Delux 148	Lee Ann Ferge	erson	Supervisor's Assistar	nt 11-06-1-
	Signature of Agency Heled or Designee	Print Name		, Téle	(Month, Day, Year)
	- Flamentan	Jaluan I	Donation	to Trunky	aiser to
	Comment: He Werdary	Jever - 1	oral lou	to Funa	FPPC Form 802 (4/12)
	nelp of set oute	to		FPPC Toll-Free Helpline:	: 866/ASK-FPPC (866/275-7772)
	educati	DA			
	4 Cr Crccr 11	NJ P. N.			

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

1.	Agency Name				Date Stamp	California 802	
	Alameda County				1	Form	
	Division, Department, or Re	gion (If Applicable)				For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Lee Ann Fergerson, Super	3*1000 1000 0000	•				
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6691	-	son@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info						
37	Does the agency have a tick		Yes 🕅 No 🗆	Face Value	of Each Ticket/Pass \$ _	2000	
	Event Description Wax		me.	Date (2)	2,3,13	, ,	
	Event Description	Provide Title/Expla	A CANADA MANAGEMENT OF THE PARTY OF T	_ Date(s)			
	Ticket(s)/Pass(es) provided	by agency?	Yes No	If no:	>W		
				Al	Name of St ameda County Supervisor		
	Was ticket distribution made of agency official?	at the behest	No ☐ Yes ☐	If yes:	Official's Name		
-							
3.	Recipients  • Use Section A to identify the agen	icy's department or u	ınit. • Use Section	B to identify an individ	Iual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Departm	nent or Unit	Number of	Describe the pu	ublic purpose made pursuant to the agency's policy		
			Ticket(s)/ Pass(es)		The state of the s		
	D Nome of testinal		Number of				
	B. Name of Individ	uai	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role	Other 🗆	Income	
				If checking "Ceremo	onial Role" or "Other" describe below:		
				Ceremonial Role	Other	Income	
					onial Role" or "Other" describe below:		
		X-14-12-14-12-14-12-14-14-14-14-14-14-14-14-14-14-14-14-14-	Number of				
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
		<i>C</i>	. / /				
	Washington High	School	14/1	To reward a se	chool or nonprofit org	anization for	
	38442 Fremont	- Blud	<del>-/-/</del>		ributions to the comm		
	Fremont CA 91		1				
4.	Verification	40,74					
٠,	I have fead and understand FPPC Re-	guletions 16944.1 and	18942. I have verifie	d that the distribution set	forth above, is in accordance w	ith the requirements.	
	"Helle Silv	_	ee Ann Ferge	rson	Supervisor's Assistar	11 - 22 - 13	
	Signature of Agency Head or benigh		Print Name	The second second	Title	(Month, Day, Year)	
	Fundra	o Stude	mis for	participa		Le C Victions	
	Comment:	DILLY EUR	101	Hayan	THOROON TO	LICT VIC IVAS	

1.	. Agency Name				Date Stamp	California 802	
	Alameda County					Form	
	Division, Department, or Reg	gion (If Applicable	)		7	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			+		
	Lee Ann Fergerson, Super	vicor'e Accieta	nt				
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6691		erson@acgov.o	ra	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Info						
-	Does the agency have a tick		Yes P No	Face Value	of Each Ticket/Pass \$ .	350	
	14)000	riors/	Eluciosts	1	15 14	500 600	
	Event Description	Provide Title/Exp	lenation	Date(s)			
	Ticket(s)/Pass(es) provided I	by agency?	Yes ☑ No □	If no:(	SSW Name of S	lourne	
	Was ticket distribution made	at the hebest	No ☐ Yes Ø	Ala	ameda County Supervisor		
	of agency official?	at the beliest	NO LI YES	If yes:	Official's Name		
3.	Recipients						
	Use Section A to identify the agen	idual. • Use Section C to ide	ntify an outside organization.				
	A. Name of Agency, Departm	Number of Ticket(s)/ Pass(es)	Describe the pr	ublic purpose made pursuar	nt to the agency's policy		
	B. Name of Individu	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
				Ceremonial Role # checking "Cerem	o Other contail Role" or "Other" describe below	Income	
				Ceremonial Role # checking "Cerem	Other      onlial Role" or "Other" describe below	Income	
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the p	ublic purpose made pursua	nt to the agency's policy	
	(include address and de	escription)	Pass(es)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Washington H	ngh School	14		To reward a school or nonprofit organization for its contributions to the community.		
	36442 Fremont Blud Fremont Cd 94536						
4.	Verification						
	I have read and understand FPPC Res	gulations 18944.1 an				11 22 17	
	Signature of Agency Head or Designa	-	Lee Ann Ferge	rson	Supervisor's Assista	nt (Month, Day, Year)	
	Fremon	+ Hay	School	to rewain	d Students	Cor	
	Comment: 1 1010011	Car Di-	line w T	Ti Ohman	EDDO Toll Ford Make	FPPC Form 802 (4/12)	
	raising funds	B CP H	dippines 7	4 Brook	FPPC Toll-Free Helpline	: 866/ASK-FPPC (866/275-7772)	
	Motings 40 les	Y CW	co loc 1				

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant ☐ Amendment (Must provide explanation in Part 3.) Area Code/Phone Number Date of Original Filing: leeann.fergerson@acgov.org (Month, Day, Year) (510) 272-6691 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No arriors Gume Date(s) **Event Description** Provide Title/Explenation Ticket(s)/Pass(es) provided by agency? Yes D No 🗆 Name of Source Alameda County Supervisor Scott Haggerty, District 1 Was ticket distribution made at the behest No Yes If yes: Official's Name (Last, First) of agency official? 3. Recipients . Use Section B to Identify an individual. . Use Section C to Identify an outside organization. Use Section A to Identify the agency's department or unit. grantine the public purpose maps pursually to me against the follow identify one of the following: Name of Individual Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number of Tolette)/ Padd(be) risms of Outside Organization (Indude address and description) Describe the public purpose made pursuant to the agency's policy. Washington High School To reward a school or nonprofit organization for 8442 Fremout Bld, its contributions to the community. Tremont, CA 94536 4. Verification I have read and understand FPEC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements Supervisor's Assistant Lee Ann Fergerson Signature of Agency Head of Designee tundraising FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Agency Report of:

Agency Name		Date Stamp	California 802		
Alameda County				Folin —	
Division, Department, or Regio	n (If Applicable)		30	For Official Use Only	
Board of Supervisors					
	ame, Title)				
Lee Ann Fergerson, Supervis	or's Assistant				
			Amendment (Must pr	ovide explanation in Part 3.)	
(510) 272-6691	leeann.fergerson@acgov.	org	Date of Original Filing: _	(Month, Day, Year)	
		Face Value o	f Each Ticket/Pass \$	2 - 2	
Event Description	iors basket bau	/1			
Ticket(s)/Pass(es) provided by	agency? Yes No □				
Was ticket distribution made at of agency official?	the behest No Yes	If yes: Alam	eda County Supervisor Sco Official's Name (L	ott Haggerty, District 1 ast, First)	
Recipients	a department or unit - 1 les Pasti	on B to identify an ladicide	and a Use Seation C to Identi	the an outside organization	
A. Name of Agency, Department or Unit Number of Ticket(s)/ Describe t			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:	
Bobby Winston	4/,	To promote attendand maximize potential co	ce at a county sponsored even ounty revenue for concession a	income to indicate the same in a second parking sales	
				Income	
		Describe the pub	lic purpose made pursuant	to the agency's policy	
Verification I have read and understand FPPC Regula Signature of Agency Hilled or Designee				1/2.17	
	Alameda County Division, Department, or Region Board of Supervisors Designated Agency Contact (No. Lee Ann Fergerson, Supervisors Area Code/Phone Number (510) 272-6691  Function or Event Information Does the agency have a ticket Event Description — Ward (Event Description — Ward (Supervisors) Pass(es) provided by Was ticket distribution made at of agency official?  Recipients  • Use Section A to identify the agency of A. Name of Agency, Department (Last, Fiest)  B. Name of Individual (Last, Fiest)  Verification Individual (Last, Fiest)	Alameda County Division, Department, or Region (II Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691	Alameda County Division, Department, or Region (#Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number (510) 272-6691    Leeann.fergerson@acgov.org	Alameda County Division, Department, or Region (#Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Lee Ann Fergerson, Supervisor's Assistant Area Code/Phone Number [5-mail [6-mail [6-mail [6-mail] [6-mail [6-mail] [6-mail [6-mail] [6-mail [6-mail] [6-mail [6-mail] [6-mail [6-mail] [6-mail] [6-mail [6-mail] [6-ma	

1.	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
	Division, Department, or Re	gion (If Applicable	)		1	
	Board of Supervisors					
	<b>Designated Agency Contact</b>	(Name,Title)			7	
	Lee Ann Fergerson, Super	visor's Assistar	nt		- Amountment at	
	Area Code/Phone Number	E-mail	1000		Amendment (Must provide explanation in Part 3.)	
	(510) 272-6691	leeann.ferge	erson@acgov.org	)	Date of Original Filing	(Month, Day, Year)
2.	Does the agency have a tick	et policy?  (OY 5  Provide Title/Expl by agency?	Yes No O	Date(s)	W Name of S	sor Scott Haggerty, District 1
3.	Recipients					
3.	Use Section A to identify the agent	cy's department or	unit. • Use Section I	B to identify an indivi-	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		ıblic purpose made pursua	
	B. Name of Individ	3000	Number of Ticket(s)/ Pass(es)	To promote atte	Identify one of the followed	me [
	Mil & Barbara	2 hung	1/1	maximize poten	itial county revenue for conces	ssion and parking sales
				Ceremonial Role If checking "Geremonial	Orlal Role" or "Other" describe balow	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursua	nt to the agency's policy
4.	Verification I have read and understand FPPC Re- Signature of Agency Head or Design  Comment:		d 18942. I have verified Lee Ann Fergers Print Name		t forth above, is in accordance of Supervisor's Assista	11 10 10

1.	Agency Name Alameda County			Date Stamp	California 802			
	Division, Department, or Reg	gion (If Applicable	9)		For Official Use Only			
	Board of Supervisors  Designated Agency Contact	(Mama Tilla)						
	Lee Ann Fergerson, Super Area Code/Phone Number		nt		Amendment (Must provide explanation in Part 3.)			
	(510) 272-6691	E-mail	erson@acgov.or	a	Date of Original Filing:			
-	Function or Event Info		norwead and a second	9		(Month, Day, Year)		
4.	Does the agency have a tick		Yes No 🗆	Face Value	of Each Ticket/Pass \$ _	20000		
	. 1	1015 Provide Title/Exp	T	Date(s)	126,13			
	Ticket(s)/Pass(es) provided I		20	If no:	SW			
	ricket(s)/Fass(es) provided i	by agency :	Yes No 🗆					
	Was ticket distribution made of agency official?	at the behest	No Yes	If yes:	Name of Source eda County Supervisor Scott Haggerty, District 1  Official's Name (Last, First)  ual. • Use Section C to identify an outside organization.  Dic purpose made pursuant to the agency's policy  Identify one of the following:			
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Section	B to identify an individ	lual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		to the agency's policy		
	B. Name of Individual Numb Ticke (Lest, First) Pass			719 479	Identify one of the following:			
				Ceremonial Role	Other	Income		
				If checking "Geremo	nial Role" or "Olher" describe below:			
	<u> </u>				Cther Inial Role" or "Other" describe below:	Income		
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	t to the agency's policy		
	Fremont Elks &	+ 2121 3.1	P.O.E		a school or nonprofit contributions to the con			
	38991 Farwell Dr Fremont CA 94	ive 536	4/1					
4.	Verification		110010 11	d that the dialah day and	double at a second and second	Uh dha samakamanta		
	I have read and understand FPPC Res	52	Lee Ann Ferger		Supervisor's Assistan	11 10 10		
	Comment: The Frem	ont Ele	s donates	to cha	rities; esp	ectally local		
	veterans & na	n di cap	ped Chil	dien	FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)		

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

	Agonou Namo		——————————————————————————————————————		Date Stemp	California OAO
•	Agency Name				Date Stamp	Form 802
	Alameda County	(15.0 15 1.1				For Official Use Only
	Division, Department, or Regi	ion (II Applicable)				
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Alex Boskovich				Amendment (Must pi	revide evaluation in Cost 2.1
	Area Code/Phone Number	E-mail			Amendment (Mast pi	rovide explanation in Part 3.)
	(510) 272-6693	alex.boskovid	ch@acgov.c	org	Date of Original Filing: .	(Month, Day, Year)
) 	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	350
	Event Description Warriors v	s. Nuggets		Data(s) 1	, 15 , 14	
	Event Description	Provide Title/Expla	nation			
	Ticket(s)/Pass(es) provided by	v agency?	Yes □ No	If no: Golder	n State Warriors	
	Tronoccopy and trade 2	,	163 🔲 140	<b>_</b>	Name of So	
	Was ticket distribution made a	it the behest	No ☐ Yes	If yes: Alame	eda County Superviso Official's Name (I	r Wilma Chan
	of agency official?				Official's Ivame (I	_ast, ritst)
3.	Recipients,					
	Use Section A to identify the agency	y's department or ι	nit. • Use Sec Number of	ction B to identify an individu	ual. • Use Section C to iden	tiry an outside organization.
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	· · · · · · · · · · · · · · · · · · ·		rass(es)			
					WWW.	
	B. Name of Individua	al	Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
					Other	Income
	Woldesenbet, Makada		2	ľ	nial Role" or "Other" describe below:	et e County facility in
					ance at an event held potential County rever	
	<del></del>				Other	Income
					nial Role" or "Other" describe below:	moonie (
			2,			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
	(include address and des	scription)	Pass(es)			
	•					
١.	Verification		1			
	I have read and understand FPPC Regu	ulations 18944.1 and	18942. I have ve	erified that the distribution set t	forth above, is in accordance wi	th the requirements.
			Alex Bosk	ovich	Senior Legislative Aid	e 11/26/13
	Signature of Agency Head or Designee	9	Print Nan	ne	Title	(Month, Day, Year)
	, , , , , , , , , , , , , , , , , , ,					
	Comment:					

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_		มม	116	$\boldsymbol{\nu}$	u	1116	111

						711 ubilo Bodalilolle
١.	Agency Name				Date Stamp	California 802
	Alameda County					Form 004
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name.Title)				
		, ,				
	Alex Boskovich	I E mail			Amendment (Must pi	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	ah@aagay a	.ra	Date of Original Filing: .	
	(510) 272-6693	alex.boskovi	cn@acgov.o	irg .	]	(Month, Day, Year)
2.	Function or Event Inform				(E. d. Tidad)Dada A	300
	Does the agency have a ticker	•	Yes⊠ No [	<b></b> .	of Each Ticket/Pass \$	
	Event Description Warriors v	s. Mavericks  Provide Title/Expl	anation	Date(s)12	2 , 11 , 13	
	Ticket(s)/Pass(es) provided by	v adency?	Vec 🗆 Nei	If no. Golder	n State Warriors	
	ricket(s)/i ass(es) provided by	y agency:	Yes No!	_	Name of So	
	Was ticket distribution made a	it the behest	No ☐ Yes [	☑ If yes: Alame	eda County Superviso	r Wilma Chan
	of agency official?			•	Official's Name (L	Last, First)
3.	Recipients			end - Harvas Ive - State (1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1905 - 1		
	• Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ina:
	(Last, First)		Pass(es)	N		
	Boggan, Jacqueline				Other Inial Role" or "Other" describe below:	Income .
			2		ance at an event held	
		<u>,</u>		order to maximize	potential County rever	nue from sales.
				Ceremonial Role		Income
			9	If checking "Ceremon	nial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organ (include address and des	iization scription)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	**************************************		1 400(00)	V-AAMMANA - V		
				***************************************		
						,
11007781						
1.	Verification	بينجير برو	1.400.40.44	د د د د د د د د د د د د د د د د د د د	could be a second to the secon	the the amountain annual o
	I have read and understand FPPC Regu	ilations 18944.1 and				
			Alex Bosk		Senior Legislative Aide	
	Signature of Agency Head or Designee	<b>?</b>	Print Nam	e	Title	(Month, Day, Year)
	Comment:				-%	
	N 45 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		The state of the s			

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Alex Boskovich				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail			l —	
de la constanti	(510) 272-6693	alex.boskov	rich@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				300/\$30
	Does the agency have a ticke		Yes 🗵 No	Face Value o	of Each Ticket/Pass \$ _	000/400
	Event Description Warriors v	s. Mavericks  Provide Title/Exp	planation	Date(s)12	2 , 11 , 13	
	Tieles ((a) //Deies (a.e.) is well ideal to			Golde	n State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No l	_	Name of S	
	Was ticket distribution made a	it the behest	No ☐ Yes	⊠ lf ves. Alam	eda County Supervise	or Wilma Chan
	of agency official?		,10 🗀 100	<u> </u>	Official's Name	(Last, First)
3.	Recipients					
	• Use Section A to identify the agenc	y's department o	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuar	nt to the agency's policy
	A selection services					
	B. Name of Individua		Number of		double of the following	duca
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ving.
	Chan, Carl			Ceremonial Role  If checking "Ceremon	Other Inial Role" or "Other" describe below.	Income
			2/park		ance at an event held potential County reve	l at a County facility in nue from sales.
				Ceremonial Role	Other	Income
			Zak.	If checking "Ceremo	nial Role" or "Other" describe below	:
	C. Name of Outside Organ	nization	Number of Ticket(s)/	Describe the pul	blic purpose made pursuai	t to the agency's policy
	(include address and des	scription)	Pass(es)			
	<u> </u>					
4.	Verification, I have read and wholestand FPPC Regu	nations 18944.1 ai	nd 18942. I have ve	ı erified that the distribution set	forth above, is in accordance v	vith the requirements.
			Alex Bosk		Senior Legislative Aid	
	Signature of Agericy Head or Designed	e	Print Nan		Title	(Month, Day, Year)
	Comment:					

1.	Agency Name			Date Stamp	California 802
	Alameda County		Form For Official Use Only		
	Division, Department, or Region (If Applicable)		1 of Official Osc Offin		
	Board of Supervisors				
	Designated Agency Contact (Name, Title)	1			
	Alex Boskovich		Amandment (Must	provide explanation in Part 2.)	
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	(510) 272-6693 alex.boskovic	h@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				250 /4
		Yes⊠ No[	☐ Face Value o	of Each Ticket/Pass \$ _	
	Event Description Warriors vs. Rockets  Provide Title/Expla.	nation	Date(s) <u>1</u> 2	2 , 13 , 13	
		Yes □ No[	☑ If no: Golde	n State Warriors	
		<del></del>	Name of So		
	Was ticket distribution made at the behest of agency official?	No ☐ Yes [	If yes: Alam	eda County Superviso	(Last, First)
3.	Recipients	- it II S	tion D to identify an include	ust a Use Section C to idea	ntify an outside organization
	Use Section A to identify the agency's department or u				
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)  Describe the p		ublic 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)	A. Maria and the second	Other	Income
	Peck, Kim	,	Ceremonial Role  If checking "Ceremonial Role"	nial Role" or "Other" describe below:	
		2 t 1 parking	To promote attendance at an event held at a County facili order to maximize potential County revenue from sales.		
		ν ν ν ν ν ν ν	Ceremonial Role	Other	Income
		Ž	If checking *Ceremo	nial Role" or "Other" describe below:	:
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
			Annoning Samatra Planton - No. 54		MARIAN MA
4.	Verification				
-	I have read and understand FPPC Regulations 18944 1 and	18942. I have ve	rified that the distribution set	forth above, is in accordance w	vith the requirements.
		Alex Bosk	ovich	Senior Legislative Aid	de 11/22/13
	Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
	/				

١.	Agency Name			¥	Date Stamp	California 802	
	Alameda County					Form	
	Division, Department, or Reg	jion (If Applicable	)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-	39	
	Alex Boskovich	thursen and the second					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6693		ch@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	et policy?	Yes ⊠ No [		of Each Ticket/Pass \$ _		
	Event Description Michael B	uble		Data(e) 11	1 , 30 , 13		
	Event Description	Provide Title/Expl					
	Ticket(s)/Pass(es) provided b	y agency?	Yes □ No I	If no: Golde	n State Warriors		
	Name of Source  Name of Source  Alameda County Supervisor Wilma Chan						
	Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)						
_							
3.	Recipients  • Use Section A to identify the agent	w's department or	unit - Use Sec	tion B to identify an individ	ual Use Section C to ider	stify an outside organization.	
		- B.S. C. (2778/2011	Number of				
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
			Number of				
	B. Name of Individu	ial	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Reyes, Rocio		734	Ceremonial Role	Other   Other   onial Role" or "Other" describe below:	Income	
	Reyes, Rocio		2	To promote attendance at an event held at a County facility order to maximize potential County revenue from sales.			
			3	Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy	
4.	Verification						
	I have read and understand FPPC Reg	ulations 18944.1 and	d 18942. I have ve	erified that the distribution set	forth above, is in accordance w		
			Alex Bosk	ovich	Senior Legislative Aid		
	Signature of Agency Figad or Designa	00	Print Nam	0	7/tle	(Month, Day, Year)	
	Comment:					EDDC Form 902 1/1/1	

_						The second second second second
	Agency Name				Date Stamp	California 802
	Alameda County					For Official Use Only
C	Division, Department, or Reg	jion (If Applicable	)			,
E	Board of Supervisors					
T	Designated Agency Contact	(Name, Title)	1			
,	Alex Boskovich				_	- Company of the Comp
	rea Code/Phone Number	E-mail				provide explanation in Part 3.)
	510) 272-6693		ich@acgov.o	ing	Date of Original Filing:	(Month Day Year)
	Function or Event Infor	mation			A	(morning tray), reary
	Does the agency have a tick		Yes⊠ No!	☐ Face Value	of Each Ticket/Pass \$ _	350
			100 23 110			
E	Event Description Warriors	Provide Title/Exp	lanation	Date(s)	10 10	
-	Ticket(s)/Pass(es) provided t	v agongy?	V 🗆 N-1	If no. Golde	n State Warriors	
	icket(s)r-ass(es) provided t	by agency :	Yes No		Name of S	
٧	Vas ticket distribution made	at the behest	No ☐ Yes I	If yes: Alam	eda County Supervis	or Wilma Chan
	of agency official?				Official's Name	(Last, First)
	Recipients					
3	Use Section A to identify the agen	cy's department or		tion B to identify an Individ	ual. • Use Section C to ide	ntify an outside organization.
-	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
-			Pass(es)			
				+		
-						
-	Name of Individu	ual .	Number of			
1	3. Name of Individu	101	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
-	ASSESSED ASSESSED			Ceremonial Role		Income
	Garcia, Jane		2		nial 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.		
						Income
			NAME OF TAXABLE PARTY.	Ceremonial Role # checking "Ceremo	Other D	
			2			
-	C. Name of Outside Orga	nization	Number of	Describe the ou	blic purpose made pursuar	of to the agency's policy
,	(include address and de		Ticket(s)/ Pass(es)	Describe the pu	one purpose made pursuar	at to the agency a policy
7						
1	Verification ~					
	have read and understand EPPC Reg	rulations 18947 an	d 18942. I have ve	nified that the distribution set	forth above, is in accordance v	vith the requirements.
			Alex Bosk	ovich	Senior Legislative Aid	te 11/21/13
	Signature of Agency Head or Designs	50	Print Nam		Title	(Month, Day, Year)
	Comment:					

Λαο	ncy Name				Date Stamp	California OOO
					Date Stamp	Form 802
	ieda County ion, Department, or Re	alan /// Analisable			-	For Official Use Only
Divisi	ion, Department, or Re	gion (il Applicable				
	d of Supervisors					
Desig	nated Agency Contact	t (Name, Title)				
Alex	Boskovich					
Area	Code/Phone Number	E-mail			Amendment (Music)	provide explanation in Part 3.)
(510	) 272-6693	alex.boskov	ich@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
. Fun	ction or Event Info	rmation				BANKS A LANGUAGO CO COLONA MARANCO.
	the agency have a tick		Yes 🗵 No 🗆	Face Value	of Each Ticket/Pass \$ _	250/\$30 parking
	지어 아들은 전에 이렇게 하면 있다면 어린 아들이 되었다. 그렇게 되었다면 다른 사람이 없다면 살아 있다면 하는데 살아 없다면 살아	NG (1985 NG 1985 NG 1985 NG 1		1	1 , 20 , 13	
Even	t Description Warriors	Provide Title/Exp	ianation	Date(s)	. /	
Tieke	t(s)/Pass(es) provided	bu aganay?	V	a If no. Golde	n State Warriors	
HCKE	n(s)/rass(es) provided	by agency r	Yes No [2		Name of Sc	
	ticket distribution made	at the behest	No ☐ Yes [2	If yes: Alam	neda County Superviso	or Wilma Chan
of agency official?				***************************************	Official's Name	(Last, First)
. Rec	ipients				THE COLOR OF GROOM	
+ Use	Section A to identify the ager	ncy's department or		ion B to identify an individ	lual. • Use Section C to ider	ntify an outside organization.
A.	Name of Agency, Departr	ment or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursuan	t to the agency's policy
			Pass(os)			
-						
			Number of			
B.	Name of Individ	lual	Ticket(s)/		Identify one of the follow	ving:
-			Pass(os)	Ceremonial Role	Other 🗆	Income [
Fob	ert, Norman		(223/25/25)		nial Role" or "Other" describe below	
50007.070			2/park	To promote attend	iance at an event held	at a County facility in
				order to maximize	potential County reve	nue from sales.
				Ceremonial Role	Other	Income
			0.00	If checking 'Caremo	onial Role" or "Offier" describe below	
C.	Name of Outside Org (include address and d		Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
_	(monto adaros ara c		Pass(es)			300000000000000000000000000000000000000
	ification					
i have	read and understand FPPC Re	egulations 18944.1 an	nd 18942. I have ve	rified that the distribution set	forth above, is in accordance v	vith the requirements.
	//		Alex Bosko	ovich	Senior Legislative Aid	de 11/20/13
	Signature of Agency Head or Desig	nee	Print Name	0	Title	(Month, Day, Year)
		No.				
Con	nment:					

		))		Date Stamp	Form 802 For Official Use Only		
vision, Department, or Re oard of Supervisors esignated Agency Contac lex Boskovich rea Code/Phone Number 510) 272-6693	t (Name, Title)	"		-	The state of the s		
oard of Supervisors esignated Agency Contac lex Boskovich rea Code/Phone Number 510) 272-6693	t (Name, Title)						
esignated Agency Contac lex Boskovich rea Code/Phone Number 510) 272-6693							
lex Boskovich rea Code/Phone Number (10) 272-6693				1			
ea Code/Phone Number 10) 272-6693	E-mail		Designated Agency Contact (Name, Title)				
ea Code/Phone Number 10) 272-6693	E-mail	Alex Boskovich					
510) 272-6693					provide explanation in Part 3.)		
unction or Event Info	alex.boskov	ich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)		
	100000000000000000000000000000000000000		-				
oes the agency have a tic		Yes⊠ No[	Face Value	of Each Ticket/Pass \$	250		
		100 22 110 2					
vent Description Warriors	Provide Title/Exp	fanation	Date(s)	1 1 20 1			
akat/a\/Dasa/as\ providad	by agency?	Vac 🗖 Na l	If no. Golde	n State Warriors			
cket(s)/rass(es) provided	by agency?	Yes 🔲 No [		Name of S			
Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Alameda County Supervisor Wilma Chan					or Wilma Chan		
of agency official?  Official's Name (Lest, First)							
ecipients							
Use Section A to identify the age	ncy's department or		tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.		
Name of Agency, Depart	ment or Unit	Ticket(s)/	Describe the public purpose made pursuant to the agency's		nt to the agency's policy		
		Pass(es)					
	dual	Number of Ticket(s)/		Identify one of the follow	wing:		
(Last read)		Pass(es)		ПолькП	Income 🗌		
cheng, Jamie				the state of the s			
Cheng, Janne		2	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.				
		Ceremonial Role	Other	Income			
			If checking "Ceremo	onial Role" or "Other" describe below	*		
en strongendownalityermer Corone	Number of			e e e e e e e e e e e e e e e e e e e			
C. Name of Outside Organization (include address and description)		Ticket(s)/ Describe the p		public purpose made pursuant to the agency's policy			
**************************************	2002/04/2002/0	r ass(es)					
erification	eculations 18944-1 ar	vi 189d2. I have vi	orified that the distribution set	forth above, is in accordance	with the requirements.		
lavo road and disposano	Cydlawdio 1994, al						
Construe of Assessed Manual or Police	2000			Title	(Month, Day, Year)		
Significate of regionary reads or Desir		, 311 1701					
	cket(s)/Pass(es) provided as ticket distribution made of agency official?  ecipients Use Section A to Identify the age Name of Agency, Depart  Name of Indivi- (Los) (First)  theng, Jamie  Verification (Include address and Inversed and Viggerstand Eppec R	cket(s)/Pass(es) provided by agency?  as ticket distribution made at the behest of agency official?  ecipients  Jee Section A to identify the agency's department or a section A to identify the agency's department or unit  Name of Agency, Department or Unit  Name of Individual (Last First)  theng, Jamie  Name of Outside Organization (include address and description)	cket(s)/Pass(es) provided by agency?  as ticket distribution made at the behest of agency official?  ecipients  Jee Section A to identify the agency's department or unit.  Name of Agency, Department or Unit of Ticket(s)/Pass(es)  Name of Individual (Last First)  Pass(es)  heng, Jamie  2  Number of Ticket(s)/Pass(es)  Number of Ticket(s)/Pass(es)  Companies  2  Verification  Last First of County and Alex Book  Verification  Lave read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942. I have verification are read and understand FPPC Regulations 18944-1 and 18942.	cket(s)/Pass(es) provided by agency? Yes No S If no: Golde cket(s)/Pass(es) provided by agency? Yes No S If no: Golde cket(s)/Pass(es) provided by agency? Yes No S If no: Golde cas ticket distribution made at the behest of agency official?  ecipients  Jac Section A to identify the agency's department or unit. • Use Section B to identify an individual Number of Ticket(s)/ Pass(es)  Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)  Ceremonial Role if checking 'Ceremonial Role if checking 'C	Sket(s)/Pass(es) provided by agency? Yes \ No \ If no: Golden State Warriors  Name of S  as ticket distribution made at the behest of agency official?  Recipients  Jee Section A to Identify the agency's department or unit.  Name of Agency, Department or Unit of Ticket(s)/Pass(es)  Name of Agency, Department or Unit of Ticket(s)/Pass(es)  Name of Individual (Just Funt)  In the Agency Ceremonial Role of Other of Ticket(s)/Pass(es)  Name of Outside Organization (Include address and description)  Number of Ticket(s)/Pass(es)  Number of Ticket(s		

. Agency Name			Date Stamp	California Q02
Alameda County				Form 002
Division, Department, or Region (If Applicable	)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)				
Alex Boskovich		Manus Care State Visit (School)		
Area Code/Phone Number   E-mail			Amendment (Must p	provide explanation in Part 3.)
	ch@acgov.org	Date	e of Original Filing:	(Month, Day, Year)
. Function or Event Information				<b>A.1.0</b>
Does the agency have a ticket policy?	Yes⊠ No□	Face Value of Eac		
Event Description Drake		Date(s) 11 /	19 , 13	
Provide Title/Expl.	anation			
Ticket(s)/Pass(es) provided by agency?	Yes □ No 🗵	If no: Golden Sta	te Warriors  Name of So	O.U.O.O.
		If yes: Alameda C		
Was ticket distribution made at the behest of agency official?	No ☐ Yes 🗵	If yes: / warneda c	Official's Name	(Last, First)
s. Recipients				
Necipients     Use Section A to identify the agency's department or	unit. • Use Secti	B to identify an individual. •	Use Section C to idea	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public pu	rpose made pursuan	nt to the agency's policy
	Pass(es)			
MANUAL AND CONTRACTOR OF THE PROPERTY OF THE P				
	Number of			
Rame of Individual	Ticket(s)/ Pass(es)	iden	ntify one of the follow	wing:
		Ceremonial Role	Other 🗌	Income
Baranco, Lauren	2	If checking "Ceremonial Role"		
		o promote attendance order to maximize poter	at an event neid itial County reve	enue from sales.
		Ceremonial Role	Other 🔲	Income 🗌
		If checking "Ceremonial Role"		_
<u> </u>				aller and the second se
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public pu	rpose made pursuar	nt to the agency's policy
	Pass(es)			
•				
4 V::: _ 4:				
4. Verification  I have read and understand FPPC Regulations 18944.1 and	d 18942. I have ven	d that the distribution set forth ab	bove, is in accordance v	with the requirements.
	Alex Bosko		or Legislative Aid	
Signature of Agency Head of Designee	Print Name	001110	Title	(Month, Day, Year)
Comment:				FPPC Form 802 (4/12)

I. Agency Name			Date Stamp	California 202
Alameda County				Form 002
Division, Department, or Region (If Appl.	icable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)	)		1	
Alex Boskovich				
Area Code/Phone Number   E-mail			Amenament (Must	provide explanation in Part 3.)
(510) 272-6693 alex.bos	skovich@acgov.o	org ·	Date of Original Filing	:(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No.	Face Value o	of Each Ticket/Pass \$ .	\$118
Event Description Drake		Date(s) 11	1 , 19 , 13	
Provide Titl	e/Explanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes□ No[	⊠ If no: Golde	n State Warriors	· · · · ·
			Name of S	
Was ticket distribution made at the behast of agency official?	est No ☐ Yes I	⊠ If yes: Alam	eda County Supervis Official's Name	or vviima Chan
			Omolar o realino	(2001, 1 1101)
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department</li> </ul>		tion D to identify an individ	val - Usa Sastian C to ida	ntific on outside overenization
M	Number of			
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursual	nt to the agency's policy
			and the second s	
				······································
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	wing:
	Pass(es)	Ceremonial Role	Other 🗌	Income 🔲
Lam, Marianne			nial Role" or "Other" describe below	
	2			d at a County facility in
		order to maximize	potential County reve	enue from sales.
		Ceremonial Role	<u> </u>	Income
	4	If checking "Ceremor	nial Role" or "Other" describe below	<u>"</u>
Name of Outside Organization	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
Management of the state of the				, , , , , , , , , , , , , , , , , , ,
		,		
1 Vavili astic-		CONT. S. A. C.		
<ol> <li>Verification         I have read and understand FPPC Regulations 18944</li> </ol>	4.1 and 18942. I have ve	rified that the distribution set	forth above, is in accordance v	with the requirements.
( )	Alex Bosk		Senior Legislative Aid	
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
Comment:				

### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . alex.boskovich@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information \$118 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description Drake Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No ☐ Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients \* Use Section A to identify the agency's department or unit. \* Use Section B to identify an Individual. \* Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(cs) Number of B. Name of Individual Identify one of the following: Ticket(s)/ Pass(es) Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Lam, Marianne 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income \_ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. Ticket(s)/ (include address and description) Pass(os)

Verification	uld 1 and 18942. I have verified that the dish	ibution set forth above, is in accordance with the re	auirements.
r have read and graduating PPPC Regulations ray	Alex Boskovich	Senior Legislative Aide	11/18/13
Signature of Agency Head or Doughee	Print Name	Title	(Month, Day, Year)
Comment:			

4.

1.	Agency Name		Date Stamp	California 802				
	Alameda County Division, Department, or Re	gion (if Applicable	-	For Official Use Only				
	Board of Supervisors  Designated Agency Contact	(Name Title)	-					
		( (rvariro, rino)						
	Alex Boskovich	Te mail	Amendment (Must	provide explanation in Part 3.)				
	Area Code/Phone Number E-mail				Date of Original Filing			
-	Function or Event Info		cingaogov.o	. 9		(Month, Day, Year)		
۷.	Does the agency have a tick		Yes 🛛 No [	□ Face Value	of Each Ticket/Pass \$ .	\$82		
	The second secon		Yes A NOL					
	Event Description Pearl Jar	TI Provide Title/Expl	lanation	Date(s)'	1 , 20 , 13			
	Tistest(s)(Dess(ss) associated			Golde	en State Warriors			
	Ticket(s)/Pass(es) provided	by agency?	Yes No [		Name of S			
	Was ticket distribution made	at the behest	No ☐ Yes [	If yes: Alan	neda County Supervis	or Wilma Chan		
	of agency official?		Official's Name	(Last, First)				
3. Recipients								
	Use Section A to identify the agency's department or unit.     Use Section B to identify an individual.     Use Section C to identify an outside organization.							
	A. Name of Agency, Departs	Number of Ticket(s)/ Pass(es)	Describe the po	iblic purpose made pursua	nt to the agency's policy			
	B. Name of Individ	Number of Ticket(s)/	Identify one of the following:					
	[Lost, Fast)		Pass(es)	Ceremonial Role	Other 🗆	Income		
	Heglin, Chris				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.					
				Ceremonial Role If checking "Cerem	Other Other or 'Other' describe below	Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)		public purpose made pursuant to the agency's policy			
	< .							
4.								
	I have read and understand FPPC Re	egulations 18944.1 an						
	un		Alex Bosk		Senior Legislative Ai	de 11/13/13 (Month, Day, Year)		
	Signature of Agency Head or Desig	ried	Print Nam	o .	Title	(month, Day, Tear)		
	Comment:							

					The state of the s			
. Agency Name		Date Stamp California 802						
Alameda County			FOIII					
Division, Department, or	Region (If Applicable	1	For Official Use Only					
Board of Supervisors								
Designated Agency Con	tact (Name Title)							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Alex Boskovich	IE			Amendment (Must pro	vide explanation in Part 3.)			
Area Code/Phone Numb	17 H SHOW	lah@aaaay ay	_	Date of Original Filing: _	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
(510) 272-6693		ich@acgov.or	9	oute or original range	(Month, Day, Year)			
Function or Event I				15-15-15-15-15-15	200/\$30-parking			
Does the agency have a	- CONTROL OF PARTY OF TAXABLE	Yes ⊠ No [		of Each Ticket/Pass \$				
Event Description Warri	ors vs. Jazz		Date(s)1	1 , 16 , 13				
	Provide Title/Exp	lanation						
Ticket(s)/Pass(es) provid	ded by agency?	Yes □ No 🛭	If no: Golde	n State Warriors	rne.			
		40 0 <u>11 1</u> 20 0	Δlam	eda County Supervisor				
Was ticket distribution m of agency official?	ade at the benest	No ☐ Yes 🛭	If yes: Alam	Official's Name (Li	ast, First)			
				5.V.3.6 (4-12-2003.1004-5.1)				
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 organize								
-		Number of						
A. Name of Agency, De	partment or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant t	o the agency's policy			
		Number of		Identify one of the following:				
(Last, Fa		Ticket(s)/ Pass(es)						
			Ceremonial Role	Other	Income			
Yuen, Ted		2 +		nial Role" or "Other" describe below: ance at an event held a	t a County facility in			
		Parkinh	order to maximize					
		TALLA	Ceremonial Role Other					
				nial Role" or "Other" describe below:	Income			
C. Name of Outside		Number of Ticket(s)/	Describe the pu	blic purpose made pursuant t	to the agency's policy			
(include address a	nd description)	Pass(es)						
Verification								
	C Regulations 18944.1 an	d 18942. I have ver	ified that the distribution set	forth above, is in accordance with	the requirements.			
an.	7	Alex Bosko	ovich	Senior Legislative Aide	11/13/13			
Signature of Agency Head or I	Designee	Print Name		TiNe	(Month, Day, Year)			
Comment:								

	jency Name		Date Stamp	California 802			
	ameda County	-1	_	For Official Use Only			
DIV	ision, Department, or Re	gion (If Applicable					
Во	ard of Supervisors						
De	signated Agency Contac	t (Name,Title)					
Ale	ex Boskovich		Amandment (that	rovide explanation in Part 3.)			
Are	a Code/Phone Number	E-mail	Amendment (Mast )	rovide explanation in Part 3.)			
(5)	10) 272-6693	alex.boskovi	Date of Original Filing: (Month, Day, Year)				
. Fu	ınction or Event Info	rmation				200	
Do	es the agency have a tick	et policy?	Yes⊠ No[	☐ Face Value	of Each Ticket/Pass \$ _	200	
Ev	ent Description Warriors	vs. Jazz		Date(s)	1 , 16 , 13		
	ent Description	Provide Title/Expl	anation				
Tic	ket(s)/Pass(es) provided	by agency?	Yes □ No 🏻	If no: Golde	en State Warriors		
			No ☐ Yes 🖸	Alar	meda County Superviso		
	s ticket distribution made fagency official?	at the behest	Official's Name (	Last, First)			
20.095(0)0000000000000000000000000000000000							
3. R	ecipients se Section A to identify the ager	nov's department or	dual. • Use Section C to iden	tify an outside organization.			
-			Number of	The branch of the control of the	ublic purpose made pursuan	COLUMN TO THE CO	
A	Name of Agency, Departs	nent or Unit	Ticket(s)/ Pass(es)	Describe the pr	abiic purpose made pursuan	to the agency a pency	
			X				
_	Number of						
B	B. Name of Individual		Ticket(s)/ Pass(es)	Identify one of the following:			
-			rass(vs)	Ceremonial Role	Other	Income	
Br	Brown, Fred			If checking 'Cerem	nonial Role" or "Other" describe below.		
		2		dance at an event held			
_					potential County reve		
				Ceremonial Role	o Other D	Income	
				a chaosing consti			
<u></u>	Name of Outside Org	anization	Number of	Describe the p	ublic purpose made pursuan	t to the agency's policy	
	(include address and c	lescription)	Ticket(s)/ Pass(es)	Describe the p	done purpose mase prosess		
	erification						
	ive read apquinderstand FPPC Re	egulations 18944.1 an	d 18942. I have ve	rified that the distribution se	et forth above, is in accordance w	ith the requirements.	
	~		Alex Bosko	ovich	Senior Legislative Aid	le 11/13/13	
	Signature of Agency Head or Desig	nee	Print Name	0	Title	(Month, Day, Year)	
C	omment:					EBBC Form 802 /4/42)	

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

Agency Name							A rabile bocament		
Board of Supervisors   Bosgnated Agency Contact (Name, Title)	1.	Agency Name		Date Stamp	California 802				
Division, Department, or Region (if Approache)		Alameda County							
Designated Agency Contact (Name, Title)		Division, Department, or Regi	on (If Applicabl	le)			For Official Use Offiy		
Designated Agency Contact (Name, Title)		Board of Supervisors							
Alex Boskovich  Area Codd/Phone Number [5-mail]		•	Name Title)						
Area Code/Phone Number (5/10) 272-6693   alex.boskovich@acgov.org   Date of Original Filling:   (Month, Day, Year)									
Section   Sect				- <del></del>		Amendment (Must pi	rovide explanation in Part 3.)		
Function or Event Information   Does the agency have a licket policy?   Yes   No   Face Value of Each Ticket/Pass \$ 200						Data of Colorinal Fillings	•		
Does the agency have a ticket policy?  Yes No Description  Event Description  Face Value of Each Ticket(Pass \$		(510) 272-6693	alex.boskov	vich@acgov.or	9	Date of Original Filing: .	(Month, Day, Year)		
Event Description Warriors vs. Pistons  Provide Titue® planetion  Ticket(s)/Pass(es) provided by agency? Yes \  \text{No} \  \text{No} \  \text{If no Solden State Warriors}  Name of Source  Was ticket distribution made at the behest of agency official?  Was ticket distribution made at the behest of agency official?  Recipients  - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C to identify an outside organization.  Number of Ticket(s)/Pass(es)  Pass(es)  B. Name of Individual (Section Pass(es))  Pass(es)  Number of Ticket(s)/Pass(es)  Pass(es)  Ceremonial Role   Other   Income   Income    ## crecing Described attendance at an event helid at a County facility in order to maximize potential County revenue from sales.  Ceremonial Role   Other   Income    ## crecing Ceremonial Role   Other   Income    ## crecing Described attendance at an event helid at a County facility in order to maximize potential County revenue from sales.  Ceremonial Role   Other   Income    ## crecing Cere	2.	Function or Event Inform	nation				000		
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  Was ticked distribution made at the behest of agency official?  No Yes  Alameda County Supervisor Wilma Chan  Official's Name (Last, First)  Recipients  * Use Section A to Identify the agency's department or unit. * Use Section B to Identify an Individual. * Use Section C to Identify an outside organization.  A. Name of Agency, Department or Unit  Ticket(s)/ Pass(es)  B. Name of Individual		Does the agency have a ticke	t policy?	Yes⊠ No□	] Face Value o	f Each Ticket/Pass \$ _	200		
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  Was ticked distribution made at the behest of agency official?  No Yes  Alameda County Supervisor Wilma Chan  Official's Name (Last, First)  Recipients  * Use Section A to Identify the agency's department or unit. * Use Section B to Identify an Individual. * Use Section C to Identify an outside organization.  A. Name of Agency, Department or Unit  Ticket(s)/ Pass(es)  B. Name of Individual		Warriors v	s. Pistons		5 11	, 12 , 13			
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Golden State Warriors  Was ticked distribution made at the behest of agency official?  No Yes  Alameda County Supervisor Wilma Chan  Official's Name (Last, First)  Recipients  * Use Section A to Identify the agency's department or unit. * Use Section B to Identify an Individual. * Use Section C to Identify an outside organization.  A. Name of Agency, Department or Unit  Ticket(s)/ Pass(es)  B. Name of Individual		Event Description	Provide Title/Exp	planation	Date(s)				
Was ticket distribution made at the behest of agency official?    Recipients   Section   Section					, If no. Golder	n State Warriors			
Recipients  - Use Section A to Identify the agency's department or unit.  - Use Section B to Identify an individual.  - Name of Agency, Department or Unit  - Number of Ticket(s)/ Pass(es)  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency are the public purpose made pursuant to the agency are the public purpose made pursuant to the agen		ricket(s)/Fass(es) provided by	y agency?	Yes ∐ No 🗷	Name of Source				
Recipients  - Use Section A to Identify the agency's department or unit.  - Use Section B to Identify an individual.  - Name of Agency, Department or Unit  - Number of Ticket(s)/ Pass(es)  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency's policy  - Describe the public purpose made pursuant to the agency are the public purpose made pursuant to the agency are the public purpose made pursuant to the agen		Was ticket distribution made a	it the behest	No∏ Yes⊠	If ves. Alame	eda County Superviso	r Wilma Chan		
Section A to identify the agency's department or unit.   Sue Section B to identify an individual.   Section C to identify an outside organization.		of agency official?	of agency official?			Official's Name (L	.ast, First)		
Section A to identify the agency's department or unit.   Sue Section B to identify an individual.   Section C to identify an outside organization.	₹	Recinients							
B. Name of Individual (Lest, Fast) Pass(es)  Number of Ticket(s) Pass(es)  Name of Individual (Lest, Fast) Pass(es)  Martinelli, Adolf  2 Caremonial Role   Other   Income   I	•	•	y's department o	ıal. • Use Section C to ident	ify an outside organization.				
B. Name of Individual (Last, Field)  Martinelli, Adolf  Verification  Number of Treket(e)/ To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.  Ceremonial Role   Other   Income   I		A Name of Agency Departme	ent or Unit		Describe the pub				
B. Name of Individual (Last, First).  Martinelli, Adolf    Ceremonial Role   Other   Income		A. Name of Agency, Departing		Describe the pub	nc purpose made pursuant	to the agency a policy			
B. Name of Individual (Last, First).  Martinelli, Adolf    Ceremonial Role   Other   Income									
B. Name of Individual (Last, First).  Martinelli, Adolf    Ceremonial Role   Other   Income									
B. Name of Individual (Last, First).  Martinelli, Adolf    Ceremonial Role   Other   Income					M				
B. Name of Individual (Last, First).  Martinelli, Adolf    Ceremonial Role   Other   Income									
Martinelli, Adolf    Caremonial Role   Other   Income     Income   Income     Income   Income   Income     Income   Income   Income   Income     Income   Income   Income   Income   Income     Income   Income   Income   Income     Income   Income   Income   Income     Income   Income   Income   Income     Income   Income   Income   Income   Income     Income   Income   Income   Income   Income   Income   Income     Income   Income   Income   Income   Income   Income   Income   Income     Income		B. Name of Individual							
Martinelli, Adolf  2  If checking "Ceremonial Role" or "Other" describe below:  To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.  Ceremonial Role  Other  Income  Income  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/Pass(es)  Pass(es)  Number of Ticket(s)/Pass(es)  Pass(es)  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/Pass(es)  Number of Ticket(s)/Pass(es)  Alex Boskovich Senior Legislative Aide 11/12/13  Signature of Agenty Head or Designee Print Name Title (Month, Day, Year)									
To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.    Ceremonial Role   Other   Income   Income     If checking "Ceremonial Role" or "Other" describe below:					Ceremonial Role	Other 🗌	Income		
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/Pass(es)  Number of Ticket(s)/Pass(es)  Alex Boskovich  Senior Legislative Aide  11/12/13  Signature of Agenty Head or Designee  Print Name  Title (Month, Day, Year)		Martinelli, Adolf			If checking *Ceremon	ial 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  Number of Ticket(s)/ Pass(es)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Alex Boskovich Senior Legislative Aide 11/12/13  Signature of Agency Head or Designee Print Name Title (Month, Day, Year)									
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Pass(es)  Number of Tick		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			order to maximize	potential County reven	ue from sales.		
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Number of Ticket(s)/ Pass(es)  Pass(es)  Number of Ticket(s)/ Pass(es)  Number of Ti							Income		
Ticket(s)/ Pass(es)  Describe the public 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.  Alex Boskovich  Senior Legislative Aide  1/12/13  Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)					If checking "Ceremon	ial Role" or "Other" describe below:			
Ticket(s)/ Pass(es)  Describe the public 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.  Alex Boskovich  Senior Legislative Aide  1/12/13  Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)									
Ticket(s)/ Pass(es)  Describe the public 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.  Alex Boskovich  Senior Legislative Aide  11/12/13  Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)				Number					
. 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 11/12/13  Signature of Agency Head or Designee Print Name Title (Month, Day, Year)				Ticket(s)/	Describe the pub	olic 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.  Alex Boskovich Senior Legislative Aide 11/12/13  Signature of Agenty Head or Designee Print Name Title (Month, Day, Year)				Pass(es)					
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Alex Boskovich Senior Legislative Aide 11/12/13  Signature of Agency Head or Designee Print Name Title (Month, Day, Year)									
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Alex Boskovich Senior Legislative Aide 11/12/13  Signature of Agenty Head or Designee Print Name Title (Month, Day, Year)			nd 18942. I have verit	fied that the distribution set f	orth above, is in accordance wit	h the requirements.			
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)		arp							
		Signature of Agenty Head or Designee			¥1011 (		<del></del>		
Comment:		,				•			
		Comment:							

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

Agamed a County Division, Department, or Region (if Applicable)  Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number (510) 272-6692  Function or Event Information Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass Ṣ ②00.00  Event Description Warriors vs. Jazz Prevete TimeExplanation Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ Face Value of Each Ticket/Pass Ṣ ②00.00  Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☒ If no: Golden State Warriors  No ☒ Yes ☒ If no: Golden State Warriors  Name of Source  Name of Source  Name of Source  Name of Source  Name of Agency, Department or Unit Number of Ticket(s)  Pass(es)  B. Name of Individual  Number of Ticket(s)  Pass(es)  Pass(es)  Cenemoial Role ☐ Other ☐ Income ☐  If decising replanation for its contributions to the agency's policy  Pass(es)  Cenemoial Role ☐ Other ☐ Income ☐  If decising replanation for its contributions to the agency's policy  Pass(es)  Cenemoial Role ☐ Other ☐ Income ☐  If decising replanation for its contributions to the agency's policy  Pass(es)  Cenemoial Role ☐ Other ☐ Income ☐  If decising replanation for its contributions to the agency's policy  Pass(es)  Cenemoial Role ☐ Other ☐ Income ☐  If decising replanation for its contributions to the community.  C. Name of Outside Organization (Include address and description)  Pass(es)  Cenemoial Role ☐ Other ☐ Income ☐  If decising replanation for its contributions to the community.  Community.  Region of the following:  Cenemoial Role ☐ Other ☐ Income ☐  If decising replanation for its contributions to the community.  Pass(es)  Cenemoial Role ☐ Other ☐ Income ☐  If decising replanation for its contributions to the community.  Pass(es)  Cenemoial Role ☐ Other ☐ Income ☐  If decising replanation for its contributions to the community.  Pass(es)  Cenemoial Role ☐ Other ☐ Income ☐  If decising replanation for its contributions to the community.  Pass(es)  Cenemoial Role ☐ Other ☐ Income ☐  If the community is accordan	30101	mormal redic Ever		Mour doo	Bistributions		A Public Document	
Per Official Use Only   Per	. Age	ency Name		Date Stamp	California 802			
Board of Supervisors  Designated Agency Contact (Name, Title)  Michelle Dianda  Area Codd/Phone Number   E-mail	Alai	meda County			NOTES -			
Designated Agency Contact (Name, Title)   Michelle Dianda   Area Code/Phone Number   E-mail   michelle.dianda@acgov.org   Date of Original Filling:   Month, Day, Year)   Date of Original Filling:   Month, Day, Year)     Part State   Month, Day, Year)     Part State   Date (s)   11   16   13	Divi	sion, Department, or Reg	jion (If Applicable	1	For Official Use Only			
Amendment (Assis provide explanation in Part 3)   Date of Original Filling:   Month, Day, Year)	Boa	ard of Supervisors						
Area Code/Phone Number (5/10) 272-6692 michelle.dianda@acgov.org miche	1000000		(Name, Title)					
Area Code/Phone Number (5/10) 272-6692 michelle.dianda@acgov.org miche	Mic	helle Dianda						
Section   Continue   Community   Communi			E-mail			- 12.1 - 17.1 P. P. 12.2 P.		
Function or Event Information   Does the agency have a ticket policy? Yes   No   Face Value of Each Ticket/Pass \$		일상장 (1) 시간 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		nda@acgov.	org	Date of Original Filing:	(Month Day Year)	
Does the agency have a ticket policy?  Event Description Warriors vs. Jazz    Date(s)   11   16   13	. Fur	nction or Event Info	mation				(month, Day, Year)	
Date				Yes 🕅 No	☐ Face Value of	of Each Ticket/Pass \$ _	200.00	
Ticket(s)/Pass(es) provided by agency? Yes No S If no: Golden State Warriors  Was ticket distribution made at the behest of agency official?  No Yes S If yes: Valle, Richard- Supervisor District 2 Official's Name (Leat, 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.  Name of Agency, Department or Unit Value of Ticket(s) Pass(es)  B. Name of Individual  Number of Ticket(sy) Pass(es)  Ceremonial Role Other Income Income Income  I checking Toersonal Role Other Income  I checking Toersonal Role or Other Income  St. Rose Hospital Foundation  27200 Calaroga Ave. Hayward 94545  Raises funds to continue hospital mission of providing quality health care  North Role of Role of Role or Other Income I		[20] [21] [4] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2		100 22 110				
Was ticket distribution made at the behest of agency official?    No   Yes     If yes:   Valle, Richard- Supervisor District 2   Official's Name (Last, First)	Evei	nt Description	Provide Title/Exp	lanation	Date(s)	, , , , , , ,		
Was ticket distribution made at the behest of agency official?    No   Yes     If yes:   Valle, Richard- Supervisor District 2   Official's Name (Last, First)	Tick	et/s\/Pass(es) provided h	v agency2	V D N-	If no. Golde	n State Warriors		
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 Ticke(s)/ Pass(es)  B. Name of Individual (sax Fee)  Number of Ticke(s)/ Pass(es)    Ceremonial Role   Other   Income   Income	Hok	et(a)/r ass(es) provided t	y agency?	res 🔲 No		Name of So		
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.  - Name of Agency, Department or Unit  - Number of Ticket(s)' Pass(os)  - Pass(os)  - Pass(os)  - Describe the public purpose made pursuant to the agency's policy  - Recipients  - R		Was ticket distribution made at the behest No ☐ Yes ☑ If yes			If yes: Valle	, Richard- Supervisor	District 2	
Superland to identify the agency's department or unit.   Superland to the identify an individual.   Superland to the identify an individual.   Superland to the agency's policy	of a	or agency official?				Official's Name (	Last, First)	
A. Name of Agency, Department or Unit    Number of Table(s)								
B. Name of Individual (sast Final)   Number of Ticket(s)   Identify one of the following:	• Use	e Section A to identify the agend	_	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.		
B. Name of Individual   Cast Feet   Case   C	A.	Name of Agency, Departm	ent or Unit	Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
Ceremonial Role   Other   Income	_			Pass(es)				
Ceremonial Role   Other   Income								
Ceremonial Role   Other   Income	_							
Ceremonial Role   Other   Income								
C. Name of Outside Organization (include address and description)  St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward 94545  Raises funds to continue hospital mission of providing quality health care    Verification   Verification   Name of Outside Organization (include address and description)   Outside Organization   Outside Outsi	Б	Name of Individu	ial			150741.00 (415.00 40.00 10.00 40.00		
C. Name of Outside Organization (Include address and description)  St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward 94545  Raises funds to continue hospital mission of providing quality health care  Number of Ticket(s)/ Pass(es)  To reward a non-profit organization for its contributions to the community.  Raises funds to continue hospital mission of providing quality health care  Number of Ticket(s)/ Pass(es)  To reward a non-profit organization for its contributions to the community.  Raises funds to continue hospital mission of providing quality health care  Norification  Number of Ticket(s)/ Pass(es)  To reward a non-profit organization for its contributions to the community.  Raises funds to continue hospital mission of providing quality health care  Norification  Number of Ticket(s)/ Pass(s) in accordance with the requirements.  Michelle Dianda Supervisor's Aide (Month, Dol. Year)	В.		101			identity one of the following:		
C. Name of Outside Organization (include address and description)  St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward 94545  Raises funds to continue hospital mission of providing quality health care  Verification  Verification  Verification  Vision 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  (Month, Def. Year)					Ceremonial Role	Other	Income	
C. Name of Outside Organization (include address and description)  St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward 94545  Raises funds to continue hospital mission of providing quality health care  Verification  The verification  The verification of Applications 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Michelle Dianda Supervisor's Aide (Montin, Day Year)					If checking "Ceremon	nial Role" or "Other" describe below:		
C. Name of Outside Organization (include address and description)  St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward 94545  Raises funds to continue hospital mission of providing quality health care  Verification  The verification  The verification of Applications 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Michelle Dianda Supervisor's Aide (Montin, Day Year)								
C. Name of Outside Organization (include address and description)  St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward 94545  Raises funds to continue hospital mission of providing quality health care  Verification  The verification  The verification of Applications 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Michelle Dianda Supervisor's Aide (Montin, Day Year)	_			-				
C. Name of Outside Organization (Include address and description)  St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward 94545  Raises funds to continue hospital mission of providing quality health care  Verification  Indication 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements.  Michelle Dianda Supervisor's Aide (Mpnth, Daf, Year)							Income	
St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward 94545  Raises funds to continue hospital mission of providing quality health care  Verification relevated and understand FPPQ 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 (Month, Dat. Year)								
St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward 94545  Raises funds to continue hospital mission of providing quality health care  Verification relevated and understand FPPQ 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 (Month, Dat. Year)								
St. Rose Hospital Foundation 27200 Calaroga Ave. Hayward 94545  Raises funds to continue hospital mission of providing quality health care  Verification  Induce read and understand FPPQ 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 (Month, Day Year)	C	Name of Outside Orga	nization		Describe the out	ella nuerana mada nuerana	to the anomale nation	
27200 Calaroga Ave. Hayward 94545 community.  Raises funds to continue hospital mission of providing quality health care  Verification  Indiversal of Agency Heed or Designee Print Name to community.  Michelle Dianda Supervisor's Aide (Month, Day, Year)	٠.	(include address and de	scription)		Describe the put	olic purpose made pursuant	to the agency's policy	
27200 Calaroga Ave. Hayward 94545 community.  Raises funds to continue hospital mission of providing quality health care  Verification  Indiversal of Agency Heed or Designee Print Name to community.  Michelle Dianda Supervisor's Aide (Month, Day, Year)	St.	Rose Hospital Foundati	on		To reward a non-pr	rofit organization for its	contributions to the	
mission of providing quality health care  Verification  Ve				4		om organization for the		
mission of providing quality health care  Verification  Ve	Rai	see funds to continue h	nenital					
Verification  Visive read and understand FPPG 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 12/13  Signature of Agency Heed or Designee Print Name 7/the (Month, Del. Year)								
have read and understand FPPQ 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   12/13     Significant of Agency Head or Designee   Print Name   Title   (Month, Day, Year)			The second secon					
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)			ulations 18944.1 and	d 18942. I have ve	wified that the distribution set I	forth above, is in accordance wi	th the requirements.	
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)		/ M /		Michelle D	ianda	Supervisor's Aide	11/12/13	
Includes 1 parking pass at the value of \$20	V	Signiffune of Agency Head or Designe	0				(Month, Day, Year)	
	19 <del>4</del> 5.	Includes 1 parkir	ng pase at the	value of \$20	1		Associate Association	

						A Fublic Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda		1220				
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation				(Monot, Day, Year)	
TVO:	Does the agency have a ticket		Yes 🛛 No	☐ Face Value o	of Each Ticket/Pass \$	118.00	
		(147) /5 (116) (15)	100 22 110				
	Event Description Drake Co	Provide Title/Expl	lanation	Date(s)	<u> </u>		
	Ticket(s)/Pass(es) provided b			Golder	n State Warriors		
	ricket(s)/r ass(es) provided b	y agency :	Yes No		Name of So		
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle.			Richard- Supervisor	District 2		
	of agency official?				Official's Name (	Last, First)	
	Recipients						
	Use Section A to identify the agence		tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's polic			
			Pass(es)				
	D Name of Individual	Number of			09.07		
	B. Name of Individual (Last. First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
				Ceremonial Role	Other 🗆	Income	
				If checking *Ceremon	ial Role" or "Other" describe below:	***************************************	
			-				
				Ceremonial Role	Other I	Income	
					in the district designed below.		
	C. Name of Outside Organ	nization	Number of	Decades the sub-	No		
	(include address and de-	scription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Decisiones			To reward a non-pr	profit organization for its contributions to the		
	401 Marina Blvd, San Leandro 94577		4	community.	on organization to the		
	School and community bas	ed AOD and					
	gang intervention counseling	g AOD and					
ī.	Verification						
	I have reed and understand FPRC Regu	viations 18944.1 and	d 18942. I have ve	wified that the distribution set fo	orth above, is in accordance wi	th the requirements.	
			Michelle Di	ianda	Supervisor's Aide	11/12/12	
	Signature of Agency Head or Designer		Print Nam		Title	(Month, pay, Year)	
	Comment:						

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

					A r abile bocamen
. Agency Name				Date Stamp	California 802
Alameda County			101111		
Division, Department, or Reg	ion (If Applicable	)		1	For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)	1			
Michelle Dianda					
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6692				Date of Original Filing:	(Month, Day, Year)
Function or Event Infor					(Mohai, Day, Year)
Does the agency have a ticket		Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$ _	82.00
그러가 하면 하는 살이 하면 이 바람이 하면 하면 하는데 그렇게 되었다.		103 [2] 140			
Event Description Pearl Jam	Provide Title/Expl	lanation	Date(s)	1 ) 20 ) 10	
Ticket(s)/Pass(es) provided b	v agency2	V [] N-1	If no. Golde	n State Warriors	
ricket(s)/Fass(es) provided b	y agency r	Yes No		Name of S	7/17/30/14/15
	Vas ticket distribution made at the behest No ☐ Yes ☑ If yes: Valle			, Richard- Supervisor	District 2
of agency official?				Official's Name	(Last, First)
Recipients					
Use Section A to identify the agence	y's department or	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Departme	Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy	
		Pass(es)	100-010-01-010-01-01		
B. Name of Individu	P Name of Individual				
(Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:		
D			Ceremonial Role		Income _
Douglas, Simon		2	To promote attendance at an event in a County facility in order to maximize potential revenue from sales.		
			Ceremonial Role	Other	Income
			If checking *Ceremon	nial Role" or "Other" describe below.	
		la Se Stangenous even s			
C. Name of Outside Organ		Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy
(include address and det	scription)	Pass(es)			1979 - P. C.
ACTION TO A COLOR OF THE COLOR					
Verification				A. 1921 - 1921 - 1922 -	ALPS ATM CHARGE MERCANISTICS FOR T
Theve read and understand FRPC Regu	ilations 18944,1 and	d 18942. I have ve	prified that the distribution set i	forth above, is in accordance w	ith the requirements.
VV		Michelle D	ianda	Supervisor's Aide	1/12/13
Signature of Agency Head or Designer	,	Print Nam	10	Tille	(Month, Day Year)
Comment:					

١.	Agency Name				Date Stamp	California 802	
	Alameda County					roilli	
	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.dianda@acgov.org			ora	Date of Original Filing	:	
2.	Function or Event Infor		inda@acgov.	oig		(Month, Day, Year)	
	Does the agency have a ticket	98BBBBBBBBBB	Vas 🖾 Na	□ Face Value	of Each Ticket/Pass \$.	82.00	
		901 12 12 12 15 15 15 15 15 15 15 15 15 15 15 15 15	Yes 🛛 No				
	Event Description Pearl Jam	Provide Title/Exp	Date(s)	1 , 26 , 13			
			nanation	Golde	en State Warriors		
	Ticket(s)/Pass(es) provided b	y agency?	Yes No	If no: Golde	Name of S	Cource	
	Was ticket distribution made a	at the behest	No ☐ Yes	Valle	e, 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	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket/sV	umber of licket(s)/ Describe the public purpose made pursuant to the agency*			
			Pass(es)				
						6	
	B. Name of Individu	Number of Ticket(s)/		Identify one of the following:			
	(Last, First)		Pass(es)				
	Trullinger, Andi		3000	Ceremonial Role	Other Donal Role" or "Other" describe below	Income	
	Traininger, Andr		2		endance at an event in a County facility in order to		
					I revenue from sales.	County Idolity III order to	
	-			Ceremonial Role	Other 🗌	Income	
					onial Role" or "Other" describe below	r.	
			Numbered				
	C. Name of Outside Organ (include address and de-		Number of Ticket(s)/	Describe the pu	the public purpose made pursuant to the agency's policy		
			Pass(es)				
ŧ.	Verification						
	I have read and understand RPPC Regu	ulations 18944.1 an				with the requirements.	
	VA		Michelle D	ianda	Supervisor's Aide	1112/13	
	Signature of Agency Head or Designer	0	Print Nam	0	TiNe	(Month, Day, Year)	
	Comment:					1.30	
	VACUUTION II						

						A Fubile Document
l. Ag	ency Name		Date Stamp	California 802		
Ala	meda County	101-112 <u>-070409</u> -02-41		101111		
Divi	sion, Department, or Re	gion (If Applicable)	1)		1	For Official Use Only
Boa	ard of Supervisors					
	ignated Agency Contact	(Name, Title)				
Mic	chelle Dianda		ASSESSMENT OF THE PROPERTY OF			
1200000	a Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
(51	0) 272-6692	michelle.dian	da@acgov.	org	Date of Original Filing:	(Month, Day, Year)
. Fu	nction or Event Info	rmation		Maria de la companya		(moniti, boy, really
Doe	es the agency have a tick	et policy?	Yes 🗵 No	☐ Face Value of	of Each Ticket/Pass \$ _	200.00
_	ent Description Warriors				2 , 27 , 13	
Eve	nt Description	Provide Title/Expla	nation	Date(s)	. /	
Tick	cet(s)/Pass(es) provided l	by agency?	Yes□ No I	If no: Golder	n State Warriors	
1101	ter(e)// des(es) provides	oy agonoy.	168 🖂 1401	Section 1997	Name of Sc	
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes: Valle			✓ If yes: Valle,	, Richard- Supervisor	District 2
of	agency official?		Official's Name (	Last, First)		
	cipients					
• Us	e Section A to identify the agen	cy's department or u	nit. • Use Sec	tion B to identify an individe	ual. • Use Section C to iden	tify an outside organization.
A.	Name of Agency, Departe	nent or Unit	Ticket(s)/	Describe the public purpose made pursuant to the agency's		t to the agency's policy
_			Pass(es)			
_						
B.	Name of Individe	Number of			Val	
Ь.	(Loot, First)	um	Ticket(s)/ Pass(es)		Identify one of the follow	ring:
				Ceremonial Role	Other	Income
				If checking "Ceremon	nial Role" or "Other" describe below:	
_				Ceremonial Role	Other	7022000
					ial Role" or "Other" describe below:	Income
C.	Name of Outside Orga		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
	(include address and de	escription)	Pass(es)	Describe the put	one purpose made pursuan	t to the agency's policy
Lea	ague of Women Voters-	Eden Area		To reward a non-pr	rofit organization for it	s contributions to the
P.C	O. Box 2234, Castro Val	lley, CA 94546	4	community.		
Info	orms and encourages a	ctive				
	rticipation in governmen					
ı. Ve	rification					
	e read and understand FPPC Rec	gulations 18944.1 and	18942. I have ve	orified that the distribution set I	forth above, is in accordance w	ith the requirements.
	MALL		Michelle D	ianda	Supervisor's Aide	11/12/13
V	Signature of Agericy Head or Design	ae .	Print Nam	0	Title	(Month, pay, Year)
	Includes 1 park	ing pass at the	value of \$20	)		AND 20 VIOLED TO CANADA
Car	manage i park	and been at the	TOTAL OF WAL			

		APARTHER MANAGEMENT			
. Agency Name				Date Stamp	California 802
Alameda County					Form For Official Use Only
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.dianda@acgov.org			Date of Original Filing	(Month, Day, Year)
. Function or Event Infor					(monat, bay, reary
Does the agency have a ticke		Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ .	350.00
Event Description Warriors v					
Event Description	Provide Title/Expl	lanation	Date(s)	- 10 1 10	
Ticket(s)/Pass(es) provided b	v agency?	Yes □ No [	If no: Golder	n State Warriors	
rional(a)ri ada(aa) pravidaa a	, agono,	Tes 🖂 NO		Name of S	
	Was ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle			, Richard- Supervisor	District 2
of agency official?				Official's Name	(Last, First)
. Recipients					
Use Section A to identify the agenc	y's department or	_	tion B to identify an individe	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuar	nt to the agency's policy
		Pass(es)			
<del></del>					
B. Name of Individua	R Name of Individual			Identify one of the follow	
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	wing:
Collett Tom				Other 🗵	Income
Collett, Tom		8		nial Role" or "Other" describe below	s service to the public.
			10 feward a comm	drifty voidifiteer for the	s service to the public.
			Ceremonial Role	Other 🗆	Income
				nial Role" or "Other" describe below	
			V. 1000EA EXTENSION FOR THE TAXABLE PARTY OF TAXA		
				7	
C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	olic purpose made pursuar	nt to the agency's policy
(mondio address and dec	ionpaion,	Pass(es)	74-5 00-74-0 00/2014-02/2014	reference of the second	a anathan nama wa atau anyaa sa
. Verification				/ 125 march 100 cm - 100 marth 200 cm (100 march 100 mar	A AMAZONINA A HISTORIA DI PARISA NA MATORI
have read and understand FPPS Regu	flations 18944.1 and	d 18942. I have ve	rifled that the distribution set f	forth above, is in accordance v	with the requirements.
		Michelle Di		Supervisor's Aide	1/19/15
Signature of Agency Head or Designed		Print Nam	0	Title	(Month Day, Year)
Comment: Includes 2 parkir	ig passes at t	he value of \$	20 each		4

						A i done becamen	
	Agency Name				Date Stamp	California 802	
	Alameda County		N. A.	- OIIII			
	Division, Department, or Regi	on (If Applicable		For Official Use Only			
	Board of Supervisors		1/				
	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 Inform		0.0			(Worth, Day, Year)	
	Does the agency have a ticket		Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ .	222.00	
	Event Description Oakland R	Carlo Chocago ne ll					
	Event Description	Provide Title/Expl	anation	Date(s)	7 24 / 10		
	Ticket(s)/Pass(es) provided by	agency2	Yes □ Nol	⊠ If no: Oakla	nd Raiders		
	monet(o)/r dob(ob) provided by	agonoy	Tes 🖂 No	_	Name of S		
	Was ticket distribution made a	t the behest	No ☐ Yes	If yes:      Valle	, Richard- Supervisor	District 2	
	of agency official?		Official's Name	(Last, First)			
	Recipients  - Use Section A to identify the agency's department or unit Use Section B to identify an individual Use Section C to identify an outside organizatio						
		's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy	
			F205(05)				
				_			
	B. Name of Individua	Number of Ticket(s)/	100	Identify one of the following:			
	(Lost, First)		Pass(es)		identity one of the follow	wing.	
	Valle, Monica			Ceremonial Role		Income	
	valle, Morlica		3	If checking "Ceremonial Role" or "Other" describe below:  To promote attendance at an event held at a County facility in			
					potential revenue from		
				Ceremonial Role	Other	Income	
			3		nial Role" or "Other" describe below		
			3				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuar	nt to the agency's policy	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	Pass(es)				
					U		
	Verification					STATE OF THE STATE	
	have read and understand FPPC Regul	ations 18944.1 and	f 18942. I have ve	rified that the distribution set I	forth above, is in accordance w	with the requirements.	
			Michelle Di		Supervisor's Aide		
	Signature of Adapticy Head or Designee		Print Nam	0	Title	(Month, Day, Year)	
	Comment: Includes 1 parkin	g pass at the	value of \$20	)			

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

						A rubiic bocument			
. Ag	ency Name		Date Stamp	California 802					
Ala	meda County			TOTAL TOTAL					
Divi	sion, Department, or Reg	ion (If Applicable	9)		1	For Official Use Only			
Bos	ard of Supervisors				(6)				
	ignated Agency Contact	Name, Title)	-						
U110000	helle Dianda a Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)			
	(510) 272-6692 michelle.diar		nda@acaou	ora	Date of Original Filing:	1			
			nua@acgov.	.org		(Month, Day, Year)			
	nction or Event Infor	800000000000000000000000000000000000000	T. C.		(F   F   UD   0	123.75			
	s the agency have a ticke		Yes 🛛 No	(1997년 - 1일 1997년 - 1일	of Each Ticket/Pass \$ .				
Eve	nt Description Michael B	uble Concert  Provide Tille/Exp.		Date(s)1	1 , 30 , 13				
Tick	et(s)/Pass(es) provided b	y agency?	Yes 🗆 No	If no: Golde	n State Warriors Name of S	0//00			
Man	tiokat distribution made	t the beheat		- Valle					
	Nas ticket distribution made at the behest No ☐ Yes ☒ If yes: Valle, Richard- Supervisor District 2  Official's Name (Last, First)								
						14444.1444			
	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.								
			ual. • Use Section C to ide	ntify an outside organization.					
A.	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	nt to the agency's policy			
_									
В.	B Name of Individual Number of								
٠.	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:				
Rar	mirez, Rudy			Ceremonial Role If checking "Ceremon	Other A	Income 🗆			
			4		ance at an event held tial revenue from sale	at County facility in order s			
					Other Disable or "Other" describe below:	Income			
c.	Name of Outside Organ		Number of Ticket(s)/	Describe the pub	olic purpose made pursuan	nt to the agency's policy			
_			Pass(es)	1	= = =				
	ification read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve Michelle D		forth above, is in accordance w	rith the requirements.			
V	Signature of Agency Head or Designee		Print Nam	00	Title	(Month, Day, Yhar)			
Con	nment:		7.679.247	16	E 2005	1			

					A Fublic Document	
. Agency Name		Date Stamp	California 802			
Alameda County					Form C C	
Division, Department, or Reg	ion (If Applicable	)			For Official Use Only	
Board of Supervisors						
Designated Agency Contact (	(Name,Title)					
Amy Shrago			☐ Amendment /Must o	rovide explanation in Part 3.)		
Area Code/Phone Number	E-mail					
(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
. Function or Event Infor	mation				444.50	
Does the agency have a ticke	t policy?	Yes ☐ No!	🔀 💮 Face Value o	f Each Ticket/Pass \$	141.50	
Event Description Plnk Conc	ert		Date(s) 10	, 10 , 13		
Event Description	Provide Title/Expl	anation	Date(s)			
Ticket(s)/Pass(es) provided by	v agency?	Yes ☐ No [	If no: Golder	n State Warriors		
	, ,	103 Д 110 [	<del></del>	Name of So	urce	
Was ticket distribution made a	it the behest	No! ] Yes	If yes: Carso	on, Keith	Last Simb	
of agency official?				Official's Name (i	Last, First)	
. Recipients						
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
Simpson, Michelle		4	Ceremonial Role If checking "Ceremon	Other All in the control of the cont	Income 🔲	
		7		ance at a County facili venue from parking ar	ty in order to maximize nd concession sales	
			Ceremonial Role	Other	Income	
			If checking "Ceremon	ial Role" or "Other" describe below:		
C. Name of Outside Organ	nization	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's po		t to the agency's policy	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Pass(es)				
. Verification		1			10. d	
I have read and understand FPPC Regu	uations 18944.1 and					
/h & Mage		Amy Shra	<del></del>	Supervisor's Assistan		
Signature of Agency Head of Designee	•	Print Nam	e .	Title	(Month, Day. Year)	
Comment:						

_						A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	on (If Applicable	e)			For Official Use Only
	Board of Supervisors  Designated Agency Contact (	Nama Titla)				
		ivanie, riue)				
	Amy Shrago				Amendment (Must pr	rovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	_		Date of Original Filing:	11/21/13
dental	(510) 272-6695		@acgov.org		Date of Original Filling.	(Month, Day, Year)
2.	Function or Event Inform					65.00
	Does the agency have a ticke	t policy?	Yes 🔲 No	🔀 Face Value o	f Each Ticket/Pass \$	03.00
	Event Description Disney on	Ice		Date(s)10	, 17 , 13	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No	☑ If no: Golder	n State Warriors	
					Name of Sou	urce
	Was ticket distribution made at the behest No 1 Yes If yes: of agency official?			If yes: Carso	Official's Name (L	act Eirat)
	or agency official?				Oniciai \$ Name (L	_d5(, F((St))
3.	Recipients					
	Use Section A to identify the agency	y's department or		tion B to identify an individu	ual. ◆ Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	D Name of Individue	Number of				
	R. Name of Individual		Ticket(s)/ Pass(es)			ng:
	Mitchell, Tiara		4	_	ial Role" or "Other" describe below:	Income 🗌
				potential County re	venue from parking ar	
					Other In Indiana Other Indiana Role" or "Other" describe below:	Income
				,		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	Describe the public purpose made pursuant to the agency's policy	
	,					
1.	Verification	lations 18944 1 an	d 18942 I have ve	rified that the distribution set fo	orth above, is in accordance wit	th the requirements.
	Men D	10044.1 dll	Amy Shr	ago .	Supervisor's Assistant	11/21/13
	signature of Agency Hyad or Designee		Print Nam	e	Tille	(Month, Day, Year)
	Comment:					

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

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

	1,	Part 350 a. d				
1.	Agency Name		Date Stamp	California 802		
	Alameda County					Form For Official Use Only
	Division, Department, or Reg	ion (If Applicable	?)			Por Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)			-	
	Amy Shrago					
	Area Code/Phone Number	E-mail			_ ∐ Amendment (Must μ	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	SCITTE PARTY TO THE PROPERTY OF THE PARTY OF	Territoria (CAMANICI MATA CHIA), Stadou Nistano MA e kali (CAMANICI E Allesa Aus E MANA	entre (VA 1854 (6 Stuffers) de Sant de maior (VA 18 Great) (Management en en est bene	
	Does the agency have a ticke	t policy?	Yes 🔲 No	🔀 💮 Face Value o	of Each Ticket/Pass \$ _	60.00
	Event Description Disney on	Ice		Date(s) 10	) , 19 , 13	1 1
	Event Bedeription	Provide Title/Expl	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No [	☑ If no: Golde	n State Warriors  Name of So	NUMBER
	Was ticket distribution made a	at the beheet	No ! Yes	- Carso		urce
	of agency official?	at the penest	If yes: Carso	Official's Name (	Last, First)	
<u> </u>	Recipients					
•	Use Section A to identify the agency	y's department or	ual. ● Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
			Pass(es)			
			ļ			
	B. Name of Individua	Number of				
	(Last, First)	21	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	D ( ) Al			Ceremonial Role		Income 🔲
	Desautels, Alex		4	, and the second	nial Role" or "Other" describe below:	har avamplani sanjas ta
				To reward a County employee for his or her exemplary service to the public or to encourage staff development		
				Ceremonial Role	· · · · · · · · · · · · · · · · · · ·	Income
					ial Role" or "Other" describe below:	_
			Number of			
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
			1 433(63)			
				:		
 L	Verification					
٠.	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set i	forth above, is in accordance w	ith the requirements.
	/AMaan		Amy Shra		Supervisor's Assistan	
	Signature of Agency Haad or Designee	2	Print Nam		Title	(Month, Day, Year)
	' / "					
	Comment:					EDDO F 000 (4/40)

						A Fublic Document	
ĺ.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name,Title)					
	Amy Shrago				Amendment (Must pi	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			l <del>-</del>		
	(510) 272-6695	amy.shrago(	②acgov.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform	nation				00.00	
	Does the agency have a ticket	policy?	Yes No	🔀 Face Value o	f Each Ticket/Pass \$ _	60.00	
	Event Description Disney on		Date(s)10	, 20 , 13			
		Frovide Title/Expir	anation	Coldor	State Marriera		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🔲 No 🛭	If no: Golder	n State Warriors  Name of Soil	urce	
	Was ticket distribution made a	t the behest	No'_   Yes	If yes: Carso	on, Keith		
	of agency official?	NO_  Test	△ II yes:	Official's Name (L	ast, First)		
_	Recipients						
•	Use Section A to identify the agency	r's department or i	ıal.   • Use Section C to ident	ify 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		
			Pass(es)				
	B. Name of Individual Number of Ticket(s)/						
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role	<b>—</b>	Income 🔲	
				ir checking Ceremon	ial Role" or "Other" describe below:		
				Ceremonial Role  If checking "Ceremonial"	Other I	Income	
				·		•	
						,	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	Socially Responsible Netwo		4		or nonprofit organizat	ion for its contributions	
	360 Grand Ave. #57 Oaklan	d, CA		to the community			
١.	Verification I have re∮d and understand FPPC Regu	lations 19044 1 and	18042   baya	infied that the distribution set f	orth above is in accordance with	th the requirements	
	i nave regu anu unuerstanu FFFC Regu.	auuns 10944.1 and					
	Signature of Agency Mead or Designee		Amy Shra		Supervisor's Assistant	11/21/13 (Month, Day, Year)	
	y signature of Agency Pipac of Designee		i int wan	V	, nuc	(monus, Day, Teal)	
	Comment:						

						A Fublic Document
	Agency Name				Date Stamp	California 802
	Alameda County					. 51111
Ī	Division, Department, or Regi	on (If Applicabl	le)			For Official Use Only
	Board of Supervisors  Designated Agency Contact (	Name Title)				
	Amy Shrago  Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695		Macaey era		Date of Original Filing: _	11/21/13
-			@acgov.org		and the contract of the contra	(Month, Day, Year)
	Function or Event Inform		. –	Eggs Value e	f Fach Ticket/Dece ¢	172.90
	Does the agency have a ticker	•	Yes ☐ No l	<del></del>	f Each Ticket/Pass \$	
	Event Description Kanye We	st Concnert  Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No [	If no: Golder	n State Warriors	
					Name of Sou	irce
,	Was ticket distribution made at the behest No ! Yes  of agency official?			If yes: Carso	Official's Name (L	ast First)
			ayeriy qorina daga arang a		3	
	Recipients  • Use Section A to identify the agency	l'e danartmant or	runit Alleo Soc	tion B to identify an individu	ial Allea Santian C to identi	ifu an outsido organization
•	Α.		Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
-	· · · · · · · · · · · · · · · · · · ·				,	
•						
-	B. Name of Individua	1	Number of Ticket(s)/		Identify one of the following	na.
_	(Last, First)		Pass(es)		identity one of the following	
	Brown, Aisha			Ceremonial Role  If checking "Ceremon	Other X ial Role" or "Other" describe below:	Income
			4		y employee for his or h ourage staff developm	er exemplary service to ent
•					Other I	Income
				ir checking Geremon	narrole of Silier describe below.	
-	Name of Outside Organ	ization	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	<b>Verification</b> I have reag <b>f</b> and understand FPPC Regu.	lations 18944.1 an	nd 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.
	Al hour		Amy Shra	ago	Supervisor's Assistant	11/21/13
	// Signature of Agency Hour or Designee		Print Nam	<del></del>	Tille	(Month, Day, Year)
	Comment:					

Δ	Pu	hl	ic	Doc	um	enf	ŀ

						The district Description
	Agency Name				Date Stamp	California 202
	Alameda County					Form OOZ
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name,Title)				
	Amy Shrago				Amendment (Must pr	royide exploration in Flort 2.)
	Area Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·			11/21/13
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: .	(Month, Day, Year)
	Function or Event Inforr	nation				470.00
	Does the agency have a ticket	policy?	Yes ☐ No 🛭	<del></del>	of Each Ticket/Pass \$	9
	Event Description Kanye We	st Concert  Provide Title/Exp	lanation	Date(s)10	23 13	
	Ticket(s)/Pass(es) provided by	, agency?	Yes □ No 🖸	a If no. Golder	n State Warriors	
Was ticket distribution made at the behest No.			res 🔲 No 🛭	<b>-</b> .	Name of Sou	ırce
			No 🕻 'Yes 🏾	If yes: Carso	on, Keith	
	of agency official?				Official's Name (L	ast, First)
	Recipients					
	Use Section A to identify the agency	's department or		ion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, 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		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Brown, Amari			Ceremonial Role	Other X	Income
	2.0,		1 1		nt for outstanding scho	lastic achievement
					<b></b>	
				Ceremonial Role  If checking "Ceremon	Other I	Income
				#		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
_	Verification					
•	I have read and understand FPPC Regul	ations 18944.1 an	d 18942. I have ven	ified that the distribution set f	orth above, is in accordance wit	th the requirements.
	// My an a		Amy Shra	lao .	Supervisor's Assistant	11/21/13
	VSignature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					
	~ ~ I I I I I I V I I I					

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

						711 abile Decament
١.	Agency Name	3000			Date Stamp	California 802
	Alameda County				h .	Form UUL
	Division, Department, or Regi	on (If Applicable	)			For Official Use Only
	Board of Supervisors				,	
	Designated Agency Contact (	Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pr	
	(510) 272-6695	amy.shrago(	@acgov.org		Date of Original Filing: .	11/21/13 (Month, Day, Year)
,	Function or Event Inform					(Wollin, Day, Teal)
	Does the agency have a ticket		Yes ☐ No [	☑ Face Value o	f Each Ticket/Pass \$	172.90
		-	Ies 🔲 NO			
	Event Description Kanye We	Provide Title/Expl	anation	Date(s)	23 13	
	Ticket(s)/Pass(es) provided by			If no. Golder	n State Warriors	
	Ticket(s)/Fass(es) provided by	agency:	Yes No [	<u> </u>	Name of Sou	urce
Was ticket distribution made at the behest			Nol   Yes	☑ If yes: Carso	on, Keith	
	of agency official?		,	,	Official's Name (L	.ast, First)
3.	Recipients					
	Use Section A to identify the agency	's department or	T	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit			Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			, 400(00)			
	B. Name of Individua	1	Number of Ticket(s)/	Ticket(s)/ Identify one of the following:		
	(Ldsi, ) nsty		Pass(es)			
	Cox, Lori			Ceremonial Role  If checking "Ceremonial"	Other X ial Role" or "Other" describe below:	Income
	· · <b>,</b> · ·		2			ner exemplary service to
				the public or to enc	ourage staff developm	nent
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
			Number of			
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					· · · · · · · · · · · · · · · · · · ·	
ŀ.	Verification I have read/ang/understand FPPC Regu	lations 18044 1 and	1 18942   have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements
	, have read any unucisianu FFFC Regu	anone roeth. Fall				
	Signature of Agency Head or Designee		Amy Shra		Supervisor's Assistant	11/21/13 (Month, Day, Year)
	, Organizate of Agency Flead of Designee		, increase	<del>y</del>	,,,,,	(months, Suy, Today)
	Comment:					

				1	A l'ablic bocalilent	
1. Agency Name		Date Stamp	California 802			
Alameda County					For Official Use Only	
Division, Department, or Reg	gion (If Applicable	<del>)</del> )		1	For Official Ose Offig	
Board of Supervisors						
<b>Designated Agency Contact</b>	(Name,Title)					
Amy Shrago				Amendment (Must pro	evide explanation in Part 3.)	
Area Code/Phone Number	E-mail			1 —		
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Info	rmation	·			470.00	
Does the agency have a tick	et policy?	Yes ☐ No	🔀 💮 Face Value d	of Each Ticket/Pass \$	172.90	
Event Description Kanye W	est Concert		Date(s) 10	) , 23 , 13		
Event Becomption	Provide Title/Expl	anation				
Ticket(s)/Pass(es) provided t	oy agency?	Yes ☐ No	If no: Golder	n State Warriors  Name of Sou		
			Coros		rce	
Was ticket distribution made at the behest No   Yes   Carson, Keith of agency official?						
	·					
<ul> <li>Recipients</li> <li>Use Section A to identify the agen</li> </ul>	cv's denartment or	unit allee Sec	tion B to identify an individu	ual Allse Section C to identi	fy an outside organization	
	Number of			Describe the public purpose made pursuant to the agency's policy		
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
(					· · · · · · · · · · · · · · · · · · ·	
•						
The state of the s						
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
Cook, Kym	Cook, Kym		Ceremonial Role If checking "Ceremon	Other X	Income	
		3		ance at a County facilit evenue from parking an		
			Ceremonial Role	Other	Income	
			If checking "Ceremon	nial Role" or "Other" describe below:		
Name of Outside Orga	unization	Number of				
(include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
			·			
Marie Carlos Car					· · · · · · · · · · · · · · · · · · ·	
1. Verification	<u> </u>					
I have read and understand FPPC Reg	gulations 18944.1 and	d 18942. I have ve	erified that the distribution set t	forth above, is in accordance with	h the requirements.	
ash again	15h		ago	Supervisor's Assistant	11/21/13	
Signature of Agency Head of Designa	ee	Print Nam		Title	(Month, Day, Year)	
Comment:				The state of the s		

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · · · · · · · · · · · · · · ·	
l. Agency Name			Date Stamp	California 802	
Alameda County				Form For Official Use Only	
Division, Department, or Region (If Application)	able)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)					
Amy Shrago				<u> </u>	
Area Code/Phone Number E-mail			1	provide explanation in Part 3.) 11/21/13	
(510) 272-6695 amy.shra	go@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information				170.00	
Does the agency have a ticket policy?	Yes 🔲 No 🏻	▼ Face Value o	of Each Ticket/Pass \$ _	172.90	
Event Description Kanye West Concert		Date(s)10	0 , 23 , 13		
Provide Title/	Explanation				
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No 🏻	If no: Golde	n State Warriors  Name of So	ource	
Was ticket distribution made at the behes	st No Yes[	☑ If yes: Carso			
of agency official?	i No les,	A 11 yes	Official's Name	(Last, First)	
. Recipients		<u> </u>			
Use Section A to identify the agency's department	· · · · · · · · · · · · · · · · · · ·	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant to the agency's policy		
	Number of				
B. Name of Individual	Ticket(s)/ Pass(es)		ving:		
Bynes, Melanie			Other 🛛	Income	
bylies, interactie	2	If checking "Ceremonial Role" or "Other" describe below:  To promote attendance at a County facility in order to maxim			
		potential County revenue from parking and concession sales			
		Ceremonial Role		Income	
	-	іг спескіпд "Сегетог	nial Role" or "Other" describe below:		
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy	
	. 405(00)				
. Verification					
I have read and understand FPPC Regulations 18944.1	and 18942. I have ve	nified that the distribution set i	forth above, is in accordance w	ith the requirements.	
(15 Mares)	Amy Shra	ago	Supervisor's Assistar	nt 11/21/13	
Signature of Agency Hedd or Designee	Print Name	<del></del>	Title	(Month, Day, Year)	
Ü					
Comment:				EDDC Form 902 (4/42)	

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

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Reg	ion (If Applicable	·)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name,Title)					
	Amy Shrago				<b>&amp;</b>		
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	11/21/13 (Month Day Year)	
2.	Function or Event Infor	mation	and the second s				
	Does the agency have a ticke	t policy?	Yes ☐ No	Face Value o	of Each Ticket/Pass \$	172.90	
	Event Description Kanye We	st Concert		Data(s) 10	) _ 23 _ 13	1 1	
	Livent Description	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No [	If no: Golde	n State Warriors	The state of the s	
	NAT - 12 1 4 - 12 - 4 - 12 - 4 - 12 - 14			0	Name of Sou	rce	
	Was ticket distribution made at the behest of agency official?		No Yes	If yes: Carso	Officiat's Name (L	ast. First)	
					•	, ,	
٠.	Recipients  • Use Section A to identify the agency	v's department or	unit.   • Use Sec	tion B to identify an individ	ual. ● Use Section C to identi	fv an outside organization.	
	A. Name of Agency, Departme		Number of		olic purpose made pursuant (		
	A. Name of Agency, Departitle	Ticket(s)/ Pass(es)	Describe the put	one purpose made pursuant i	to the agency's policy		
	Number of						
	Name of Individua (Last, First)	ni .	Ticket(s)/ Pass(es)		Identify one of the following:		
			1 200(00)	Ceremonial Role	Other 🛛	Income	
	Gallagher, Hannah		2	· ·	nial Role" or "Other" describe below:		
					ance at a County facility evenue from parking an		
				•	•		
					Other Dial Role" or "Other" describe below:	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy	
	(include address and des	сприоп)	Pass(es)				
						4	
١.	Verification	1 (1	140040 **	25. 40. 60. 25.55			
	I have read and understand FPPC Regu	iations 18944.1 and					
	Mondo		Amy Shra	<del></del>	Supervisor's Assistant	11/21/13	
	Signature of Agency Head or Designee		Print Nam	<del>U</del>	Title	(Month, Day, Year)	
	Comment:						

					Ter abile because	
1.	Agency Name			Date Stamp	California 202	
	Alameda County				Form 002	
	Division, Department, or Region (If	Applicable)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name,	Title)				
	Amy Shrago					
	Area Code/Phone Number   E-ma	i			rovide explanation in Part 3.)	
	(510) 272-6695 amy	shrago@acgov.org		Date of Original Filing:	11/21/13 (Month. Dav. Year)	
2.	Function or Event Information	n		and the second control of the second control		
	Does the agency have a ticket policy	y? Yes□ No		of Each Ticket/Pass \$ _	172.90	
	Event Description Kanye West Cor	ncert	Date(s) 10	) , 23 , 13		
	Provide	e Title/Explanation				
	Ticket(s)/Pass(es) provided by ager	icy? Yes ☐ No	If no: Golder	n State Warriors Name of So	uroo	
	Was ticket distribution made at the b	ophoet N 1 X	⊠ If yes: Carso		urce	
	of agency official?	pehest No Yes	If yes:	Official's Name (I	Last, First)	
3.	Recipients					
•	Use Section A to identify the agency's departments	rtment or unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or U	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy	
		Pass(es)				
	B. Name of Individual	Number of				
	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following:		
	Leung, Chris		Ceremonial Role		Income	
	Leung, Chins	2	i -	oial Role" or "Other" describe below: ance at a County facili	ty in order to maximize	
				venue from parking ar		
			Ceremonial Role	Other	Income	
			If checking "Ceremon	nial Role" or "Other" describe below:		
	O Name of Outside Ourselistics	Number of		A		
	Name of Outside Organization (include address and description	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
				, , , , , , , , , , , , , , , , , , ,		
1.	Verification		L	3		
	I have read and understand FPPC Regulations 1	8944.1 and 18942. I have ve	erified that the distribution set f	forth above, is in accordance wi	th the requirements.	
	# Shugar	Amy Shr	ago	Supervisor's Assistant	t 11/21/13	
	Signature of Agency Head or Designee	Print Nam	е	Title	(Month, Day, Year)	
	0					
	Comment:				EDDO E 000 (4/40)	

						A r abile becament		
1.	Agency Name				Date Stamp	California 802		
	Alameda County					Form OUZ		
	Division, Department, or Reg	ion (If Applicable	9)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (	Name.Title)						
		· · · · · · · · · · · · · · · · · · ·						
	Amy Shrago	T=			Amendment (Must pr	ovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	0		11/21/13			
	(510) 272-6695	L.,	@acgov.org	Collection of the control of the control of the collection of the	Date of Original Filling.	(Month, Day, Year)		
	Function or Event Infor					172.90		
	Does the agency have a ticke		Yes ☐ No l		f Each Ticket/Pass \$	172.00		
	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: Golder	n State Warriors			
					Name of Sou	ırce		
	Was ticket distribution made a	it the behest	No'   Yes	If yes: Carso	on, Keith	and Final		
	of agency official?				Official's Name (L	.ast, FIrst)		
3.	Recipients							
	Use Section A to identify the agency's department or unit.     Use Section B to identify an ident				ial. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant to the agency's policy				
		Pass(es)						
				:				
	B. Name of Individua	Number of		1-1				
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
				Ceremonial Role	Other	Income		
				If checking "Ceremon	ial Role" or "Other" describe below:			
				Ceremonial Role	Other	Income		
				If checking "Ceremon	ial Role" or "Other" describe below:			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
	(include address and des	cription)	Pass(es)		ic purpose made pursuant to the agency's policy			
	BAY EMT 1000 San Leandi	o Blvd., San	-	To reward a school	or nonprofit organizat	tion for its contributions		
	Leandro, CA train youth to I	oe EMTs	5	to the community	, -			
	Verification	lationa 190111 · ·	4 10010   b	wified that the distribution and	orth above is in accordance with	th the requirements		
	I have read and understand FPPC Regu	iadons 18944.1 an						
	1/15 Mago		Amy Shra		Supervisor's Assistant			
	Signature of Agency Head or Designee	i	Print Nam	e	Title	(Month, Day, Year)		
	Comment:							

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

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

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А	Pul	blic	: D(	าดน	ment

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

		and the state of t					
I. Agency Name	Date Stamp California 802						
Alameda County				For Official Use Only			
Division, Department, or Region (#f.	Applicable)			To Official Ose Offig			
Board of Supervisors							
Designated Agency Contact (Name,	Title)						
Amy Shrago							
Area Code/Phone Number E-ma	il		1 <del>-</del>	ovide explanation in Part 3.)			
(510) 272-6695 amy	.shrago@acgov.org		Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information	on			122.75			
Does the agency have a ticket police	y? Yes ☐ No	Face Value of	of Each Ticket/Pass \$	123.75			
Event Description Michael Buble		Date(s)1	1 , 30 , 13				
Provid	le Title/Explanation						
Ticket(s)/Pass(es) provided by ager	ncy? Yes 🔲 No	If no: Golde	n State Warriors  Name of Sou	rce			
Was ticket distribution made at the I	pehest No Yes	If yes: Cars	on Keith				
of agency official?	110 : 165	ii yes	Official's Name (L	ast, First)			
B. Recipients							
Use Section A to identify the agency's departments	artment or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	fy an outside organization.			
A. Name of Agency, Department or U	nit Number of Ticket(s)/	Describe the pul	blic purpose made pursuant	made pursuant to the agency's policy			
	Pass(es)						
B. Name of Individual	Number of		Identify one of the following:				
(Last, First)	Ticket(s)/ Pass(es)						
Sanchez, Mina		Ceremonial Role		Income			
Sanchez, Willia	4	Ī	nial Role" or "Other" describe below: ty employee for his or h	er exemplary service to			
			courage staff developm				
		Ceremonial Role	Other	Income 🔲			
		If checking "Ceremo	nial Role" or "Other" describe below:				
A Name of Outstale Occupation	Number of						
Name of Outside Organization (include address and descriptio	Ticket(e)/	Describe the pul	blic purpose made pursuant	to the agency's policy			
	,						
l. Verification							
I have read And understand FPPC Regulations 1	18944.1 and 18942. I have ve	erified that the distribution set	forth above, is in accordance with	n the requirements.			
Mago	Amy Shr	ago	Supervisor's Assistant	11/21/13			
Signature of Agency Head of Designee	Print Nam	е	Title	(Month, Day, Year)			
· · · · · · · · · · · · · · · · · · ·							
Comment:				EPPC Form 802 (4/12)			

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

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

1.	Agency Name	40. 4.40		V V V V V V V V V V V V V V V V V V V	Date Stamp	California	802
	Alameda County			:		Form	Lies Only
	Division, Department, or Region (If A	pplicable)				For Official	Use Only
	Board of Supervisors						
	Designated Agency Contact (Name, 7	itle)					
	Amy Shrago				Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number E-mai	ı			—	11/01/10	n Part 3.)
	(510) 272-6695 amy.	shrago@acgov.c	org		Date of Original Filing:	(Month, Day, Ye	ar)
2.	Function or Event Informatio	n		ennumber der eine eine eine eine eine eine eine ei			
	Does the agency have a ticket policy	/? Yes □ I	No 🗵	Face Value o	of Each Ticket/Pass \$ _		85.00
	Event Description Baseball Game		1	Date(s) 10	5 , 13	1	1
	Provide	Title/Explanation					
	Ticket(s)/Pass(es) provided by agen	cy? Yes ☐ I	No 🛛	If no: Oaklar	nd A's Name of So	ource	
	Was ticket distribution made at the b	ahast N V	· 171	If yes: Carso		54750	
	of agency official?	ehest No 7 Y	es 🔀	If yes:	Official's Name	(Last, First)	
3.	Recipients						
	Use Section A to identify the agency's depa	<del></del>		identify an Individu	ual. • Use Section C to ider	ntify an outside org	anization.
	A. Name of Agency, Department or U	nit Number Ticket(s)	)/	Describe the pub	olic purpose made pursuant to the agency's policy		
		, 255(65	<u>,                                    </u>				
							······································
	N-144	Number	of .			***************************************	
	B. Name of Individual (Last, First)	Ticket(s Pass(es	)/		Identify one of the following:		
	Brooks, Rodney			Ceremonial Role	Other  ial Role" or "Other" describe below:		Income
	brooks, reality	4	Tore	•	y employee for his or		service to
					ourage staff developr		
				Ceremonial Role			Income 🔲
				If checking "Ceremon	ial Role" or "Other" describe below:		
	C. Name of Outside Organization	Number					
	(include address and description	Ticket(s Pass(es		Describe the pub	olic purpose made pursuan	it to the agency's i	oolicy
1.							
	I have read and understand FPPC Regulations 1	8944.1 and 18942. I hav	e verified tha	t the distribution set f	forth above, is in accordance w	vith the requirements.	
	Monago	Amy S	Shrago		Supervisor's Assistar	<u>1</u>	1/21/13
	Agnature of Agency/Head or Designee	Print	Name		Title	(Mor	nth, Day, Year)
	Comment:						
	· · · · · · · · · · · · · · · · · · ·						

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

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

### **Agency Report of:**

Agency Rep				
Ceremonial	Role Events	and Ticket/F	Pass Distrib	utions

					711 abile Becament
1.	Agency Name			Date Stamp	California 202
	Alameda County		Form OUZ		
	Division, Department, or Region (If App.	licable)		1	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title	)		-	
	Amy Shrago				
	Area Code/Phone Number   E-mail			Amendment (Must prov	
		rago@acgov.org		Date of Original Filing: 1	1/21/13
_	Function or Event Information	ago@aogov.org			(Month, Day, Year)
	Does the agency have a ticket policy?	<b>⊠</b> Face Value o	of Each Ticket/Pass \$	600.00	
	- ,	Yes 🔲 No	7 doc value (	of Each Ticket/Pass \$	
	Event Description Basketball Game	le/Explanation	Date(s)	30 13	
			Golde	n State Warriors	
	Ticket(s)/Pass(es) provided by agency	? Yes ☐ No	<u>⊠</u> 11 no:	Name of Source	ce
	Was ticket distribution made at the beh	est No <b>F</b> Yes	☑ If yes: Carso	on, Keith	
	of agency official?	·		Official's Name (La	st, First)
3.	Recipients				
	Use Section A to identify the agency's department	ual. • Use Section C to identify	y an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	olic purpose made pursuant to	the agency's policy
		Pass(es)		4	
	-				
	D Name of Individual	Number of			
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	g:
			Ceremonial Role	Other 🛛	Income
	Carson, Keith	4	_	nial Role" or "Other" describe below:	
		'		ance at a County facility evenue from parking and	
				· · · · · · · · · · · · · · · · · · ·	
				Other Inial Role" or "Other" describe below:	Income
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	olic purpose made pursuant to	the agency's nolicy
	(include address and description)	Pass(es)	2 coomso mo par	one purpose made paredum to	the agency o poncy
ı.	Verification			· · · · · · · · · · · · · · · · · · ·	
	I have read and understand FPPC Regulations 1894	4.1 and 18942. I have ve	erified that the distribution set i	forth above, is in accordance with	the requirements.
	A/S/Mago	Amy Shr	ago	Supervisor's Assistant	11/21/13
	Signature of Agency Head or Designee	Print Nam	e e	Title	(Month, Day, Year)
	, 0				
	Comment:				EDBC Form 802 (4/12)

						AT abile becament
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6695		@acgov.org		Date of Original Filing:	11/21/13
2	Function or Event Infor					(Month, Day, Year)
۷.	Does the agency have a ticke		Yes ☐ No	☑ Face Value o	of Each Ticket/Pass \$	100.00
				<u></u>		
	Event Description Basketball	Provide Title/Exp	lanation	Date(s)	, 12 , 13	
	Ti-l4/->/D/>idd-b-			u Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🔲 No	X 11 110:	Name of Sou	rce
	Was ticket distribution made a	t the behest	No Yes	If yes: Carso	on, Keith	
	of agency official?		, , , , , , ,	, , , , , ,	Official's Name (L	ast, First)
3.	Recipients	<del></del>				
	Use Section A to identify the agency	/'s department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/			
		Pass(es)				
	<b>L</b>		Number of		***	
	Name of Individua	al	Ticket(s)/	Identify one of the following:		
			Pass(es)	Ceremonial Role	Other 🔀	Income 🔲
	Sandoval, Terry				ial Role" or "Other" describe below:	псоте
			2	To reward a community volunteer for his or her service to the		
				public		
	t Al!			Ceremonial Role		Income
	Loveman, Alisa		2	Ī	ial Role" or "Other" describe below:	or har garding to the
				public	unity volunteer for his o	of their service to the
	Alama of Outoida Oana	IAI	Number of			
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1()			
						<u></u>
_						
	Verification I have read and understand FPPC Regu.	lations 180// 1 on	d 18942   have vo	orified that the distribution set f	orth above is in accordance with	h the requirements
	AL A	iuliono 10344.1 dil				·
	ATS VULLED		Amy Shr		Supervisor's Assistant	11/21/13 (Month, Day, Year)
	Signature of Agency Head or Designee		rnni ivam	<del>uc</del>	rme	(Month, Day, Teal)
	Comment:			·		

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

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

001	cinolitat itole Event	to and mo	NCCI GOO	Diotributions		A Public Document	
. A	gency Name				Date Stamp	California 802	
Al	lameda County			101111			
Di	vision, Department, or Regi	on (If Applicable	)			For Official Use Only	
	pard of Supervisors						
De	esignated Agency Contact (	Name,Title)					
Ar	my Shrago				D Amondment (Mart	unide contending Ded O	
Ar	ea Code/Phone Number	E-mail	·		l —	rovide explanation in Part 3.)	
(5	10) 272-6695	amy.shrago(	@acgov.org		Date of Original Filing: .	(Month, Day, Year)	
<u>2.</u> Fι	unction or Event Infor	nation					
Do	es the agency have a ticke	t policy?	Yes ☐ No	🔀 Face Value o	f Each Ticket/Pass \$	200.00	
Event Description Basketball Game				Data(s) 11	, 20 , 13		
ĽV	ent Description	Provide Titte/Expl	anation	Date(s)			
Tic	cket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors		
			100 🗀 1101		Name of Sol	ırce	
	as ticket distribution made a	it the behest	No 7 Yes	☑ If yes: <u>Carso</u>	on, Keith Official's Name (L	and Firm!)	
0	f agency official?			the second section of	Official's Name (L	.ast, rirst)	
	Recipients						
• (	Jse Section A to identify the agency	y's department or	·	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
Α	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/				
_			F 445(E5)				
_	Number of						
В	Name of Individua (Last, First)	al	Ticket(s)/		Identify one of the following:		
			Pass(es)	Ceremonial Role	Other 🛛	Income 🔲	
Je	enkins, Kevin				ial Role" or "Other" describe below:	псоще 🗖	
			4			ty in order to maximize	
_					venue from parking ar		
					Other	Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
			Number of				
С	Name of Outside Organ i (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
		· ·	Pass(es)				
	erification						
l ha	ave read and understand FPPC Regu	lations 18944.1 and	l 18942. I have ve	rified that the distribution set f	orth above, is in accordance wit	h the requirements.	
	S/S Moses		Amy Shr	ago	Supervisor's Assistant	11/21/13	
7	Signature of Agency Head or Designee		Print Nam	е	Title	(Month, Day, Year)	
	′ ′						
Co	omment:						

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

4	A No			eng at a language to a second and a second and dispersion of the property of the second and a second a second and a second and a second and a second and a second a second and	I		
١.	Agency Name				Date Stamp	California 802	
	Alameda County					For Official Use Only	
	Division, Department, or Reg	ion (If Applicable	e)			1 di Olliciar ose Olliy	
	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 Infor	mation		CONSTRUCTION OF THE CONTROL OF THE C		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Does the agency have a ticke	t policy?	Yes ☐ No		of Each Ticket/Pass \$ _	300.00	
Event Description Basketball Game					. , 11 , 13		
	Event Description	Provide Title/Expl	anation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No [	Ⅺ If no: Golder	n State Warriors		
					Name of So	urce	
	Was ticket distribution made a of agency official?	at the benest	No T Yes	If yes: Carso	Official's Name (i	Last. First)	
_	•	· y was y a sure of the sure o			,	,	
5.	Recipients  • Use Section A to identify the agence	v's department or	unit. • Use Sec	tion B to identify an individu	ıal.   • Use Section C to iden	tify an outside organization	
	A -		Number of			-	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	B. Name of Individua	al	Number of Ticket(s)/	Identify one of the following:			
	(200,170)		Pass(es)	O			
	Carson, Keith			Ceremonial Role If checking "Ceremon	Other  ial Role" or "Other" describe below:	Income	
			4	To promote attendance at a County facility in order to maximize			
				potential County re	venue from parking ar	nd concession sales	
				Ceremonial Role		Income	
				If checking "Ceremon	ial Role" or "Other" describe below:		
	C. Name of Outside Organ	ization	Number of				
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
						7	
١.	Verification						
•	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance wi	th the requirements.	
	A Mario		Amy Shra	ago	Supervisor's Assistan	t 11/21/13	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	/						
	Comment:					EDDO F 000 (4/40)	

_	cremema Roic Even	to and no	NCGI GOO	Diotributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County						
	Division, Department, or Reg	ion (If Applicable	<del>)</del> )			For Official Use Only	
	Board of Supervisors	= :			·		
	Designated Agency Contact	(Name, Title)					
	Amy Shrago				Amendment (Must pr	ovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			_	11/21/12	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	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 Description Basketbal		Date(s)12	. , 27 , 13			
Provide Title/E.			lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes ☐ No I	☑ If no: Golder	n State Warriors	11-2	
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-4 () (14		→ Careo	Name of Sou	irce	
	Was ticket distribution made a of agency official?	No Yes	If yes: Carso	Official's Name (L	ast, First)		
3.	Recipients  • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A. Name of Agency, Department	Number of Ticket(s)/	Describe the public ground and a state of the property of the				
			Pass(es)				
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
	Carson, Keith		4	Ceremonial Role If checking "Ceremon	Other A	Income	
					ance at a County facilit venue from parking ar	y in order to maximize ad concession sales	
					Other Intermedial Role" or "Other" describe below:	Income	
	C. Name of Outside Organ (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy	
4.	Verification I have regad and understand FPPC Regu	ulations 18944.1 and	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance wit	h the requirements.	
	Johngo		Amy Shra		Supervisor's Assistant	11/21/13 (Month, Day, Year)	
	Signature of Agency Aged or Designed  Comment:	<del>.</del>	⊬nnt Nam		Hue	(мони, рау, теан)	

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

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

I. Agency Name				Date Stamp	California 802	
Alameda County	Alameda County Division, Department, or Region (If Applicable)				Form For Official Use Only	
Division, Department,					For Official Use Offiy	
Board of Supervisors						
•	Designated Agency Contact (Name, Title)					
Amy Shrago				Amendment (Must provide explanation in Part 3.)		
Area Code/Phone Nun	nber E-mail	*				
(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing: 11/21/13 (Month, Day, Year)		
2. Function or Event	Information				0.50.00	
				of Each Ticket/Pass \$ _	250.00	
Event Description Basketball Game Date(s) 1				, 10 , 1 <b>4</b>		
L vone Booonpaon	Provide Title/Exp					
Ticket(s)/Pass(es) prov	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Go			den State Warriors  Name of Source		
Corre					ource	
of agency official?	made at the benest	No Yes	If yes: Carso	Official's Name	(Last, First)	
<ul> <li>Recipients</li> <li>• Use Section A to identify the agency's department or unit.</li> <li>• Use Section B to identify an individual.</li> <li>• Use Section C to identify an outside organization.</li> </ul>						
A. Name of Agency, D	Number of			Describe the public purpose made pursuant to the agency's policy		
A. Name of Agency, Department of Office		Pass(es)				
Numb						
B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following:		
			Ceremonial Role	Other 🗵	Income	
Greene, Hannah		4	•	remonial Role" or "Other" describe below:		
			County facility in or parking and conce		ntial County revenue fron	
			Ceremonial Role		Income [	
				nial Role" or "Other" describe below:	<del>-</del>	
	de Organization	Number of Ticket(s)/	Describe the put	olic purpose made pursuan	nt to the agency's policy	
(include address and description		Pass(es)				
l. Verification		1.400.40.41		6-4h -h !- !	ith the manufacture	
I have read and understand FPPC Regulations 18944.1 and						
		Amy Shr		Supervisor's Assistar		
Signature of Agency Head o	or Designee	Print Nam	e	Title	(Month, Day, Year)	
Comment:						

						C		
1.	Agency Name				Date Stamp	California 802		
	Alameda County				Form OUZ			
	Division, Department, or Regi	Division, Department, or Region (If Applicable)				For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (	Designated Agency Contact (Name, Title)						
	Amy Shrago							
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
	(510) 272-6695 amy.shrago@acgov.org			Date of Original Filing: 11/21/13 (Month, Day, Year)				
2.	Function or Event Information							
	Does the agency have a ticket policy? Yes ☐ No ☒ Face Value				of Each Ticket/Pass \$ _	150.00		
Event Description Basketball Game			Date(s) 2		2 , 10 , 14,			
	Event Decomption	Trovide Titler_Apiditation						
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No	If no: Golde	en State Warriors  Name of Source			
	NAT- at the following to a second of	4.46 - 11 4						
	Was ticket distribution made at the behest No ] Yes  If yes: Cars of agency official?				Official's Name (	(Last, First)		
_								
١.	Recipients  • Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	ual.   • Use Section C to iden	ntify an outside organization.		
	A. Name of Agency, Departme		Number of		escribe the public purpose made pursuant to the agency's policy			
	A. Name of Agency, Departme	int of onit	Pass(es)		one purpose made pursuant to the agency's policy			
B. Name of Individual		Number of Ticket(s)/		Identify one of the following:				
			Pass(es)	Ceremonial Role	Other 🔀	Income .		
	Brown, Elaine				nial Role" or "Other" describe below:			
			4		y in order to maximize potential County revenue from concession sales			
				· •				
					Other Inial Role" or "Other" describe below:	Income		
				ii checking Geremor	ilai Note of Other describe below.			
				:				
	C Name of Outside Organization		Number of		ublic purpose made pursuant to the agency's policy			
— — — — — — — — — — — — — — — — — — —		Ticket(s)/ Pass(es)	Describe tile put					
				·				
Ī.	Verification				*******			
	I have read and understand FPPC Regu	lations 18944.1 an	d 18942. I have ve	erified that the distribution set i	forth above, is in accordance w	ith the requirements.		
	AL MINATO		Amy Shr	ago	Supervisor's Assistan	nt 11/21/13		
Signature of Agency Heet or Designee		Print Nam	e	Title	(Month, Day, Year)			
	· / /							
	Comment:							

1	Agency Name			· · · · · · · · · · · · · · · · · · ·	Date Stamp	California On 2		
••				Bate Glamp	Form 802			
	Alameda County  Division, Department, or Region (If Applicable)				-	For Official Use Only		
		Board of Supervisors						
	Designated Agency Contact (	ivame, i itie)						
	Amy Shrago				Amendment (Must p	rovide explanation in Part 3.)		
	Area Code/Phone Number E-mail				Date of Original Filing: 11/21/13 (Month, Day, Year)			
_	(510) 272-6695		@acgov.org		(Month, Day, Year)			
2.	Function or Event Information				(E   T   40 A	300.00		
					of Each Ticket/Pass \$			
	Event Description Basketball	Game	Itio	Date(s)2	, 22 , 14			
	Coldo				n State Warriors			
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	If no: Oolder	en State Warriors  Name of Source  on, Keith			
	Was ticket distribution made a	at the behest	No: 1 Yes	☑ If yes: Carso				
	of agency official?	of agency official?				ast, First)		
3.	Recipients							
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organizati							
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
	Pass(es)							
	Number Number							
Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follow	ing:			
				Ceremonial Role	Other 🛛	Income		
	Brown, Aisha		4	If checking "Ceremonial Role" or "Other" describe below:				
			To reward a County employee for his or her exemplary service to the public or to encourage staff development					
		<u> </u>	Ceremonial Role		Income			
					nial Role" or "Other" describe below:	income 🗀		
	C. Name of Outside Organization (include address and description)				public purpose made pursuant to the agency's policy			
(include address and description)			Pass(es)					
				•				
1.	Verification	Verification have read/pnd understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.						
I nave read and understand FPPC Regulations 18944.1 and								
Sty Mago		Amy Shrago		Supervisor's Assistant				
	Signiture of Agency Head of Designee	•	Print Nam	<del>८</del>	Title	(Month, Day, Year)		
	Comment:							

	to and no	NCGI GOO	Distributions		A Public Document
I. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or Reg	ion (If Applicable	)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Litle)				
Amy Shrago				Amendment (Must pr	rovide explanation in Part 3 )
Area Code/Phone Number	E-mail				11/21/12
(510) 272-6695	amy.shrago@	@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Infor	mation				0.50.00
Does the agency have a ticke	et policy?	Yes 🔲 No	🛛 Face Value o	of Each Ticket/Pass \$	250.00
Event Description Basketbal	l Game  Provide Title/Expla	anation	Date(s) <u>3</u>	, 14 , 14	
T'   (/ \/D			Golder	n State Warriors	
Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no:	Name of Sou	urce
Was ticket distribution made	at the behest	No   Yes	If yes: Carso	on, Keith	
of agency official?		1401 ( 163	и усь	Official's Name (L	.ast, First)
3. Recipients					
Use Section A to identify the agence	y's department or u	unit.   • Use Sec	tion B to identify an individu	ıal. ● Use Section C to ident	ify an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Sanchez, Mina		1 255(55)	!	Other X	Income
		4		y employee for his or h ourage staff developm	ner exemplary service to nent
			Ceremonial Role  If checking "Ceremoni	Other I lal Role" or "Other" describe below:	income
Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	-				·
1. Verification  I have realt and understand FPPC Regi	ulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance witi	h the requirements.
1/4/1		Amy Shr		Supervisor's Assistant	
Signature of Agency Head or Designe	9	Print Nam		Title	(Month, Day, Year)
Comment:					
					EDDO F 600 (4/4

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

#### Agency Report of:

	J						
Cerem	onial	Role	Events:	and Ticl	ket/Pass	Distributio	ns

1.	Agency Name	400 and 100 an			Date Stamp	California 802
	Alameda County			•		Form OOZ
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Amy Shrago				<b>—</b>	
	Area Code/Phone Number	E-mail			1	provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	-	Yes ☐ No		of Each Ticket/Pass \$ _	200.00
	Event Description Basketball	Game		Date(s)4	, 14 , 14	
	,	Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	If no: Golder	n State Warriors Name of So	NITCA
	Was ticket distribution made a	at the behest	No. 1 Voc	Maria		
	of agency official?		No Yes	ir yes:	Official's Name (	Last, First)
3.	Recipients					
	Use Section A to identify the agency	y's department or	unit. • Use Sec	tion B to identify an individu	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	t to the agency's policy
			Pass(es)			
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	ina:
	(Last, First)		Pass(es)		<u> </u>	
	Shrago, Amy			Ceremonial Role	Other X ial Role" or "Other" describe below:	Income
			4			her exemplary service to
					ourage staff developn	
					Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ	ization	Number of	Donaulha tha t	dia nuranga mada mana	t to the engage of a street
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
l.	Verification					
	I have read and understand FPPC Regul	lations 18944.1 and				
	AJX Mage		Amy Shr		Supervisor's Assistan	
	Signature of Agency Healt or Designee		Print Nam	e	Title	(Month, Day, Year)
	Comment:					
						<b>MDDOM</b>

1.	Agency Name		the control of the co		Date Stamp	California 202
	Alameda County				1	Form UUZ
	Division, Department, or Region	on (If Applicable	)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Vame, Title)				
	Amy Shrago					
		E-mail			Amendment (Must pr	•
	(510) 272-6695	amy.shrago(	Macgov org		Date of Original Filing:	11/21/13
<u> </u>	Function or Event Inform	and the state of t	gaogov.org			(Month, Day, Year)
۲.	Does the agency have a ticket		Yes □ No l	▼ Face Value o	of Each Ticket/Pass \$	200.00
	= · · ·	•	res 🔲 No			
	Event Description Basketball	Provide Title/Expla	anation	Date(s)	2414	
	T'- 1/->/D/>	·		ıs Goldei	n State Warriors	
	Ticket(s)/Pass(es) provided by	agency?	Yes No!	X If no:	Name of Sou	ırce
	Was ticket distribution made at	t the behest	No   Yes	If yes: Carso	on, Keith	
	of agency official?			, , , , , , , , , , , , , , , , , , ,	Official's Name (L	ast, First)
3.	Recipients	<del>, '</del>				
	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	ual. ● Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
				·		
			Number of	<del> </del>		
	B. Name of Individual	l	Number of Ticket(s)/		Identify one of the following	n <b>g</b> :
			Pass(es)	Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	income 🗀
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
			Number of			
	Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	0: 0:10 5 : 5	01 1	7 400(00)	T		
	Sierra Club San Francisco B 2530 San Pablo Ave., Suite		4		y employee for his or h ourage staff developm	er exemplary service to
	Zeco dan rabio rive., dano	T Berkeley 0		the public of to end		
1.	Verification	-liana 100111	140040 12	alle at the at the attended of the second	and about the secondary	h the requirements
	I have read and understand FPPC Regula	ations 18944.1 and				·
	H& Map		Amy Shra	<del></del>	Supervisor's Assistant	
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
	Comment:					

1.	Agency Name	in company of the control of the con			Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)			1	
	Amy Shrago	·				
	Area Code/Phone Number	E-mail	1 'n 1		Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6695		@acgov.org		Date of Original Filing:	11/21/13
2.	Function or Event Infor	2000 0000	<u> </u>			(Month, Day, Year)
۷.	Does the agency have a ticke		Vaa□ Nal	Face Value o	of Each Ticket/Pass \$	200.00
	- · ·	•	Yes No			
	Event Description Basketbal	Provide Title/Exp	lanation	Date(s)4		
	T. I. (1) No. (1) (1)			Golder	n State Warriors	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	X If no: Golden	Name of Soc	ırce
	Was ticket distribution made a	at the behest	No Yes	If yes: Carso	on, Keith	
	of agency official?		110 1 100)		Official's Name (L	.ast, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	to the ageлcy's policy
			Pass(es)			
				***		
			No. 1			
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/		Identify one of the followi	ng:
	,		Pass(es)	Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	income
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	Alama of October 2	.:4!	Number of			
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1 400(60)	-		
	Hopalong Animal Rescue 945 22nd Ave, Oakland, CA	94606	4	to the community	or nonprotit organizat	ion for its contributions
	0-10 ZZIId 7 WO, Galilaria, G7	101000	1	to the community		
4.	Verification	Joliane 19044 1	d 18042   baua :	rified that the distribution and f	orth above is in asserdance will	h the requirements
	I have read and understand FPPC Regu	าสแบกร 16944.1 ลก				
	As Mugo		Amy Shra	<del></del>	Supervisor's Assistant	
	Signature of Agency Head or Designee	•	Print Nam	<del>u</del>	Title	(Month, Day, Year)
	Comment:					

Λ	Dir	hl	ic	Doc	um	ant
-						-111

. Agency Name			dean, 1., 1., 1., 1., 1., 1., 1., 1., 1., 1.	Date Stamp	California	202
County of Alameda					Form	OUZ
Division, Department, or Region (if appl	icable)				For Official U	lse Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title	)			D Amondanaut (1)		D (0)
Anna Gee, Operations Manager				Amenament (Mu	st provide explanation in l	Part 3.)
Area Code/Phone Number   E-mail				Date of Original Filin	g:(month, day, year	<u> </u>
510-891-5585 anna.ge	ee@acgov.org				(month, day, year	,
Function, Event, or Ceremonial		tion	**************************************			
	rtolo illiorilla	LIOII				
Title Warrirors vs. Thunder			Face \	/alue of Each Adm	ission \$ <u>550.00</u>	
Description Basketball Game			Date(s	s) <u>11 / 14 / 13</u>	·/	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: Gold	en State Warriors		
•				Name	e of Source	
Was the distribution to paragraid	entified below		. habaat at		10	
Was the distribution to persons ide	ainmed below i	naue at un	e nemest of	an agency officia	15	
Yes ☐ No ☑ If yes: Miley	Nate - Alameda C	County Supen	visor			
100 🖺 110 🖺 11 yeo.	Nate - Alameda C Official's	Name (Last, F	irst) and Title			
The identity of recipient(s) and	the explanatio	nn.				
•	ine explanation	/II. 	I a chartair		sti i i i i i i i i i i i i i i i i i i	
Name (Last, First)	Number of	Agency	• cox or on contract on the contract of the co	e income box if the agenc acome. If the agency office		
or	Admission(s)/					
Organization	Munnagiving	Official		ride a description.	4 1 1	
	Ticket(s)	Omicial	• If not inc	ride a description. ome, describe the public ial roles, performed by an		ual, or
(Name, Address, Description)			If not inc ceremon organiza	ome, describe the public ial roles, performed by an tion.	agency official, individ	
	Ticket(s)	Yes ☑	If not inc ceremon organiza	ome, describe the public ial roles, performed by an	agency official, individ	Income
(Name, Address, Description)		Yes 🖸	If not inc ceremon organiza	ome, describe the public ial roles, performed by an tion.	agency official, individ	
(Name, Address, Description)	Ticket(s)	Yes ☑ No ☐ Yes ☑	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion.	agency official, individ	Income Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes 🖸	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes ☑ No ☐ Yes ☑	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes 🗸 No 🗆 Yes 🗘 No 🗅	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes 🗸 No 🗀 Yes 🗸 No 🗎 Yes 🗆	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes 🛭 No 🗆 Yes 🖸 No 🗆 Yes 🖂 No 🗆	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income Income Income Income
(Name, Address, Description) Stewart, Darryl	Ticket(s)	Yes	If not inc ceremon organiza To reward a Cou	ome, describe the public ial roles, performed by an tion. Inty employee for his exemple	agency official, individ	Income Income Income Income
(Name, Address, Description) Stewart, Darryl  Dunlap, Kamika  Verification I have read and understand FPPC Regulation is in accordance with the provisions.	2 2 ations 18944.1 an	Yes	If not inc ceremon organiza To reward a Co.  To reward a Co.  public  ave verified to	ome, describe the public lat roles, performed by an aton.  Unity employee for his exemple county ex	agency official, individ	Income Income Income Income Income
(Name, Address, Description)  Stewart, Darryl  Dunlap, Kamika  Verification  I have read and understand FPPC Regulation is in accordance with the provisions.	2 2 2 ations 18944.1 an	Yes	If not inc ceremon organiza To reward a Co.  To reward a Co.  public  ave verified to	ome, describe the public lat roles, performed by an atton.  Inty employee for his exemple county employee for his exemple county employee for his exemple that the distribution of attions Manager	agency official, individency service to the public semplary service to the admissions, set for 11/1/13	Income Income Income Income Income
(Name, Address, Description)  Stewart, Darryl  Dunlap, Kamika  Verification  I have read and understand FPPC Regulation is in accordance with the provisions.	2 2 ations 18944.1 an	Yes	If not inc ceremon organiza To reward a Co.  To reward a Co.  public  ave verified to	ome, describe the public lat roles, performed by an aton.  Unity employee for his exemple county ex	agency official, individency service to the public semplary service to the admissions, set for 11/1/13	Income Income Income Income Income

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County of Alameda			and the contract of the second second second second		
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Division Denominant or Denim					Form CU2
Division, Department, or Region	(if applicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Na	ne,Title)			☐ Amendment (Mus	st provide explanation in Part 3.)
Anna Gee, Operations Manage	er .				,
Area Code/Phone Number E-	mail			Date of Original Filing	g: (month, day, year)
510-891-5585 a	nna.gee@acgov.org				
. Function, Event, or Cerem	onial Role Informa	tion			
Title Warrirors vs. Jazz			Face \	/alue of Each Adm	ingian & 200.00
LIME TANKING AND ASSESSED			race v	/alue of Each Adm	
Description Basketball Game			Date(s	3) 11 / 16 / 13	
Ticket(s)/Admission(s) provid	lad by agains 10 14-	. [-] 31 ~ p	Gold	en State Warriors	
Ticket(s)/Admission(s) provide	ied by agency? Yes	I No ∐	If no: ,	Name	of Source
Was the distribution to perso	ns identified below i	made at the	e behest of	an agency official	<b>!</b> ?
•				• •	<b>!?</b>
•				• •	1?
Yes ☐ No ☑ If yes:	Miley, Nate - Alameda Official's	County Super Name (Last, F		• •	<b>!?</b>
•	Miley, Nate - Alameda Official's	County Super Name (Last, F	visor First) and Title		
Yes ☐ No ☑ If yes: The identity of recipient(s)	Miley, Nate - Alameda ( Official's and the explanation	County Super Name (Last, F	visor First) and Title	s income box if the agenc	l? y official claims admission as ilal performed a ceremonial role,
Yes ☐ No ☑ If yes:  The identity of recipient(s)  Name (Last, First) or	Miley, Nate - Alameda Official's	County Super Name (Last, F	visor  First) and Title  Check the taxable in also prov	e income box if the agenc ncome. If the agency offic ride a description.	y official claims admission as dal performed a ceremonial role,
Yes ☐ No ☑ If yes:  The identity of recipient(s)  Name (Last, First)	Miley, Nate - Alameda Official's  and the explanation  Number of Admission(s)/	County Super Name (Last, F	Check the taxable in also prove if not incorrect the ceremonic ceremoni	e income box if the agenc ncome, if the agency offic ride a description. ome, describe the public p ial roles, performed by an	y official claims admission as dal performed a ceremonial role,
Yes □ No ☑ If yes:  The identity of recipient(s)  Name (Last, First) or Organization (Name, Address, Description	Miley, Nate - Alameda Official's  and the explanation  Number of Admission(s)/	Name (Last, Fon:  Agency Official	Check the taxable in also prove if not incoceremoniorganization.	e income box if the agenc ncome, if the agency offic ride a description. ome, describe the public p ial roles, performed by an	y official claims admission as dal performed a ceremonial role, purpose, including agency official, individual, or
Yes ☐ No ☑ If yes:  The identity of recipient(s)  Name (Last, First) or Organization	Miley, Nate - Alameda Official's  and the explanation  Number of Admission(s)/	County Super Name (Last, F On: Agency Official	Check the taxable in also prove if not incoceremoniorganization.	e income box if the agency ncome. If the agency offic ride a description, ome, describe the public p iat roles, performed by an idon.	y official claims admission as lat performed a ceremonial role, burpose, including agency official, individual, or inbutions to the
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Yes □ No ☑ If yes:  The identity of recipient(s)  Name (Last, First) or Organization (Name, Address, Description	Miley, Nate - Alameda ( Official's  and the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	Check the taxable in also proceed or ganization to reward a non-	e income box if the agency ncome. If the agency offic ride a description, ome, describe the public p iat roles, performed by an idon.	y official claims admission as lail performed a ceremonial role, nurpose, including agency official, individual, or tributions to the Income
Yes No If yes:  The identity of recipient(s)  Name (Last, First) or Organization (Name, Address, Description COPP SHOP  1530 167th Ave-San Leandro, CA 94578	Miley, Nate - Alameda ( Official's  and the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes  No  Yes  No	Check the taxable in also proceed or ganization to reward a non-	e income box if the agency ncome. If the agency offic ride a description, ome, describe the public p iat roles, performed by an idon.	y official claims admission as lal performed a ceremonial role, purpose, including agency official, individual, or irributions to the Income Income
Yes No If yes:  The identity of recipient(s)  Name (Last, First) or Organization (Name, Address, Description	Miley, Nate - Alameda ( Official's  and the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable in also proceed or ganization to reward a non-	e income box if the agency ncome. If the agency offic ride a description, ome, describe the public p iat roles, performed by an idon.	y official claims admission as lal performed a ceremonial role, purpose, including agency official, individual, or tributions to the Income
Yes No If yes:  The identity of recipient(s)  Name (Last, First) or Organization (Name, Address, Description COPP SHOP  1530 167th Ave-San Leandro, CA 94578	Miley, Nate - Alameda ( Official's  and the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable in also proceed or ganization to reward a non-	e income box if the agency ncome. If the agency offic ride a description, ome, describe the public p iat roles, performed by an idon.	y official claims admission as lal performed a ceremonial role, purpose, including agency official, individual, or irributions to the Income Income Income
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Yes No If yes:  The identity of recipient(s)  Name (Last, First) or Organization (Name, Address, Description COPP SHOP  1530 167th Ave-San Leandro, CA 94578	Miley, Nate - Alameda ( Official's  and the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable in also proceed or ganization to reward a non-	e income box if the agency ncome. If the agency offic ride a description, ome, describe the public p iat roles, performed by an idon.	y official claims admission as lat performed a ceremonial role, purpose, including agency official, individual, or income
Yes □ No ☑ If yes:  The identity of recipient(s)  Name (Last, First) or Organization (Name, Address, Description COPP SHOP  1530 167th Ave-San Leandro, CA 94578  community policing	Miley, Nate - Alameda ( Official's  and the explanation  Number of Admission(s)/ Ticket(s)	Agency Official  Yes	Check the taxable in also proceed or ganization to reward a non-	e income box if the agency ncome. If the agency offic ride a description, ome, describe the public p iat roles, performed by an idon.	y official claims admission as lat performed a ceremonial role.  purpose, including agency official, individual, or income Income Income Income Income Income Income
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	Agency Name			<u> </u>	Date Stamp	California O O O
	County of Alameda					Form OUZ
	Division, Department, or Region (if applica	ble)		···	1	For Official Use Only
	Board of Supervisors					
	Street Address					
	1221 Oak Street, Suite 536					
	Designated Agency Contact (Name, Title)				Amendment (Must	provide explanation in Part 3.)
	Anna Gee, Operations Manager				Tarionament (mast	provide explanation in Fall 6.)
	Area Code/Phone Number E-mail		777		Date of Original Filing	:(month. day, year)
	510-891-5585 anna.gee	@acgov.org				, ,,,
<u>.</u>	Function, Event, or Ceremonial R	ole Informat	tion			
	Warrirara ya Grizzliaa					250.00
	Title Warrirors vs. Grizzlies			Face \	/alue of Each Admi	ssion \$ <u></u>
	Description Basketball Game			Date(s	s) <u>11 , 20 , 13</u>	
	Ticket(s)/Admission(s) provided by a	gency? Yes	□ No ☑	If no: Gold	len State Warriors	of Source
					ivame	or Source
	Was the distribution to persons ident	tified below n	nade at th	e behest of	f an agency official	?
	•					
	Yes No If yes: Miley, N	ate - Alameda C	ounty Supe	visor		
		Official's I	ivame (Last,	⊢irst) and Title		
	The identity of recipient(s) and the	e explanatio	n:			
	Name			a revenue or against accommodal		official claims admission as
	(Last, First)	Number of	Agency	taxable i		official claims admission as it performed a ceremonial role,
	(Last, First) or Organization	Number of Admission(s)/ Ticket(s)	Agency Official	taxable is also prov	ncome. If the agency official wide a description, ome, describe the public pa	al performed a ceremonial role, urpose, including
	(Last, First) or	Admission(s)/	**************************	taxable is also prov • If not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion.	at performed a ceremonial role, prose, including gency official, individual, or
	(Last, First) or Organization	Admission(s)/ Ticket(s)	Official Yes ☑	taxable in also prove the life not inconcerement organiza.  To reward a non-	ncome. If the agency official wide a description. ome, describe the public pa tal roles, performed by an a	at performed a ceremonial role, prose, including gency official, individual, or
	(Last, First) or Organization (Name, Address, Description)	Admission(s)/	Official  Yes   No □	taxable is also prov • If not inc ceremon organiza	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion.	at performed a ceremonial role, arpose, including igency official, individual, or
	(Last, First) or Organization (Name, Address, Description)	Admission(s)/ Ticket(s)	Yes ☑ Yes □ Yes □	taxable in also prove the life not inconcerement organiza.  To reward a non-	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion.	at performed a ceremonial role, arpose, including agency official, individual, or butions to the Income
	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery	Admission(s)/ Ticket(s)	Yes ☑ No ☐ Yes ☐ No ☐	taxable in also prove the life not inconcerement organiza.  To reward a non-	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion.	at performed a ceremonial role, arpose, including agency official, individual, or butions to the Income Income
	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery	Admission(s)/ Ticket(s)	Yes	taxable in also prove the life not inconcerement organiza.  To reward a non-	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion.	at performed a ceremonial role, arpose, including igency official, individual, or butions to the Income Income Income Income
	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery  20424 Haviland Ave, Hayward, CA 94541	Admission(s)/ Ticket(s)	Yes	taxable in also prove the life not inconcerement organiza.  To reward a non-	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion.	at performed a ceremonial role, arpose, including agency official, individual, or butions to the Income Income
	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery  20424 Haviland Ave, Hayward, CA 94541	Admission(s)/ Ticket(s)	Yes	taxable in also prove the life not inconcerement organiza.  To reward a non-	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion.	at performed a ceremonial role, arpose, including igency official, individual, or butions to the Income
	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery  20424 Haviland Ave, Hayward, CA 94541	Admission(s)/ Ticket(s)	Yes	taxable in also prove the life not inconcerement organiza.  To reward a non-	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion.	at performed a ceremonial role, arpose, including gency official, individual, or butions to the Income Income Income Income
	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery  20424 Haviland Ave, Hayward, CA 94541	Admission(s)/ Ticket(s)	Yes	taxable in also prove the life not inconcerement organiza.  To reward a non-	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion.	at performed a ceremonial role, arpose, including gency official, individual, or butions to the Income
	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery  20424 Haviland Ave, Hayward, CA 94541	Admission(s)/ Ticket(s)	Yes	taxable in also prove the life not inconcerement organiza.  To reward a non-	ncome. If the agency official vide a description. ome, describe the public pu lal roles, performed by an a tion.	at performed a ceremonial role, arpose, including gency official, individual, or butions to the Income Income Income Income Income Income Income
B.	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery  20424 Haviland Ave, Hayward, CA 94541  programs/services for formerly incarcerated women	Admission(s)/ Ticket(s)	Yes	taxable is also pro- if not inc ceremon organiza To reward a non community	ncome. If the agency official of a description, ome, description the public pital roles, performed by an atton, a profit organization for its contribution.	at performed a ceremonial role, arpose, including gency official, individual, or butions to the Income
3.	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery  20424 Haviland Ave, Hayward, CA 94541  programs/services for formerly incarcerated women  Verification I have read and understand FPPC Regulation	Admission(s)/ Ticket(s)	Yes	taxable is also pro- if not inc ceremon organiza To reward a non community	ncome. If the agency official of a description, ome, description the public pital roles, performed by an atton, a profit organization for its contribution.	at performed a ceremonial role, arpose, including gency official, individual, or butions to the Income
) .	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery  20424 Haviland Ave, Hayward, CA 94541  programs/services for formerly incarcerated women	Admission(s)/ Ticket(s)	Yes	taxable is also pro- if not inc ceremon organiza To reward a non community	ncome. If the agency official of a description, ome, description the public pital roles, performed by an atton, a profit organization for its contribution.	at performed a ceremonial role, arpose, including gency official, individual, or butions to the Income
3.	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery  20424 Haviland Ave, Hayward, CA 94541  programs/services for formerly incarcerated women  Verification I have read and understand FPPC Regulations in accordance with the provisions.	Admission(s)/ Ticket(s)	Yes	taxable is also proise if not inc ceremon organiza. To reward a non community	ncome. If the agency official of a description, ome, description the public pital roles, performed by an atton, a profit organization for its contribution.	at performed a ceremonial role, arpose, including gency official, individual, or butions to the Income
<b>1</b> .	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery  20424 Haviland Ave, Hayward, CA 94541  programs/services for formerly incarcerated women  Verification I have read and understand FPPC Regulations in accordance with the provisions.	Admission(s)/ Ticket(s) 4	Yes	taxable is also proise if not inc ceremon organiza. To reward a non community	ncome. If the agency offici- vide a description, ome, describe the public pi (a) roles, performed by an a titon, i profit organization for its contri-	Income In
<b>}</b> _	(Last, First) or Organization (Name, Address, Description)  Women on the Way to Recovery  20424 Haviland Ave, Hayward, CA 94541  programs/services for formerly incarcerated women  Verification I have read and understand FPPC Regulations in accordance with the provisions.  Anna	Admission(s)/ Ticket(s)  4  ons 18944.1 and a Gee	Yes	taxable is also proided in the community of the community	ncome. If the agency official ride a description, ome, describe the public pital roles, performed by an atton.  In profit organization for its contribution of a rations Manager  Title	Income

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. Agency Name				Date Stamp	California Q02
County of Alameda					Form OUZ
Division, Department, or Region (	f applicable)				For Official Use Only
Board of Supervisors					
Street Address					
1221 Oak Street, Suite 536					
Designated Agency Contact (Name	e, Title)			<b>—</b> A	
Anna Gee, Operations Manager				☐ Amendment (Mus	st provide explanation in Part 3.)
Area Code/Phone Number   E-m	ail			Date of Original Filin	g:(month, day, year)
510-891-5585 and	na.gee@acgov.org				(montn, day, year)
Function, Event, or Ceremo		tion			
, another, Evenit, or ecrossio	mai recic illiorina	uon			
Title Warrirors vs. Trailblazers			Face V	alue of Each Adm	ission \$ <u>200.00</u>
				44 00 40	
Description Basketball Game			Date(s)	17 /23 / 13	
Ticket(s)/Admission(s) provide	d by agency? Yes	□ No ☑	If no: Golde	en State Warriors	
				Name	of Source
Was the distribution to person					
	Milev Nate - Alameda C	County Sunen	visor		
Yes ☐ No ☑ If yes: _	Miley, Nate - Alameda C Official's	Name (I ast. F	rist) and Title	<del></del>	
The identity of recipient(s) a	ind the explanation	on:			
Name			price contraction contraction contraction		y official claims admission as ial performed a ceremonial role,
(Last, First) or	Number of Admission(s)/	Agency Official	also provi	de a description.	
Organization (Name, Address, Description)	Ticket(s)			me, describe the public ; al roles, performed by an	ourpose, including agency official, individual, or
(Henre) Manieso, Beas ikinin			organizati		tributions to the
Lambert, Bill	4	Yes 🔲	community	of one organization for its con-	Income
	4	No 🕖			
		Yes 🔲			Income
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		Yes 🗆			Income
		No 🗆			
		Yes 🔲			Income
		No 🗆			
		Yes 🗆			Income
		No 🗆	<u> </u>		
Verification					
I have read and understand FPPC R	egulations 18944.1 an	id 18942. I ha	ave verified th	at the distribution of	admissions, set forth above,
is in accordance with the provisions.					
THE ALLE	Anna Gee		Opera	ntions Manager	11/1/13
Signature of Agency Head or Designee	Print Na	me	<u> </u>	Title	(month, day, year)
					,,,
Comment: (Use this space or an attac				nent explanation.)	
Prize for the castro valley light pa	arade which was org	anized by v	olunteers		

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1.	Agency Name					Date Stan	пр	California Q02
	County of Alameda							Form CUZ
	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)		☐ Amendmen	t (Must pro	ride explanation in Part 3.)			
	Anna Gee, Operations Manager						- (	
	Area Code/Phone Number E-mail					Date of Origina	l Filing:	(month, day, year)
	510-891-5585 anna.gee	e@acgov.org						,
2.	Function, Event, or Ceremonial F	Role Informat	tion					
	Title Warrirors vs. Raptors			_	Face V	/alue of Each	Admissi	on \$ _200.00
								·
	Description Basketball Game			_	Date(s	s) <u>12</u> / <u>03</u>	/	/
					Gold	an Stata Warriore		
	Ticket(s)/Admission(s) provided by	agency? Yes		o 🛭	If no: Gold	en State Warners	Name of S	ource
	Was the distribution to persons ider	ntified below n	nade a	it the	behest of	an agency of	ficial?	
	Miley N	Vate - Alameda C	county S	tinen	/ieor			
	Yes No If yes: Willey, I	Nate - Alameda C Official's	Name (L	ast. F	irst) and Title			
				ŕ	,			
	The identity of recipient(s) and th	ie explanauc	m;					
	Name (Last, First)	Number of	Agei					ial claims admission as rformed a ceremonial role,
	or	Admission(s)/	Offic		,	ride a description.	. L. F	ar transfer
	Organization (Name, Address, Description)	Ticket(s)			ceremoni			se, including cy official, individual, or
	All Trade Constitution of Cons		Voc	П	organizat To reward a non	profit organization for	its contributio	ns to the Income
	United Seniors of Oakland & Alameda County	4	Yes No		community			
	•		Yes					Income
	7200 Bancroft Ave, Ste 251-Oakland, CA 94605		No					
			Yes					Income
	senior advocacy		No					
		•	<u> </u>				····	
			No					Income
			Yes		<u> </u>			Income
	* Annipologomen		No					Incomé
	Verification		<u>.</u>	<del></del>				
	l have read and understand FPPC Regulat	ions 18944.1 and	d 1894:	2. I ha	ave verified t	hat the distribution	on of adm	issions, set forth above,
	is in accordance with the provisions.		1					•
***	Ani	na Gee			Oper	ations Manage	r	11/1/13
					-			
	Signature of Agency Head or Designee	Print Nar	ne			Title		(month, day, year)
	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							(month, day, year)

A Public Documen	А	PII	hli	ic	Dι	C	111	ne	n	f
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1.	Agency Name					Date Stamp	California	202
	County of Alameda						Form	
	Division, Department, or Region (if applic	able)					For Official	Use Only
	Board of Supervisors	<u>-</u>						
	Street Address						İ	
	1221 Oak Street, Suite 536  Designated Agency Contact (Name, Title)							
						Amendment (Must)	provide explanation i	Part 3.)
	Anna Gee, Operations Manager  Area Code/Phone Number   E-mail				<del></del>	Date of Original Filing:	ı	
						Date of Original Family.	(month, day, ye	ar)
<u> </u>	510-891-5585 anna.gee Function, Event, or Ceremonial F	@acgov.org	tion				***************************************	
٤.	runction, Event, or Ceremonial F	tole illioiilla	uon					
	Title Drake			_	Face \	/alue of Each Admis	sion \$ _118.00	)
	Description Concert				Date(s	s) <u>11 / 19 / 13</u>		
					0.13	lan Olah Mandan		
	Ticket(s)/Admission(s) provided by	agency? Yes		o	If no: Gold	Name o	f Source	
	Was the distribution to persons iden	itified below r	nade	at the	e behest of	f an agency official?	•	
	Yaa 🗖 Na 🗖 Kusa Milev. N	late - Alameda C	ounty :	Super	visor			
	Yes ☐ No ☑ If yes: Miley, r	late - Alameda C Official's	Name (	Last, F	irst) and Title			
	The identity of recipient(s) and the	ne evnlanatio	n'					
	Name	Готринице	/		• Check th	e income box if the agency :	official claims admis	ision as
	(Last, First)	Number of	Age	ncy	taxable li	ncome. If the agency officia	(0x03:0::x.c>0.0:0:0:	
	or Organization	Admission(s)/ Ticket(s)	Offi	cial	<ul> <li>If not inc.</li> </ul>	vide a description. ome, describe the public pu	rpose, including	
	(Name, Address, Description)	noneqa)			ceremon organizat	ial roles, performed by an action.	gency official, indivi	dual, or
	Gums, Angelica		Yes			unty employee for his exemplary	service to the public	Income
		2	No	Ø				
	Miley, Sarah		Yes		To promote a	n event held at a County faci	lity in order to	Income
		2	No	7	1 '	ential County revenue from p	arking and	
			Yes			-1		Income
			No					
			Yes	_				Income
		<u> </u>	No				<del>, .</del>	
	pare.		Yes No					Income
			NO	Li.				
3.	Verification I have read and understand FPPC Regulat	iono 190 <i>44</i> 1 on	4 100 <i>4</i>	10 I h	ava varifiad t	that the distribution of a	dmissions sot fo	th shows
··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	is in accordance with the provisions.	10115 10344.1 dii	u 1094	·Z. 1116	ave vermeu t	iriat tri <del>o</del> distribution or at	umasions, secto	rur above,
-	· · · · · · · · · · · · · · · · · · ·	_						_
-		na Gee			Oper	ations Manager	11/1/1	
	Signature of Agency Head or Designee	Print Na	me			Title	(mon	(h, day, year)
	Comment: (Use this space or an attachment t	or any additional i	nformat	ion inc	luding amendi	ment explanation.)		

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

. Agency Name			,	Date Stamp	California	802
County of Alameda					Form	
Division, Department, or Region (	if applicable)		******		For Official Us	e Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name	e, Title)			☐ Amendment (Mu	ust provide explanation in P	art 3 )
Anna Gee, Operations Manager	•				act provide explanation in i	JI ( 0.)
Area Code/Phone Number E-n	nail			Date of Original Filir	ng;(month, day, year)	_
510-891-5585 an	na.gee@acgov.org				, , , , , ,	
Function, Event, or Ceremo	nial Role Informa	tion				
Michael Duble					400.75	
Title Michael Buble			Face \	/alue of Each Adm	nission \$ <u>123.75</u>	
Barrier Concert			5 ( (	11 / 30 / 13	3 ,	
Description Concert		<del></del>	Date(s	·}/		/
			Gold	en State Warriore		
Ticket(s)/Admission(s) provide	ed by agency? Yes	□ No ☑	If no: Oolu	Name	e of Source	
Was the distribution to person	s identified below n	nade at the	e behest of	an agency officia	al?	
				• •		
Yes ☐ No ☑ If yes: .	Miley, Nate - Alameda C	County Super	visor	.,,		
Yes ☐ No ☑ If yes: .	Miley, Nate - Alameda C Official's	County Super Name (Last, I	visor First) and Title	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Yes ☐ No ☑ If yes: .  The identity of recipient(s)			visor First) and Title	***************************************		
				e income box if the agen	cy official claims admissi	on as
The identity of recipient(s) a  Name (Last, First)	and the explanation	Agency	Check the taxable is	ncome. If the agency offi	cy official claims admissi clal performed a ceremon	******
The identity of recipient(s) a	Number of Admission(s)/	on:	Check the taxable is also proven fronting.	ncome. If the agency officide a description. ome, describe the public	cial performed a ceremon purpose, including	ial role,
The identity of recipient(s) a  Name (Last, First) or	Number of Admission(s)/	Agency	Check the taxable is also proven fronting.	ncome. If the agency officible a description. ome, describe the public lal roles, performed by an	cial performed a ceremon	ial role,
The identity of recipient(s) a  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency	Check the taxable is also proved if not inconceremon organization. To promote an e	ncome. If the agency officible a description.  ome, describe the public lai roles, performed by artion.  vent held at a County facility	cial performed a ceremon purpose, including n agency official, individua in order to maximize	ial role, al, or
The identity of recipient(s) a  Name (Last, First) or Organization	Number of Admission(s)/	Agency Official	Check the taxable is also proved if not inconceremon organization. To promote an e	ncome. If the agency officible a description, ome, describe the public tal roles, performed by artion,	cial performed a ceremon purpose, including n agency official, individua in order to maximize	ial role, al, or
The identity of recipient(s) a  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official  Yes  No    V	Check the taxable is also proved if not inconceremon organization. To promote an e	ncome. If the agency officible a description.  ome, describe the public lai roles, performed by artion.  vent held at a County facility	cial performed a ceremon purpose, including n agency official, individu- in order to maximize oncession sales.	ial role, al, or Income
The identity of recipient(s) a  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official	Check the taxable is also proved if not inconceremon organization. To promote an e	ncome. If the agency officible a description.  ome, describe the public lai roles, performed by artion.  vent held at a County facility	cial performed a ceremon purpose, including n agency official, individu- in order to maximize oncession sales.	ial role; al, or Income
The identity of recipient(s) a  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official  Yes   No   Yes   No   Yes	Check the taxable is also proved if not inconceremon organization. To promote an e	ncome. If the agency officible a description.  ome, describe the public lai roles, performed by artion.  vent held at a County facility	cial performed a ceremon purpose, including n agency official, individua i in order to maximize oncession sales.	ial role; al, or Income Income
The identity of recipient(s) a  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official  Yes  No  Yes  Yes  Yes	Check the taxable is also proved if not inconceremon organization. To promote an e	ncome. If the agency officible a description.  ome, describe the public lai roles, performed by artion.  vent held at a County facility	cial performed a ceremon purpose, including n agency official, individua i in order to maximize oncession sales.	ial role; al, or Income Income
The identity of recipient(s) a  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official  Yes	Check the taxable is also proved if not inconceremon organization. To promote an e	ncome. If the agency officible a description.  ome, describe the public lai roles, performed by artion.  vent held at a County facility	cial performed a ceremon purpose, including n agency official, individu- r in order to maximize oncession sales.	ial role;  al, or  Income  Income
The identity of recipient(s) a  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official  Yes	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description.  ome, describe the public lai roles, performed by artition.  vent held at a County facility	cial performed a ceremon purpose, including n agency official, individu- r in order to maximize oncession sales.	ial role;  al, or  Income  Income
The identity of recipient(s) a  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official  Yes	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description.  ome, describe the public lai roles, performed by artition.  vent held at a County facility	cial performed a ceremon purpose, including nagency official, individuation order to maximize oncession sales.	ial role, al, or Income Income Income Income
The identity of recipient(s) a  Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/Ticket(s)	Agency Official  Yes	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description.  ome, describe the public lai roles, performed by artition.  vent held at a County facility	cial performed a ceremon purpose, including nagency official, individuation order to maximize oncession sales.	ial role, al, or Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Ma, Stella	Number of Admission(s)/Ticket(s)	Agency Official  Yes   No	Check the taxable is also proved if not inconceremon organization organization.	ncome. If the agency officible a description.  ome, describe the public lai roles, performed by artition.  vent held at a County facility	cial performed a ceremon purpose, including nagency official, individuation order to maximize oncession sales.	ial role, al, or Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Ma, Stella  Verification I have read and understand FPPC F	Number of Admission(s)/ Ticket(s)  4  Regulations 18944.1 an	Agency Official  Yes   No	Check the taxable is also provided if not inconstruction organization organization organization potential County.	ncome. If the agency officide a description, ome, describe the public lat roles, performed by an alon, went held at a County facility revenue from parking and co	cial performed a ceremon purpose, including nagency official, individuation order to maximize oncession sales.	ial role, al, or Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Ma, Stella	Number of Admission(s)/ Ticket(s)  4  Regulations 18944.1 an	Agency Official  Yes   No	Check the taxable is also provided if not inconstruction organization organization organization potential County.	ncome. If the agency officide a description, ome, describe the public lat roles, performed by an alon, went held at a County facility revenue from parking and co	cial performed a ceremon purpose, including nagency official, individuation order to maximize oncession sales.	ial role, al, or Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Ma, Stella  Verification I have read and understand FPPC F	Number of Admission(s)/ Ticket(s)  4  Regulations 18944.1 an	Agency Official  Yes   No	Check the taxable is also proved if not incomparized to promote an expotential County are to the coun	ncome. If the agency officide a description, ome, describe the public lat roles, performed by an alon, went held at a County facility revenue from parking and co	cial performed a ceremon purpose, including nagency official, individuation order to maximize oncession sales.	ial role, ial, or Income Income Income Income Income Income
Name (Last, First) or Organization (Name, Address, Description)  Ma, Stella  Verification I have read and understand FPPC F	Aumber of Admission(s)/ Ticket(s)  4  Regulations 18944.1 an	Agency Official  Yes   No	Check the taxable is also proved if not incomparized to promote an expotential County are to the coun	ncome. If the agency officide a description ome, describe the public lai roles, performed by an alon, went held at a County facility revenue from parking and county facility and the distribution of that the distribution of	cial performed a ceremon purpose, including n agency official, individua in order to maximize oncession sales.  f admissions, set forth	ial role, ial, or Income Income Income Income Income Income

Ī.	Agency Name				Date Stamp	California 802
•	Alameda County	-	· ·			Form For Official Use Only
	Division, Department, or Regi	on (If Applicable)	****			
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)		· .		
	Alex Boskovich				Amondment (Mustan	evide evaluation in Bort 2.)
	Area Code/Phone Number	E-mail	···		Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	alex.boskovi	ch@acgov.o	org	Date of Original Filing: _	(Month, Day, Year)
*	Function or Event Inform	nation				<b>Ф70 О</b> Б
	Does the agency have a ticke	t policy?	Yes 🗵 No	☐ Face Value o	of Each Ticket/Pass \$	\$78.05
	Event Description Not So Sile	ent Night conc	ert	Date(s) 12	2 , 6 , 13	<u> </u>
	Event Description	Provide Title/Expla	enation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No	If no: Golde	n State Warriors  Name of Sou	Y00
		•	· <u> </u>	Δlam	eda County Supervisor	
	Was ticket distribution made a of agency official?	it the benest	No ☐ Yes	If yes: Alam	Official's Name (L	ast, First)
•	Recipients  • Use Section A to identify the agency	v's department or i	ınit. • Use Sec	tion B to identify an individ	ual. • Use Section C to Ident	ify an outside organization.
	The second secon	And Andrews and the Control	Number of	entire the transition for a second of the f	blic purpose made pursuant	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pur	one purpose made pursuan	
		<del></del> -			:	
			,			
		·				
	B. Name of Individua	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
				Ceremonial Role	Other	Income [
	Nguyen, Cyndy		4	If checking "Ceremo	nial Role" or "Other" describe below:	
				To promote attend	lance at an event held	at a County facility in
			·		potential County reven	
				Ceremonial Role	Other Initial Role" or "Other" describe below:	Income
				N onousing Constitution		
	Name of Outside Organ	nization	Number of	Described the state of the stat	blic purpose made pursuant	to the agency's policy
	(include address and des		Ticket(s)/ Pass(es)	Describe trie pa	bije purpose made pursuant	to the agonty o policy
		•		1		
					• .	
<b>.</b>	Verification	en e		And a state of the		
ļ.,	Verification I have read and understand FPPC Regu	ulations 18944,1 and	d 18942. I have vo	erified that the distribution set	forth above, is in accordance wi	th the requirements.
Į.,		ulations 18944.1 and	1 18942. I have vo		forth above, is in accordance wi	
ļ.,				ovich		