eremonial Role Events and				A Public Documen
Agency Name			Date Stamp	California 802
Alameda County				Form OU For Official Use Only
Division, Department, or Region (If Ap	plicable)			i or oniolar osc only
Board of Supervisors				
Designated Agency Contact (Name, Tit	le)	· · · · · · · · · · · · · · · · · · ·		
Lee Ann Fergerson, Supervisor's As	ssistant			
Area Code/Phone Number E-mail	······		[] Amendment (Must)	provide explanation in Part 3.)
(510) 272-6691 leeann	n.fergerson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	•			
Does the agency have a ticket policy?	Yes 🗹 No	Face Value	of Each Ticket/Pass \$	200.00
Event Description WAV LOVS	VS Phoeni	X Data(a)	2,27,13	1 1
	itle/Explanation	•	- 1	<i></i>
Ticket(s)/Pass(es) provided by agency	/? Yest∰ No	□ If no: <u></u>	-SW	
	Č,	Δ1	Name of So ameda County Supervisor S	
Was ticket distribution made at the bel of agency official?	hest No 🗌 Yes	[\$P If yes:	Official's Name (
• Use Section A to identify the agency's departm	nent or unit. 🏾 🗕 Use Sec	tion B to identify an indivi	dual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of		blic purpose made pursuan	
			one purpose made pursuan	r to the agency a policy
	Ticket(s)/ Pass(es)			
B. Name of Individual (Last, First)			Identify one of the follow	· · · · · · · · · · · · · · · · · · ·
B. Name of Individual	Pass(es)	To promote attend	·	ing:
B. Name of Individual (Lasi, First)	Pass(es)	To promote attend	Identify one of the follow	ing:
B. Name of Individual (Last, First)	Pass(es)	To promote attend maximize potential Ceremonial Role	Identify one of the follow	ing:
B. Name of Individual (Last, First) Denviis Fay	Pass(es)	To promote attend maximize potential Ceremonial Role If checking *Ceremo	Identify one of the follow ance at a county sponsored evi- county revenue for concession	ing: come ent in order to n and parking sales Income
B. Name of Individual (Last. First) Denviis Fay	Pass(es)	To promote attend maximize potential Ceremonial Role If checking *Ceremo	Identify one of the follow ance at a county sponsored evo county revenue for concession	ing: come ent in order to h and parking sales Income
B. Name of Individual (Last, First) Denviis Fay	Pass(es)	To promote attend maximize potential Ceremonial Role If checking *Ceremo	Identify one of the follow ance at a county sponsored evi- county revenue for concession	ing: come ent in order to n and parking sales Income
B. Name of Individual (Last, First) Denvils Fay C. Name of Outside Organization (include address and description) Verification	Pass(es) Number of Ticket(s)/ Pass(es) Image: A state of the s	To promote attend maximize potential Ceremonial Role If checking *Ceremo Describe the pu	Identify one of the follow ance at a county sponsored evi county revenue for concession Other	ing: come [] ent in order to and parking sales Income [] to the agency's policy
B. Name of Individual (Last, First) Denviis Fay C. Name of Outside Organization (include address and description)	A.1 and 18942. I have ver	To promote attend maximize potential Ceremonial Role If checking "Ceremo Describe the pu	Identify one of the follow ance at a county sponsored eve county revenue for concession Other nial Role" or "Other" describe below: blic purpose made pursuant forth above, is in accordance with	ing: come [] ent in order to a and parking sales Income [] to the agency's policy h the requirements.
B. Name of Individual (Last, First) Denviis Fay C. Name of Outside Organization (include address and description) Verification have read and understand FPPC Regulations 1894	Pass(es) Number of Ticket(s)/ Pass(es) Image: A state of the s	To promote attend maximize potential Ceremonial Role If checking *Ceremo Describe the pu	Identify one of the follow ance at a county sponsored evi county revenue for concession Other	ing: come [] ent in order to a and parking sales Income [] to the agency's policy h the requirements.

Gei	emomal Role Lve	nts and no	Neurass L	naunoutona		A Public Document	
1. A	gency Name				Date Stamp	California 802	
A	lameda County			state and should be and the state of the sta			
D	ivision, Department, or Re	gion (If Applicable	o)		-	For Official Use Only	
в	oard of Supervisors						
	esignated Agency Contac	t (Name, Title)			_		
	lex Boskovich rea Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	510) 272-6693	and the second second	ich@acgov.or	a	Date of Original Filing:		
	unction or Event Info		icit@acgov.org	9		(Month, Day, Year)	
	oes the agency have a ticl			1 Face Value	of Each Ticket/Pass \$ _	200	
	7 10 2 2 4 1 2 4 1 2 4 1 2 1 1 1 4 1 2 1 4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes 🛛 No 🗆				
E	vent Description Warriors	Provide Title/Exp	lanalian	Date(s)	12 , 27 , 13		
1				. Gold	len State Warriors		
TI	icket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛		Name of S		
N	/as ticket distribution made	at the behest	No 🗆 Yes 🗵	a Ifves Ala	meda County Supervis	or Wilma Chan	
(of agency official?			a 11 you	Official's Name	(Last, First)	
3. F	Recipients						
	Use Section A to identify the age	ncy's department or	and the second se	on B to identify an indiv	idual. • Use Section C to ide	ntify an outside organization.	
A	Name of Agency, Depart	ment or Unit	Number of Ticket(s)/	Describe the p	ublic purpose made pursuar	t to the agency's policy	
-			Pass(es)	Pass(es)			
Ē	3. Name of individ	dual	Number of Ticket(s)/	5 La 1 1 1	Identify one of the follow	ving:	
_	(c.aar, Firat)		Pass(es)			Income	
N	lguyen, Kim		6.93	Ceremonial Rol N checking "Cerer	e Other Oth		
			2		ndance at an event held e potential County reve		
-				Ceremonial Rol	e 🗌 Other 🗌	Income	
			1	Il checking "Cerer	nonial Role" or "Other" describe below		
-			Number of				
C	Name of Outside Org (include address and d		Number of Ticket(s)/	Describe the p	public purpose made pursuar	nt to the agency's policy	
-			Pass(es)				
-							
4. V	/erification						
	nave read and upderstand FPPC Re	egulations 18944.1 an	nd 18942. I have veri	fied that the distribution s	el forth above, is in accordance v	with the requirements.	
	a	2	Alex Bosko	vich	Senior Legislative Aid	de 12/18/13	
_	Signature of Agency Head or Desig	90fV	Print Name		Title	(Month, Day, Year)	

Comment: _

A Public Document

1						AT usite booutifette	
1.	Agency Name				Date Stamp	California 802	
	Alameda County	a harris and		Form OO Z			
	Division, Department, or Re	gion (If Applicable]	For Oniolar Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title) Alex Boskovich				1		
	Area Code/Phone Number				provide explanation in Part 3.)		
	(510) 272-6693 alex.boskovich@acgov.org				Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Info	rmation				1990.000	
	Does the agency have a tick		Yes 🛛 No 🗆	Face Value of Face Value of Face Value	of Each Ticket/Pass \$.	\$120	
	Event Description Pop NYE	show		Date(s)12	2 , 31 , 13	//	
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🛛	If no: Golde	n State Warriors Name of S	lource	
	Was ticket distribution made at the behest No T Yes X If yes. Alar			eda County Supervis			
	of agency official?	at the benest	No 🗌 Yes 🛛	If yes: Addin	Official's Name	(Last, First)	
3.							
э.	• Use Section A to identify the agen	cy's department or	unit. • Use Secti	ion B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
	Ver anno 2012/19/2019 19/2019 19/2019	Number of	had a land a second		a sector of the sector sector sector sector sector		
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	a da	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/	Identify one of th		following:	
	Normaliante ancorretta		Pass(os)	Ceremonial Role	Other D	Income	
	Robles, James		4		nial Role" or "Other" describe below		
				public.	y employee for his ex	emplary service to the	
				Ceremonial Role	Other D	Income	
			-	If checking "Ceremon	nial Role" or "Other" describe below		
			1924				
			Number of				
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursual	nt to the agency's policy	
	h						
4.	Verification						
	I have read and griderstand FPPC Reg	quiations 18944.1 an	id 18942. I have veri	ified that the distribution set	forth above, is in accordance v	with the requirements.	
	and		Alex Bosko	vich	Senior Legislative Aid	de 12/17/13	
	Signature of Agency Head or Design	0.0	Print Name	and the second se	Titto	(Month, Day, Year)	
	Comment:						

Comment: _

5	eremonial Role Even	is and ne	Revrass	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			and the second			
	Division, Department, or Regi	on (If Applicable		-	For Official Use Only		
	Board of Supervisors						
	Designated Agency Contact (Name, Title)	-	1 1 1 2 2			
	Alex Boskovich	E mail			Amendment (Must	provide explanation in Part 3.)	
	Area Code/Phone Number (510) 272-6693	E-mail alex.boskovi	ch@accov.c	10	Date of Original Filing:		
0		and show and show the second	ch@acgov.c	19		(Month, Day, Year)	
2.	Does the agency have a ticke		Vec IVI No.	Eace Value	of Each Ticket/Pass \$ _	250/\$30	
			Yes 🛛 No				
	Event Description Warriors v	Provide Title/Expl	anation	Date(s)		//	
		an one of the second		- Golde	en State Warriors		
	Ticket(s)/Pass(es) provided by	y agency r	Yes 🗌 No		Name of Sc		
	Was ticket distribution made a	t the behest	No 🗆 Yes	If yes: Alam	neda County Superviso	or Wilma Chan	
	of agency official?				Official's Name	(Last, First)	
3.							
	• Use Section A to identify the agency	y's department or	and a lot of the second se	tion B to identify an individ	dual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pu	iblic purpose made pursuant to the agency's policy		
			Pass(es)				
	· · · · · · · · · · · · · · · · · · ·						
			N				
	B. Name of Individua	N.	Number of		Identify one of the follow	vlaar	
	(Last, First)		Ticket(s)/ Pass(es)		Identity one of the follow	ning.	
	Description Asthered			Ceremonial Role		Income	
	Renowitsky, Arthur		2/park	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		Income	
			The second se	1 10 2010 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1	onial Role" or "Other" describe below:		
			- 2ipark	LET SHE POLITIKE POLITICE CONTRACTOR			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pu	iblic purpose made pursuar	it to the agency's policy	
(include address and description)		Pass(os)					
	×						
4.					i de alto e basse de la consecte a conse	with the environments	
	I have read and understand FRPC Regu	navons 18944.1 an					
			Alex Bosk		Senior Legislative Aic	de 12/9/13 (Month, Day, Year)	
	Signature of Agency Head or Designed		Print Nan	<i>NP</i>	1 11/10	Internet, prost refer?	

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 200 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description Warriors vs. Jazz Date(s) 4 , 6 , 14 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X If yes: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(os) Number of в. Name of Individual Ticket(s)/ Identify one of the following: (Lost, First) Pass(es) Ceremonial Role Other Income Oddie, Sarah If checking "Geremonial Role" or "Other" describe below: 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. 3 Number of Name of Outside Organization C. Ticket(a)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

4. Verification

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

and	Alex Boskovich	Senior Legislative Aide	12/6/13
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

A Public Document

00	incline Lyer	neo anta mo	1001 000	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ For Official Use Only	
3	Division, Department, or Re	gion (If Applicable)		1	For Official Use Only	
	Board of Supervisors						
3	Designated Agency Contact	(Name, Title)			1		
	Alex Boskovich						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6693	alex.boskovi	ch@acgov.o	rg	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Info	rmation				Standard Contractor	
	Does the agency have a tick	et policy?	Yes 🛛 No [Face Value	of Each Ticket/Pass \$	300/\$30	
	Event Description Warriors	vs. Celtics			, 10 , 14		
	Event Description	Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided	by agency?	n State Warriors				
				Name of So			
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🕻	If yes: Alam	neda County Superviso Official's Name (I	r Wilma Chan	
					Children of Marine (
3.	 Recipients Use Section A to identify the agen 	ou's department or	unit a Line Sect	tion B to identify an individ	lual _ a Lisa Section C to idea	lify an outside organization	
		Anna and anna anna anna anna anna anna a	Number of		and the second		
	A. Name of Agency, Departm	nent or Unit	Ticket(s)/ Describe the Pass(es)		public purpose made pursuant to the agency's policy		
	B. Name of Individ	Number of		Identify one of the following:			
	Last, First)		Ticket(s)/ Pass(es)	Identify one of the following:			
	Ohen Kelhering			Coremonial Role		Income	
	Chan, Katherine		2/park		mial Role" or "Other" describe below: lance at an event held	at a County facility in	
					potential County rever		
				Ceremonial Role	Other	Income	
			2/minte	If checking "Caramo	mial Role" or "Other" describe below:		
	C. Name of Outside Orga (include address and de	anization escription)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
			1 000(00)				
4	Verlfleetlee						
	Verification I have red and understand FPPC Re	gulations 18944.1 and	d 18942. i have ve	rified that the distribution set	forth above, is in accordance wi	th the requirements.	
	ans		Alex Bosko		Senior Legislative Aid		
	Signature of Agency Head or Design	00	Print Nam	and the second se	Tibe	(Month, Day, Year)	
	Comment:						

Agency Report of:	
Ceremonial Role Events and Ticket/Pass Distributions	

A Public Document

	Agency Name Alameda County				Date Stamp	California 802
D	Alameda County					
	namoual obarity				Form OUZ	
	Division, Department, or Region (If Applicable)					Por Onicial Ose Only
E	Board of Supervisors					
Ē	Designated Agency Contact	(Name, Title)			-	
1	Alex Boskovich					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
((510) 272-6693 alex.boskovich@acgov.			rg	Date of Original Filing:	(Month, Day, Year)
2. 1	Function or Event Infor	mation				
C	Does the agency have a tick	at policy?	Yes 🛛 No		of Each Ticket/Pass \$.	
	Event Description Warriors	vs. Celtics		Data(a)	1 , 10 , 14	//
E	vent Description	Provide Title/Exp	lanation	Date(s)		
Т	Ficket(s)/Pass(es) provided t	cket(s)/Pass(es) provided by agency?			en State Warriors	
		, -, -, -, -	Yes 🗌 No		Name of S	
	Was ticket distribution made	at the behest	No 🗌 Yes	⊠ If yes: Alan	neda County Supervis Official's Name	or Wilma Chan
	of agency official?				Childar's Name	(Lusi, Phaly
	Recipients	auto desendenced e se	unit a lies See	tion B to identify an individ	dual a lise Section C to Idea	atify an outside organization.
	• Use Section A to identify the agen		Number of			
1	A. Name of Agency, Departm	ient or Unit	Ticket(s)/ Describe th Pass(es)		public purpose made pursuant to the agency's policy	
-						
1						
-			Number of			
F	B. Name of Individu (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
1			1 000(00)	Ceremonial Role	Other D	Income
1	Silva, Francisco		2		onial Role" or "Other" describe below	
			2		dance at an event held potential County reve	
				Ceremonial Role		Income
				If checking "Cerem	onial Role" or "Other" describe below	<i>,</i>
-	C Norma of Outside Orea	mbatlas	Number of			
(C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursual	nt to the agency's policy
1						
59			-			
4.	Verification					
	have read and understand FPPC Reg	ulations 18944.1 ap	d 18942. I have ve	mified that the distribution se	t forth above, is in accordance v	with the requirements.
	In		Alex Bosk	ovich	Senior Legislative Aid	de 12/3/13

Comment: _

Agency Report of: d Tickot/Page Distributiv

Cere	emonial Role Ever	its and fic	keuPass	Distributions		A Public Document	
1. A	gency Name				Date Stamp	California 802	
AI	ameda County					and the second se	
	vision, Department, or Reg	gion (If Applicable)		-	For Official Use Only	
B	oard of Supervisors						
	signated Agency Contact	(Name, Title)			-		
		(110110)1100					
	ex Boskovich	1.00	Amendment (Must)	provide explanation in Part 3.)			
	ea Code/Phone Number 10) 272-6693	E-mail alex.boskov	ich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2. F	unction or Event Info	rmation				£70.00	
	bes the agency have a tick		Yes 🛛 No [Face Value	of Each Ticket/Pass \$ _	\$78.05	
F .	vent Description Not So S	ilent Night con	cert	Data(a) 1	2 , 7 , 13	//	
EV	ent Description	Provide Title/Exp					
Tie	cket(s)/Pass(es) provided	by agency?	Yes 🗆 No [If no: Gold	en State Warriors		
	ever(e),, geology biolines	-, -,-,-			Name of Sc		
	as ticket distribution made	at the behest	If yes: Alar	neda County Superviso Officiai's Name	or Wilma Chan		
0	of agency official?				Official s Name (Last, rivsty	
	ecipients						
+ 1	Jse Section A to identify the agen	cy's department or					
A				Describe the po	e public purpose made pursuant to the agency's policy		
_	Pa55		Pass(es)				
_							
-	the second second		Number of				
В	Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
-				Ceremonial Role	o 🔲 Other 🗌	Income	
в	aecker, Katy				ionial Role" or "Other" describe below:		
			4	To promote attendance at an event held at a County facili order to maximize potential County revenue from sales.			
<u> </u>				order to maximize	e potential County reve		
				Ceremonial Role	e 🔲 Other 🛄	Income	
			2	If checking "Gerem	ionial Role" or "Other" describe below.		
			2				
_			Number of				
С	Name of Outside Org (include address and d	anization escription)	Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuar	t to the agency's policy	
_			Pass(05)				
-							
	erification						
10	ave read and understand FPPC Re	gulations 18944.1 ar	nd 18942. I have ve	arified that the distribution se	et forth above, is in accordance v	with the requirements.	

Senior Legislative Aide Alex Boskovich 12/6/13 (Month, Day, Year) Print Name Title Signature of Agency Head or Designee

Comment: .

A Public Document

-						Fill distro is counterne
1. /	Agency Name		Date Stamp	California 802		
1	Alameda County					Form For Official Use Only
ī	Division, Department, or Region (If Applicable)					For Onicial Ose Only
1	Board of Supervisors				5	
ī	Designated Agency Contact	(Name, Title)			-	
	Alex Boskovich					
7	rea Code/Phone Number			Amendment (Must	provide explanation in Part 3.)	
1	(510) 272-6693 alex.boskovich@a			rg	Date of Original Filing	(Month, Day, Year)
2. 1	Function or Event Info	rmation				DODIEDE parking
C	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$.	222/\$35 parking
	Event Description Raiders	vs. Chiefs		Date(s)	12 , 15 , 13	//
Ċ,	vent Description	Provide Title/Exp	planation			
1	licket(s)/Pass(es) provided	by agency?	Yes 🗆 No I	If no: Oakl	and Raiders Name of S	
10		0.0000000000				
1	Vas ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Alar	meda County Supervis	(Last, First)
	Recipients • Use Section A to identify the ager	wy's department o	r unit. • Uso Sec	tion B to identify an indivi	idual. • Use Section C to ide	ntify an outside organization.
-			Number of			
	A. Name of Agency, Department or Unit	nent or Unit			ublic purpose made pursuant to the agency's policy	
			Number of			
1	B. Name of Individ	ual	Ticket(s)/ Pass(es)	5 1579 T. C. L	Identify one of the follo	wing:
				Ceremonial Role		Income
	Clinton, Gina		3/park		onial Role" or "Other" describe below	
					e potential County reve	d at a County facility in enue from sales.
1			-	Ceremonial Role	D Other	Income
			(Interaction)	U 10/04 10/04 10/04 00 00 04 00 00 00 00 00 00 00 00 00 0	nonial Role" or "Other" describe below	e.
			Software .			
3		1				
	C. Name of Outside Org (include address and d		Number of Ticket(s)/	Describe the p	ublic purpose made pursua	nt to the agency's policy
			Pass(es)			
				9		
8						
-	Verifiest's					
	Verification have read and understand FPFC Re	gulations 18944.1 a	nd 18942. I have ve	willed that the distribution s	et forth above, is in accordance	with the requirements.
2	In	/	Alex Bosk		Senior Legislative Ai	
	Signature of Agency Head or Design		Print Nan		Title	(Month, Day, Year)

Comment: + 1 parking pass

Ce	remonial Role Ever	its and fic	Reurass D	stributions		A Public Document	
1. Agency Name					Date Stamp	California 802	
Alameda County						and the second se	
1	Division, Department, or Re	gion (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Alex Boskovich						
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)	
	(510) 272-6693		ich@acgov.org	1	Date of Original Filing:	(Mooth Day Yead	
	Function or Event Info	-	000			(monos, oray, roor)	
	Does the agency have a tick		Yes 🛛 No 🗆	Face Value o	f Each Ticket/Pass \$ _	200	
	Event Description Warriors					//	
	Event Description	Provide Title/Exp	lanation	Date(s)		/	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🖾	If no: Golder	n State Warriors	1	
	nanon(a)n aborea) promaca	ay agoney.			Name of So		
- 1	Was ticket distribution made	at the behest	No 🗌 Yes 🛛	If yes: Alame	eda County Superviso	or Wilma Chan	
	of agency official?				Cincara ritaria (case, r noty	
	 Recipients Use Section A to identify the ager 	www.department.or	unit e line Sectio	n B to identify an individu	ual a Use Section C to Iden	tify an outside organization.	
	Land sectory and the task in the sector also have been been at the sector of the secto		Number of		teres and the second	An and the second s	
	A. Name of Agency, Departs	ment or Unit	Ticket(s)/ Describe the p Pass(es)		ublic purpose made pursuant to the agency's policy		
						6	
,							
8							
	B. Name of Individ	lual	Number of Ticket(s)/		Identify one of the follow	ing:	
1	least		Pass(os)	Ceremonial Role	Other	Income	
	Robertson, Fred				al Role" or "Other" describe below:	indonio L	
			2			emplary service to the	
					age staff development.		
				Ceremonial Role	Other Divide the other o	Income	
				I checking Carenton	narrow or one describe dear.		
	C. Name of Outside Org	anization	Number of	Descelles the end	olic purpose made pursuan	t to the accentule pollow	
	(include address and d		Ticket(s)/ Pass(es)	Describe the put	ne purpose made pursuan	t to the agoincy's policy	
	Verification						
	I have read and understand FPPC Re	gulations 18944.1 an	id 18942. I have verif.	led that the distribution set i	forth above, is in accordance w	ith the requirements.	
	$\nu >$		Alex Boskov	/ich	Senior Legislative Aid	e 12/3/13	
	Signature of Agency Heed or Dasig	100	Print Name		Title	(Month, Day, Year)	
	Commont						
	Comment:						

A Fublic Document	A	Public	c Document
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Agency Name						Date	e Stamp		Californi	802
County of Alameda									Form	State State State
Division, Department, or Re	egion (if applicable)					1			For Officia	I Use Only
Board of Supervisors										
Street Address										
1221 Oak Street, Suite 53										
Designated Agency Contact (Name, Title)						Amen	dment (Mu	st provide	explanation	in Part 3.)
Cheryl Perkins, Interim Cl	erk, Board of Sup	pervisors				1.2.2.10.000				
Area Code/Phone Number	E-mail					Date of Or	riginal Filir	ng:(/	nonth, day, y	oar)
(510) 272-3882	cheryl.perkins	s@acgov.o	rg							
Function, Event, or Ce	eremonial Role	Informat	ion							
									#100	000
Title			_	1	Face	Value of E	ach Adm	nission	\$	φ20
Warriore ve	Timbanyolyas					s) <u>4 /</u>	9,13	3		2
Description Warriors vs.	TITIDE WOIVES			-	Date(s	3)/_	/			
Ticket(s)/Admission(s) p Was the distribution to p	persons identifie	ed below m						e of Sou 11?	rce	
Was the distribution to p	p ersons identifi e f yes: <u>Supervisor V</u>	ed below m Wilma Chan Official's M	nade a	t the		f an agend		50.35 69.379 13.66	rce	
Was the distribution to p Yes ☑ No □ I	opersons identifie f yes: <u>Supervisor V</u> ont(s) and the e	ed below m Wilma Chan Official's M	nade a	t the ast, F	 behest o iirst) and Title Check ti taxable also pro If not inc 	f an agend ne income box income. If the vide a descrip come, describ- nal roles, perf	c if the agen agency offi tion. e the public	sy officia cial perfo purpose	I claims adm prmed a cere , including	monial role,
Was the distribution to p Yes ☑ No □ P The identity of recipie (Last, First) or Organization (Name, Address, Desc	opersons identifie f yes: <u>Supervisor V</u> ent(s) and the e cription)	ed below m Wilma Chan Official's M explanatio Number of Imission(s)/ Ticket(s)	Name (La n: Agen Offici Yes	t the ast, F lat	 behest o iirst) and Title Check tl taxable also pro If not inc ceremor organizz To promo 	f an agend income lif the vide a descrip come, descrip tal roles, perf ttion.	if the agen agency offi tion. e the public ormed by an	cy officia cial perfo purpose a agency event	I claims adm prmed a cerr , including official, indi held at a	monial role, vidual, or Income
Was the distribution to p Yes ☑ No □ I The identity of recipie Name (Last, First) or Organization	opersons identifie f yes: <u>Supervisor V</u> ent(s) and the e cription)	ed below m Wilma Chan Official's M explanatio Number of Imission(s)/	Name (Li n: Agen Offici Yes No	t the ast, F ial	 behest o iirst) and Title Check tl taxable also pro If not int ceremor organiza To promo County fa 	f an agend ne income box income. If the vide a descrip one, describ hal roles, perf titon. te attendar cility in ord	cif the agen agency offi tion. e the public ormed by an nce at an ler to ma:	cy officia cial perfo purpose a agency event	I claims adm prmed a cerr , including official, indi held at a	vidual, or Income
Was the distribution to p Yes ☑ No □ P The identity of recipie (Last, First) or Organization (Name, Address, Desc	opersons identifie f yes: <u>Supervisor V</u> ent(s) and the e cription)	ed below m Wilma Chan Official's M explanatio Number of Imission(s)/ Ticket(s)	Name (Li n: Agen Offici Yes No Yes	t the ast, F ial	 behest o iirst) and Title Check tl taxable also pro If not int ceremor organiza To promo County fa 	f an agend income lif the vide a descrip come, descrip tal roles, perf ttion.	cif the agen agency offi tion. e the public ormed by an nce at an ler to ma:	cy officia cial perfo purpose a agency event	I claims adm prmed a cerr , including official, indi held at a	vidual, or Income
Was the distribution to p Yes ☑ No □ P The identity of recipie (Last, First) or Organization (Name, Address, Desc	opersons identifie f yes: <u>Supervisor V</u> ent(s) and the e cription)	ed below m Wilma Chan Official's M explanatio Number of Imission(s)/ Ticket(s)	Name (Li n: Agen Offic Yes No Yes No Yes	t the ast, F	 behest o iirst) and Title Check tl taxable also pro If not int ceremor organiza To promo County fa 	f an agend ne income box income. If the vide a descrip one, describ hal roles, perf titon. te attendar cility in ord	cif the agen agency offi tion. e the public ormed by an nce at an ler to ma:	cy officia cial perfo purpose a agency event	I claims adm prmed a cerr , including official, indi held at a	vidual, or Income Income Income
Was the distribution to p Yes ☑ No □ P The identity of recipie (Last, First) or Organization (Name, Address, Desc	opersons identifie f yes: <u>Supervisor V</u> ent(s) and the e cription)	ed below m Wilma Chan Official's M explanatio Number of Imission(s)/ Ticket(s)	Name (Li n: Agen Offici Yes No Yes No Yes No	t the ast, F	 behest o iirst) and Title Check tl taxable also pro If not int ceremor organiza To promo County fa 	f an agend ne income box income. If the vide a descrip one, describ hal roles, perf titon. te attendar cility in ord	cif the agen agency offi tion. e the public ormed by an nce at an ler to ma:	cy officia cial perfo purpose a agency event	I claims adm prmed a cerr , including official, indi held at a	vidual, or Income Income Income
Was the distribution to p Yes ☑ No □ P The identity of recipie (Last, First) or Organization (Name, Address, Desc	opersons identifie f yes: <u>Supervisor V</u> ent(s) and the e cription)	ed below m Wilma Chan Official's M explanatio Number of Imission(s)/ Ticket(s)	Name (Li n: Agen Offici Yes No Yes No Yes No Yes	t the ast, F	 behest o iirst) and Title Check tl taxable also pro If not int ceremor organiza To promo County fa 	f an agend ne income box income. If the vide a descrip one, describ hal roles, perf titon. te attendar cility in ord	cif the agen agency offi tion. e the public ormed by an nce at an ler to ma:	cy officia cial perfo purpose a agency event	I claims adm prmed a cerr , including official, indi held at a	vidual, or Income Income Income
Was the distribution to p Yes ☑ No □ P The identity of recipie (Last, First) or Organization (Name, Address, Desc	opersons identifie f yes: <u>Supervisor V</u> ent(s) and the e cription)	ed below m Wilma Chan Official's M explanatio Number of Imission(s)/ Ticket(s)	Name (Li Name (Li Agen Offici Yes No Yes No Yes No Yes No Yes	t the ast, F	 behest o iirst) and Title Check tl taxable also pro If not int ceremor organiza To promo County fa 	f an agend ne income box income. If the vide a descrip one, describ hal roles, perf titon. te attendar cility in ord	cif the agen agency offi tion. e the public ormed by an nce at an ler to ma:	cy officia cial perfo purpose a agency event	I claims adm prmed a cerr , including official, indi held at a	vidual, or Income Income Income Income

verification 9

1

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

1ª D	Alexandra Boskovich	Ticket Administrator	12/3/2013
Signature of Agency Head or Designee	Print Name	Tite	(month, day, year)
Comment: Use this space or an attac Incorrect Spel		cluding amendment explanation.)	

A Public Document

_	Femorial Role Lver	no una mo	Neur uss	Distributions	and the second se	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	gion (If Applicable	1	For Official Use Only		
	Board of Supervisors					· · · ·
	Designated Agency Contact	(Name, Title)			-	
	Alex Boskovich					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693	270 Statistics	ch@acgov.o	rg	Date of Original Filing:	(Month Day Year)
2.	Function or Event Info	rmation				Second and a second
	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	300/\$30
	Event Description Warriors					//
	Event Description	Provide Tille/Expl	anation	Date(s)		/
	Ticket(s)/Pass(es) provided I	hy agency?	Yes 🗆 No l	If no: Golde	en State Warriors	
	Honor(o)/ Booleo/ provided	o, agono, .			Name of Sc	
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Alan	neda County Superviso	or Wilma Chan
	of agency official?				Cincian's Warne	Last, rital)
3.	Recipients					tife an autoide annaniantion
	Use Section A to identify the agen	Second Second	Number of		and a second	a second s
	A. Name of Agency, Departm	Name of Agency, Department or Unit Ticket(s)/ Describe the put Pass(es)				t to the agency's policy
	B. Name of Individ	ual	Number of Ticket(s)/	A SCALE R	Identify one of the follow	ving:
	(Last, First)		Pass(es)			
	Ballance, Jason			Ceremonial Role	onial Role" or "Other" 🗖	Income
	buildinge, bubbin		4/park		dance at an event held	
				order to maximize	e potential County reve	nue from sales.
				Ceremonial Role	Other	Income
				If checking "Cerem	onial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuar	it to the agency's policy
			1 unstant			
4.	Verification I have read-appd understand FPPC Rep	oulations 18944 1 an	d 18942. I have ve	villed that the distribution se	t forth above, is in accordance w	with the requirements
					Senior Legislative Aid	
	Signature of Agency Head or Design	00	Alex Bosk		Senior Legislative Alc	(Month. Day, Year)
	and a regardy read a register					and the second second
	Comment:					3

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

	Agency Name				Date Stamp	California 802
	Alameda County					and the second se
	Division, Department, or Reg	gion (If Applicab)	(e)		1	For Official Use Only
	Board of Supervisors					8
	Designated Agency Contact	(Name, Title)	-			
	······					
	Alex Boskovich	IC mail			Amendment (Must ;	rovide explanation in Part 3.)
	Area Code/Phone Number (510) 272-6693	E-mail alex.boskov	/ich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	rmation				200/\$30 parking
	Does the agency have a tick		Yes 🛛 No [of Each Ticket/Pass \$ _	200/\$30 parking
	Event Description Warriors	vs. Raptors		Date(s) 1	2 <u>, 3 , 13</u>	
	Event Description	Provide Title/Exp	stanation			
	Ticket(s)/Pass(es) provided	by agency?	Yes No	M If no: Golde	en State Warriors	
				2014	Name of Sc	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes (If yes: Alan	neda County Superviso	Last First
_	of agency officially					
3.	Recipients Use Section A to identify the agent			tion R to Island f , an Individual	iust - a Use Section C to Mer	tify an outside organization.
	A. Name of Agency, Departm	nent or Unit	blic purpose made pursuan	t to the agency's policy		
			Number of			
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(os)		Identify one of the follow	ving:
	(Last, First)	ual	Ticket(s)/	Ceremonial Role	Other D	Income
	B. Name of Individ (Last Fant) Ishmail, Ramsey	ual	Ticket(s)/ Pass(cs)	If checking "Cerem	Other Donial Role" or "Other" describe below.	, Income
	(Last, First)	ual	Ticket(s)/	If checking "Cerem To promote attend	Other D	at a County facility in nue from sales.
	(Last, First)	ual	Ticket(s)/ Pass(es)	If checking "Cerem To promote attend order to maximize Ceremonial Role	Other Other or "Other" describe below. dance at an event held potential County reve	at a County facility in nue from sales.
	(Last, First)	ual	Ticket(s)/ Pass(es)	If checking "Cerem To promote attend order to maximize Ceremonial Role	Other Other or "Other" describe below. dance at an event held potential County reve	at a County facility in nue from sales.
	Ishmail, Ramsey	ual	Ticket(s)/ Pass(es) 4/park	If checking "Cerem To promote attend order to maximize Ceremonial Role	Other Other or "Other" describe below. dance at an event held potential County reve	at a County facility in nue from sales.
	Ishmail, Ramsey		Ticket(s)/ Pass(es) 4/park	If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Cerem	Other	Income at a County facility in nue from sales.
	Ishmail, Ramsey	anization	A/park 4/park 4/park	If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Cerem	Other Other or "Other" describe below. dance at an event held potential County reve	Income at a County facility in nue from sales.
	Ishmail, Ramsey	anization	A/park	If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Cerem	Other	Income at a County facility in nue from sales.
	Ishmail, Ramsey	anization	A/park 4/park 4/park	If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Cerem	Other	Income at a County facility in nue from sales.
	Ishmail, Ramsey	anization	A/park 4/park 4/park	If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Cerem	Other	Income at a County facility in nue from sales.
	Ishmail, Ramsey	anization	A/park 4/park 4/park	If checking "Cerem To promote attend order to maximize Ceremonial Role If checking "Cerem	Other	Income at a County facility in nue from sales.

Alex Boskovich

Print Name

Signature of Agency Head or Designee

Comment: .

Senior Legislative Aide

TAle

12/2/13 (Month, Day, Year)

_		no una m	Neur doo L	Jacibutiona		A Public Documen
1.	Agency Name				Date Stamp	California 802
	Alameda County					Tonin
1	Division, Department, or Reg	jion (II Applicabl	'e)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Lee Ann Fergerson, Super		ant.			
	Area Code/Phone Number	E-mail	in		Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6691	I LEADER POINT AND A COM	erson@acgov.	052	Date of Original Filing:	
_	•		erson@acgov.	org	bute of original rining.	(Month, Day, Year)
t	Function or Event Infor Does the agency have a tick Event Description		Yes 🖸 No 🗆	Date(s)		120
	licket(s)/Pass(es) provided b	v agency?	Vert No	I If no: GS	SW	
	newer(a)n geolean bronned r	y agoncy i	Yes 🖸 No 🗆		Name of So	
١	Vas ticket distribution made	at the behest	No 🗆 Yes 🛐	If yes:	meda County Supervisor S	
	of agency official?			0	Official's Name (I	.ast, First)
	Recipients					
÷	Use Section A to identify the agence	y's department or	the second s	on B to identify an individe	ual. • Use Section C to ident	ify an outside organization.
1	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
Ē	3. Name of Individua (Last, First) James Robi		Number of Ticket(s)/ Pass(es)	To promote at to maximize p parking sales	Identify one of the following tendance at a county spon otential county revenue for	sored event in order
-				Ceremonial Role If checking "Ceremon	Other Other at Role" or "Other" describe below:	Income
C	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant l	to the agency's policy
	erification ave fead and understand FPPC Regul		18942. I have verifie .ee Ann Fergel		rth above, is in accordance with Supervisor's Assistant	the requirements.
)-	Signature of Agerica Head or Designee		Print Name		71/6	(Month, Day, Year)
	()					
C	omment:					
						FPPC Form 802 (4/12)

	of the second		A Public Document			
		Date Stamp	California 802			
Alameda County Division, Department, or Region (If Applicable)						
ible)		1	For Official Use Only			
Board of Supervisors						
Designated Agency Contact (Name, Title)						
Lee Ann Fergerson, Supervisor's Assistant						
		Amendment (Must p	rovide explanation in Part 3.)			
gerson@acgov.	org	Date of Original Filing:	(Month, Day, Year)			
Yes No] Face Value of	of Each Ticket/Pass \$ _	20000			
	Date(s)		/			
Yes DI No	1 If no: GS	W				
1000 A. 1000 A						
No 🗌 Yes 🗔	∬ Ifyes:					
		Official's Name (I	.ast, First)			
the same sector of the same sect						
Ticket(s)/	Describe the put	blic purpose made pursuant	to the agency's policy			
Number of		Mentify one of the fellow	1.1.1.1.1.1.1			
Pass(es)	Contraction of the second	identity one of the followi	ng:			
			Income			
	If checking "Geremon	ial Role" or "Olhar" describe below:				
			Income			
Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy			
4/						
nd 18942. I have verifie	d that the distribution set fo	rth above, is in accordance with	the requirements			
			17-12 1			
Print Name		Supervisor's Assistant	(Month, Day, Year)			
100000000						
xempt, put	olic charity e	established in	1991 to			
d commun	ity involvence	PPC Toll-Free Helpline: 86	FPPC Form 802 (4/12)			
lour sch	0015-	and a second particular of				
	tant gerson@acgov. YesD No Way (10) xplanation YesD No No YesD No No YesS No No YesSes) Number of Ticket(s)' Pass(es) Number of Ticket(s)' Number of Number of Ticket(s)' Number of Ticket(s)' Pass(es) Number of Number of Number of Ticket(s)' Pass(es) Number of Ticket(s)' Number of Ticket(s)' Pass(es) Number of Number of Ticket(s)' Pass(es) Number of Number of Number of Ticket(s)' Pass(es) Number of Numbe	tant gerson@acgov.org Yes<	tant			

Ceremonial Role Eve	nts and Tick	(et/Pass [Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Alameda County					
Division, Department, or R	egion (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Title)			-	
Lee Ann Fergerson, Supe	ervisor's Assistan	t		······································	
Area Code/Phone Number	E-mail		· · ·	Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferger	son@acgov.	org	Date of Original Filing	:(Month, Day, Year)
2. Function or Event Info	ormation				
Does the agency have a tic	ket policy?	Yes 🗗 No 🗆] Face Value of	of Each Ticket/Pass \$	82.00
Event Description	ARL LAM		Date(s) \	,26,13	1 1
	Provide Title/Expla	nation			·///
Ticket(s)/Pass(es) provided	by agency?	Yes 🔁 No 🗆] If no: <u>6</u>	>W Name of S	Poumo
Was ticket distribution mad	a at the behast		Alan	neda County Supervisor :	
of agency official?	e at the benest	No 🗆 Yes 🗗	If yes:		
3. Recipients					
Use Section A to identify the age		Number of			
A. Name of Agency, Depar	tment or Unit	Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursua	nt to the agency's policy
			······································		
B. Name of Indivi	dual	Number of		11	
U. (Last, First)		Ticket(s)/ Pass(es)		Identify one of the follo	wing:
					e [
Shawn Wel	Son	4		endance at a county sponso	
			maximize pote	ntial county revenue for conc	ession and parking sales
			Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below	V :
Name of Outside Or	nanization	Number of			
(include address and		Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursua	nt to the agency's policy
			en el en aconstant de la constant de	a su de la face da esta de la defendação da de de la fil de centra da este persona de la esta esta esta de la	
4. Verification Λ					
I have read and understand FPPC R	egulations 18944.1 and	18942. I have veri	fied that the distribution set	forth above, is in accordance	with the requirements. $l - l - r$
JULI MA	<u> </u>	_ee Ann Ferg	erson	Supervisor's Assista	nt 12715
Signature of Agendy Head of Des	gnee	Print Name		Title	(Month, Day, Year)
Comment:					

Ceremonial Role Ever	nts and Tick	et/Pass D	istributions		A Public Documen
. Agency Name		iliainin markana kana kana kana kana kana kana kan		Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Re	gion (If Applicable)			1	For Official Use Only
Board of Supervisors					
Designated Agency Contact	t (Name, Title)		//////////////////////////////////////		
Lee Ann Fergerson, Super	visor's Assistant			Amondmont (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail				provide explanation in Part 3.)
(510) 272-6691	leeann.ferger	son@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
. Function or Event Info					777 00
Does the agency have a tick		∕es □ No □	Face Value of	of Each Ticket/Pass \$ _	722,00
	US 14. K	<u>c</u> Chief	⊆ Date(s) ב	15,13	
	Provide Title/Explar		lf no: <u>GS</u>	w/	
Ticket(s)/Pass(es) provided	by agency?	/es/□ No □		Name of So	
Was ticket distribution made	at the behest	No 🗆 Yes 🙀) If yes:	neda County Supervisor S	
of agency official?)		Official's Name	(Last, First)
Recipients			- D 4- bi		A15
Use Section A to identify the agen		Number of			
A. Name of Agency, Departn	nent or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
		Number of			
B. Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
Δ					ncome
KANKA VIENTA		4/1		ice at a county sponsored eve ounty revenue for concession	
TOTAL APORTA					
			Ceremonial Role	Other nial Role" or "Other" describe below:	Income
C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
		Pass(es)			
·····				···· · · · · · · · · · · · · · · · · ·	
		l			
I have read/and understand FPPC Reg	gulations 18944.1 and 1	8942. I have verifie	ed that the distribution set f	forth above, is in accordance w	ith the requirements.
JULIA UNES	Ĺ	ee Ann Ferge	rson	Supervisor's Assistar	nt 12-05-
Signature of Agency Head of Design		Print Name		Title	(Month, Day, Year)
$\bigcirc v$					
Comment:					

	eremonial Role Even	to and no	neurass D	istributions		A Public Document
1.	Agency Name	annan - Anna Anna Anna Anna Anna Anna An			Date Stamp	California 802
	Alameda County			Form OOZ		
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Lee Ann Fergerson, Superv	visor's Assistar	nt	<u> </u>		
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgov.c	org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🗗 No 🗆	Face Value o	f Each Ticket/Pass \$	18.05
		D SILENT Provide Title/Expl	-NIGHT	Date(s) 7	-, 4, 13	12,7,13
	Ticket(s)/Pass(es) provided b	y agency?	Yes 😰 No 🗆	If no: <u>B</u>	W.	
	Mon ticket distribution mode	at the hebest			Name of Sol	Irce
	Was ticket distribution made a of agency official?	at the penest	No Yes 🗆	If yes:	Official's Name (L	.ast, First)
3.		via depertment ex	unit - Une Costie		and an Unit Constitution Official and	
	• Use Section A to identify the agenc A. Name of Agency, Departme		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 Individu	al	Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Genth Juggerty	1	4			come 🗌
	Scott Haggerty Scott Haggerth				ight of facilities or even	s that have
	Scall Haggerh	1	4	received County	y funding or support	
		1		Ceremonial Role	Other	Income
				If checking "Ceremon	al Role" or "Other" describe below:	
	C. Name of Outside Organ	nization	Number of	Describedies web		
	(include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					·	
4.	Verification					
	Ihave read and understand FPPC Regu	/				
ľ	Signature of Agency Head of Besigned		Lee Ann Ferge	erson	Supervisor's Assistant	(Month, Day, Year)
					1 MG	(wonur, Day, rear)
	Comment: Alameda Cou	Inty Supervisor S	cott Haggerty, Di	istrict 1		

A Public Document

						A Fublic Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Reg	ion (If Applicable	»)			For Onicial One Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Michelle Dianda						
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	nda@acgov.	.org	Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	mation				1010 A. (1973)	
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value of Face Value of Face Value	of Each Ticket/Pass \$.	78.05	
	Event Description Not So Si	lent Night		Date(s)12	<u>2 , 06 , 13 </u>	12 , 07 , 13	
	3	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	lource	
	Was ticket distribution made	at the behest	No 🗌 Yes	Valle, Valle	, Richard- Superviso		
	of agency official?			in yes:	Official's Name	(Last, First)	
3.	Recipients						
00	• Use Section A to identify the agend	y's department or	unit. • Use See	ation B to identify an individe	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	ublic purpose made pursuant to the agency's policy		
	B. Name of Individu	al	Number of				
	(Lost First)		Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
	Olivares, Orlando		4	If checking "Ceremon	Other 🔀		
				order to maximize	potential revenue fro	d at a County facility in m sales.	
	Oliverna Orlanda			< 31.4.2 CONTRACTOR AND TAXABLE AND A CAMPACIAN	Other 🛛	Income	
	Olivares, Orlando		4	To promote attenda	wa Role" or "Other" describe below ance at an event held potential revenue fro	at a County facility in	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursua	nt to the agency's policy	
				2			
	~						
4.	Verification						
	I have read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ve	wified that the distribution set I	forth above, is in accordance	with the requirements.	
			Michelle D	ianda	Supervisor's Aide	12/3/13	
	Sanature of Agency Head or Designe	0	Print Nam	10	Title	(Mohth, Day Year)	
	22 - 3 - 3 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4					1	
	Comment:						

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For Official Use Only ant (Must provide explenation in Part 3.) al Filing:
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ors Name of Source Dervisor District 2 iars Name (Last, First) n C to identify an outside organization.
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pervisor District 2 ars Name (Last, First) n C to identify an outside organization.
ar's Name (Last, First) n C to identify an outside organization.
n C to identify an outside organization.
the following:
Income C scribe below: ent held at a County facility in nue from sales.
Income C
e pursuant to the agency's policy
cordance with the requirements.
cordance with the requirements.

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gency Name lameda County ivision, Department, or Reg coard of Supervisors esignated Agency Contact fichelle Dianda rea Code/Phone Number 510) 272-6692		o)		Date Stamp	California Form 802 For Official Use Only	
ivision, Department, or Reg oard of Supervisors esignated Agency Contact fichelle Dianda rea Code/Phone Number 510) 272-6692	(Name, Title)	9)			Form	
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fichelle Dianda rea Code/Phone Number 510) 272-6692						
rea Code/Phone Number 510) 272-6692	E-mail			1		
510) 272-6692	E-mail					
				Amenament (Must)	provide explanation in Part 3.)	
En aller and En alle fair	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
unction or Event Infor	mation				050.00	
oes the agency have a ticke		Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	350.00	
vent Description Warriors v	/s. Rockets Provide Title/Exp	lanation	Date(s)2	<u>, 13 , 13</u>	//	
cket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Golder	n State Warriors		
				Name of S		
	at the behest	No 🗌 Yes	If yes: Valle,	, Richard- Supervisor	District 2	
				Gindar a Hame	cuai, rinay	
WARK PERMITSING STREET, INCOMENDATION OF THE REPORT OF T			des 9 te ideatifs es induide	ual Uno Postion C to Mar	NA an autolda annolastica	
	to an allowers	Number of	an a sugar and a sugar			
Name of Agency, Department	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	public purpose made pursuant to the agency's policy		
Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving:	
ella Malia		Pass(es)			Income	
ena, mana		4	그 그 그 그 그 그 그 같은 것은 것은 것을 가지 않는 것을 했다.			
			THE REPORT OF A DESCRIPTION OF A		Income	
		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	it to the agency's policy	
					4	
erification and read and understand FPPC Regi	ulations 18944.1 an			forth above, is in accordance w Supervisor's Aide	ith the requirements. $\sqrt{2/3/3}$	
Signature of Agency Head or Designed	P	Print Nam	0	Tille	(Month, Day Year)	
	of agency official? ecipients Jse Section A to Identify the agence . Name of Agency, Department . Name of Agency, Department . Name of Individue (Lest, Forst) ella, Malia . Name of Outside Organ . (include address and dee erification and read and understand FPPC Regive Signature of Agency Head or Designer Signature of Agency Head or Designer	ecipients Jae Section A to identify the agency's department or Name of Agency, Department or Unit Name of Individual (Last, First) ella, Malia Name of Outside Organization (include address and description) erification erification erification Signature of Agency Head or Designee Includes 1 parking pages at a v	A section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency is department or unit. • Use Section A to identify the agency is department or unit. • Use Section A to identify the agency is department or unit. • Use Section A to identify the agency is department or unit. • Use Section A to identify the agency is department or unit. • Use Section A to identify the agency is department or unit. • Use Section A to identify the agency is departed and understand FPPC Regulations 18944.1 and 18942.1 have very Michelle D Print Nem	A section A to identify the agency's department or unit. • Use Section B to identify an individual Name of Agency, Department or Unit Name of Agency, Department or Unit Name of Individual Name of Individual Name of Individual Name of Individual Ceremonial Role If the the distribution are the distribution of the distribution of the distribution set of (include address and description) Name of Outside Organization Name of Duckets 1 Description Name of Duckets 1 Description Name of Outside Organization Name of Outside Organization Name of Outside Organization Name of Outside Organization Name of Duckets 1 Description Name of Duckets 1 Description Name	of agency official? Note 100 kg might be agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify and the follow pass(es) ella, Malia 4 Ceremonial Role Other Identify an individual. Other Identify an individual. • Use Sective below. ella, Malia 4 Number of ticket(s) Describe the public purpose made pursuan d'action and description. Identify and action and description. Other Identify an	

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Stamp California 802 For M 802 For Official Use Only ment (Must provide explanation in Part 3.) ginal Filing:(Month, Day, Year) tt/Pass \$222.00
For Official Use Only ment (<i>Must provide explanation in Part 3.</i>) ginal Filing:(<i>Month, Day, Year</i>) t/Pass \$222.00
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Name of Source
upervisor District 2
ficial's Name (Last, First)
tion C to identify an outside organization.
ide pursuant to the agency's policy
of the following:
Income
describe below:
eer for his service to the public
describe below:
ide pursuant to the agency's policy
accordance with the requirements. or's Aide $\frac{12}{3}$

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

C	eremonial Role Even	ts and Tic	ket/Pass	Distributions	1	A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					ronni
	Division, Department, or Reg	ion (If Applicable	e)		1	For Official Use Only
	Board of Supervisors					0
	Designated Agency Contact	(Name, Title)			-	
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6692	michelle.dia	inda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				222.00
	Does the agency have a ticke		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	222.00
	Event Description Raiders ve	s. Chiefs		Date(s)	2 <u>, 15 , 13</u>	//
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Oakla	Ind Raiders Name of S	ource
	Was ticket distribution made a	at the behest	No 🗆 Yes	v Valle	, Richard- Supervisor	
	of agency official?	at the borrest	NO LI TES	In yes:	Official's Name	(Last, First)
3.	Recipients					
	. Use Section A to identify the agence	y's department or	the second se	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	at to the agency's policy
	B. Name of Individu	al	Number of Ticket(s)/		identify one of the follow	vina:
	C.o.M. Firsty		Pass(es)		-	
	Archuleta, Justin			Ceremonial Role If checking "Ceremo	Other X nial Role" or "Other" describe below.	Income
			1	To promote attend		at a County facility in
				Ceremonial Role	Other	Income
				If checking "Genemo	nlai Role" or "Other" describe below:	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	at to the agency's policy
			Pass(es)			
4.	Verification	wations 18944.1 an	d 18942. I have ve	wified that the distribution set	forth above, is in accordance w	vith the requirements.
	MALA		Michelle D	ianda	Supervisor's Aide	12/13/13
	Signature of Agency Head or Designe	0	Print Nam	10	Title	(Moglih, Day, Year)

A Public Documen

-	eremonial Role Ever	its and ne	Neurass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Tomm
	Division, Department, or Reg	gion (If Applicable	ə)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@acgov.	.org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Info	mation				11 11 12 12 12 12 12 12 12 12 12 12 12 1
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	120.00
	Event Description			Date(s) 1	2 , 31 , 13	/
	Event Description	Provide Title/Exp	lanation			······································
	Ticket(s)/Pass(es) provided t	by agency?	Yes 🗆 No	If no: Golde	n State Warriors	
	Marchiston all shallow all so as a da	-446-51-51-54			Name of So Richard, Supervisor	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor I Official's Name (i	Last First)
2						
3.	• Use Section A to identify the agen	cy's department or	unit. • Use Sec	stion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Departm		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant	
			Number of			
	B. Name of Individu (Last, First)	101	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Wicklow, Eryn		4	If checking "Ceremon	Other 🔀 nial Role" or "Other" describe below:	Income
			7.		ance at an event held potential revenue from	
				Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(os)	Describe the pu	blic purpose made pursuant	to the agency's policy
4.	Verification	2	d 18942. I have ve Michelle D		forth above, is in accordance wi Supervisor's Aide	th the requirements.
	Signature of Ageney Dead of Designe	0	Print Nam	10	Title	(Mpnih, Day, Year)
	Comment:					

	А	Pub	lic	Document
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	oneon tannooron biotin	outions				dishie boot	annoi
1.	Agency Name				Date Stamp	California 👩	302
	County of Alameda				0-1112-012-20-00	Form C	004
	Division, Department, or Region	n (if applicable)			81	For Official Use	Only
	Board of Supervisors						
	Street Address				1		
	1221 Oak Street, Suite 536						
	Designated Agency Contact (Na	ame, Title)		ide oveleesties is Ded			
	Anna Gee, Operations Manag	er			Amendment (Must prov	te explanation in Part	(3.)
	and the second se	-mail			Date of Original Filing:	(month, day, year)	-
	510-891-5585	anna.gee@acgov.org				(monun, day, year)	
7	Function, Event, or Ceren	the second se	ion				_
	r unotion, Event, er euren					1.10	1-
	Title Not So Silent Night			Face	Value of Each Admissi	on \$	03
	Description Concert			Date(s	s) <u>12 / 06 / 13</u>	12 _07	13
	Ticket(s)/Admission(s) provi	ded by agency2. Vee		J If no. Gold	Ien State Warriors		
		,,,			Name of S	ource	
			Name (Last,	, First) and Title			
	The identity of recipient(s) and the explanatio	on:				
	Name (Last, First) or Organization (Name, Address, Description	Number of Admission(s)/ Ticket(s)	Agency Official	taxable i also pro e if not inc	the income box if the agency offic ncome. If the agency official pe- vide a description. some, describe the public purpo- ilal roles, performed by an agen- tion.	rformed a ceremonia se, including	l role,
	Miley, Sarah	Cold to the second s	Yes 🗖	To promote an e	event held at a County facility in orde	1	ncom
	Niney, second	4	No 🗹	Inotential County	revenue from parking and concessi	on sales.	
	Miley, Christopher		Yes 🗖		n event hald at a County for The	la ander to Ir	ncom
	Miley, Critistopher	4	No 🗹	To promote a	in event held at a County facility ential County revenue from park	in order to	
			Yes 🗖	maximize por		ing and 🛄 i	ncom
			No 🗆				
			Yes 🗆				
			No 🗆			Ir	ncom
	6		Yes			Ir	ncom
			No 🗖	10			

3. Verification

11

5

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions. 0

they is	Anna Gee	Operations Manager	12/1/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

A Fublic Document	Α	Public	Document
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_	cket/Admission Distri					Public Docume
	Agency Name			Date Star	np	California Form 80
	County of Alameda					
1	Division, Department, or Regio	on (if applicable)				For Official Use Only
	Board of Supervisors					
1	Street Address					
	1221 Oak Street, Suite 536					
1	Designated Agency Contact (A	lame, Title)			t (Must pro	vide explanation in Part 3.)
.)	Anna Gee, Operations Mana	ger			in (maar pro	noo oxpananon in r an o.y
1	Area Code/Phone Number	E-mail		Date of Origina	i Filing:	(month, day, year)
	510-891-5585	anna.gee@acgov.org				
1	Function, Event, or Cerei	monial Role Informat	ion			
	Title Warrirors vs. Mavericks			Face Value of Each	Admissi	on \$ _300.00
	Baskathall Cam			Date(s) <u>12</u> / 11	13	
1	Description Basketball Gam	e		Date(s)/		//
•		vided by agency? Yes sons identified below n s: <u>Miley, Nate - Alameda C</u> Official's I	n ade at the ounty Super Name (Last, F	If no: <u>Golden State Warriors</u> behest of an agency of	rvarne or S	ource
1	Was the distribution to pers	vided by agency? Yes cons identified below n s: <u>Miley, Nate - Alameda C</u> <i>Official's I</i> s) and the explanatio Number of Admission(s)/	n ade at the ounty Super Name (Last, F	If no: Golden State Warriors behest of an agency of isor irst) and Title Check the income box if the taxable income. If the agenc also provide a description. If not income, describe the p	agency offi y official po public purpo	cial claims admission as rformed a ceremonial role se, including
1	Was the distribution to pers Yes □ No ☑ If ye The identity of recipient(Name (Last, First) or	vided by agency? Yes sons identified below n s: <u>Miley, Nate - Alameda C</u> <i>Official's I</i> s) and the explanatio Number of Admission(s)/ Ticket(s)	nade at the ounty Super Name (Last, F on: Agency	If no: Golden State Warriors behest of an agency of isor irst) and Tille Check the income box if the taxable income. If the agenc also provide a description. If not income, describe the p ceremonial roles, performed organization.	agency offi y official public purpo	cial claims admission as rformed a ceremonial role se, including
	Was the distribution to pers Yes □ No ☑ If ye The identity of recipient(Name (Last, First) or Organization	vided by agency? Yes sons identified below n s: <u>Miley, Nate - Alameda C</u> <i>Official's I</i> s) and the explanatio Number of Admission(s)/ Ticket(s)	nade at the ounty Super Name (Last, F on: Agency	If no: Golden State Warriors behest of an agency of isor irst) and Title Check the income box if the taxable income. If the agenc also provide a description. If not income, describe the p ceremonial roles, performed	agency offi y official public purpo	cial claims admission as rformed a ceremonial role se, including cy official, individual, or
-	Was the distribution to pers Yes No I If ye The identity of recipient((Last, First) or Organization (Name, Address, Descript	vided by agency? Yes sons identified below n s: <u>Miley, Nate - Alameda C</u> <i>Official's I</i> s) and the explanatio Number of Admission(s)/ Ticket(s)	nade at the ounty Super Name (Last, F on: Agency Official	If no: Golden State Warriors behest of an agency of isor irst) and Tille Check the income box if the taxable income. If the agenc also provide a description. If not income, describe the p ceremonial roles, performed organization.	agency offi y official public purpo	cial claims admission as prormed a ceremonial role se, including cy official, individual, or incor
-	Was the distribution to pers Yes No I If ye The identity of recipient((Last, First) or Organization (Name, Address, Descript	vided by agency? Yes sons identified below n s: <u>Miley, Nate - Alameda C</u> <i>Official's I</i> s) and the explanatio Number of Admission(s)/ Ticket(s)	nade at the ounty Super Name (Last, F on: Agency Official Yes 🗖	If no: Golden State Warriors behest of an agency of isor irst) and Tille Check the income box if the taxable income. If the agenc also provide a description. If not income, describe the p ceremonial roles, performed organization.	agency offi y official public purpo	cial claims admission as informed a ceremonial role se, including cy official, individual, or Incor
-	Was the distribution to pers Yes No I If ye The identity of recipient((Last, First) or Organization (Name, Address, Descript	vided by agency? Yes sons identified below n s: <u>Miley, Nate - Alameda C</u> <i>Official's I</i> s) and the explanatio Number of Admission(s)/ Ticket(s)	nade at the ounty Super Name (Last, F on: Agency Official Yes □ No ☑	If no: Golden State Warriors behest of an agency of isor irst) and Tille Check the income box if the taxable income. If the agenc also provide a description. If not income, describe the p ceremonial roles, performed organization.	agency offi y official public purpo	cial claims admission as rformed a ceremonial role se, including cy official, individual, or Incor
	Was the distribution to pers Yes No I If ye The identity of recipient((Last, First) or Organization (Name, Address, Descript	vided by agency? Yes sons identified below n s: <u>Miley, Nate - Alameda C</u> <i>Official's I</i> s) and the explanatio Number of Admission(s)/ Ticket(s)	nade at the ounty Super Vame (Last, F on: Agency Official Yes □ No ☑ Yes □	If no: Golden State Warriors behest of an agency of isor irst) and Tille Check the income box if the taxable income. If the agenc also provide a description. If not income, describe the p ceremonial roles, performed organization.	agency offi y official public purpo	cial claims admission as informed a ceremonial role se, including cy official, individual, or incor lncor
	Was the distribution to pers Yes No I If ye The identity of recipient((Last, First) or Organization (Name, Address, Descript	vided by agency? Yes sons identified below n s: <u>Miley, Nate - Alameda C</u> <i>Official's I</i> s) and the explanatio Number of Admission(s)/ Ticket(s)	nade at the ounty Super Vame (Last, F on: Agency Official Yes □ No ☑ Yes □ No ☑	If no: Golden State Warriors behest of an agency of isor irst) and Tille Check the income box if the taxable income. If the agenc also provide a description. If not income, describe the p ceremonial roles, performed organization.	agency offi y official public purpo	cial claims admission as informed a ceremonial role se, including cy official, individual, or incor incor
	Was the distribution to pers Yes No I If ye The identity of recipient((Last, First) or Organization (Name, Address, Descript	vided by agency? Yes sons identified below n s: <u>Miley, Nate - Alameda C</u> <i>Official's I</i> s) and the explanatio Number of Admission(s)/ Ticket(s)	Agency Official Yes C No C Yes C No C	If no: Golden State Warriors behest of an agency of isor irst) and Tille Check the income box if the taxable income. If the agenc also provide a description. If not income, describe the p ceremonial roles, performed organization.	agency offi y official public purpo	cial claims admission as informed a ceremonial role se, including cy official, individual, or incor lncor
	Was the distribution to pers Yes No I If ye The identity of recipient((Last, First) or Organization (Name, Address, Descript	vided by agency? Yes sons identified below n s: <u>Miley, Nate - Alameda C</u> <i>Official's I</i> s) and the explanatio Number of Admission(s)/ Ticket(s)	nade at the ounty Super Vame (Last, F on: Agency Official Yes □ No ☑ Yes □ No □ Yes □ No □	If no: Golden State Warriors behest of an agency of isor irst) and Tille Check the income box if the taxable income. If the agenc also provide a description. If not income, describe the p ceremonial roles, performed organization.	agency offi y official public purpo	cial claims admission as informed a ceremonial role se, including cy official, individual, or incon incon incon
	Was the distribution to pers Yes No I If ye The identity of recipient((Last, First) or Organization (Name, Address, Descript	vided by agency? Yes sons identified below n s: <u>Miley, Nate - Alameda C</u> <i>Official's I</i> s) and the explanatio Number of Admission(s)/ Ticket(s)	ade at the ounty Super Vame (Last, F on: Agency Official Yes □ No ☑ Yes □ No □ Yes □ No □ Yes □	If no: Golden State Warriors behest of an agency of isor irst) and Tille Check the income box if the taxable income. If the agenc also provide a description. If not income, describe the p ceremonial roles, performed organization.	agency offi y official public purpo	cial claims admission as informed a ceremonial role, se, including

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Signature of Agency Head of Designee Print Name	Title (mont)	h, day, year)

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artin	Vary
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Agency Report of: Ceremonial Role Events and Ti 1.

A Fublic Document	Α	Public	Document
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•	Agency Name						Date	Stamp	C.	alifornia	802
	County of Alameda	-									A REAL PROPERTY AND ADDRESS OF TAXABLE PARTY.
Division, Department, or Region (if applicable)									For Officia	Use Only	
Board of Supervisors											
	Street Address										
	1221 Oak Street, Suite 536				_						
	Designated Agency Contact	(Name, Title)					Amend	ment (Mus	t provide e	xplanation i	n Part 3.)
	Anna Gee, Operations Man								18-18-18-18-18-18-18-18-18-18- 19-19	39 - 100 - 10 million (10	10.034 <i>20</i> .095 20 <mark>9</mark> 5
	Area Code/Phone Number	E-mail					Date of Ori	ginal Filing	(mo	nth, day, ye	ar)
_	510-891-5585	anna.gee@	And the second se						1997		1998
	Function, Event, or Cere	emonial Rol	e Informat	ion							
	Title Warrirors vs. Rockets					12 13				350.0	0
	Title				-	Face	Value of Ea	ich Admi	ssion §	300.0	0
	Description Basketball Gar	me				Detel	s) <u>12 / 1</u>	3,13		,	7
	Description			_	-	Datets	s)/_			/	
	Ticket(s)/Admission(s) pro Was the distribution to per Yes □ No ☑ If y		ied below n e - Alameda C	nade a ounty S	t the uperv	behest o	f an agency	Ivame	of Source ?)	
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XII !	Anna Gee	Operations Manager	12/2/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Α	Publ	ic	Document	t
				-

. Agency Name						
			Date Stamp	California	802	
County of Alameda				2010/00/07	Form	004
Division, Department, or Reg	jion (if applicable)			For Official U	lse Only	
Board of Supervisors						
Street Address			1			
1221 Oak Street, Suite 536						
Designated Agency Contact						
				Amendment (Must prov	ide explanation in I	Part 3.)
Anna Gee, Operations Mar Area Code/Phone Number		Date of Original Filing:				
	E-mail			sale of original range	(month, day, year,	
510-891-5585 Function, Event, or Cer	anna.gee@acgov.org					_
	ovided by agency? Yes rsons identified below r /es: <u>Miley, Nate - Alameda C</u> <i>Officiai's</i>	nade at th County Super Name (Last, I	If no: <u>Gold</u> e behest o	f an agency official?		
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League of Women Voters-Ede	CONTRACTOR PROFESSION	Yes 🗖	coremon organiza	ome, describe the public purpos dal roles, performed by an agend	rformed a ceremo se, including cy official, individe	nial role, ual, or
League of Women Voters-Ede	CONTRACTOR PROFESSION	Yes 🗖 No 🖸	coremon organiza	ome, describe the public purpos ial roles, performed by an agenc tion.	rformed a ceremo se, including cy official, individe	nial role, ual, or
	n Area	No 🗹	coremon organiza	ome, describe the public purpos ial roles, performed by an agenc tion.	rformed a ceremo se, including cy official, individe	nial role, ual, or Incom
League of Women Voters-Ede	n Area	No ☑ Yes □	coremon organiza	ome, describe the public purpos ial roles, performed by an agenc tion.	rformed a ceremo se, including cy official, individe	nial role, ual, or Incom Incom
80 800 22244	n Area 4	No 🛛 Yes 🗖 No 🗖	coremon organiza	ome, describe the public purpos ial roles, performed by an agenc tion.	rformed a ceremo se, including cy official, individe	Incom
80 800 22244	n Area 4	No 🗹 Yes 🗆 No 🗖 Yes 🗖	coremon organiza	ome, describe the public purpos ial roles, performed by an agenc tion.	rformed a ceremo se, including cy official, individe	nial role, Jal, or Incom Incom Incom
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RO BUE 22294 Costro Vallay, CA a Political Awarene	n Area 4	No Yes No Yes No Yes No Yes No	coremon organiza	ome, describe the public purpos ial roles, performed by an agenc tion.	rformed a ceremo se, including cy official, individe	nial role, Jal, or Incom Incom Incom
RO BUT 22274 Costro Vallay, CA a Political Awarene	PPC Regulations 18944.1 ansions.	No Yes No Yes No Yes No Yes No	ceremon organiza To reward a nor	tome, describe the public purpose int roles, performed by an agence tion. In profit for its contributions to the com	rformed a ceremo se, including cy official, individe munity imunity	Incom
RO BUT 22294 Costro Valley, CA C Political Awarene Verification Thave read and understand Fi	PPC Regulations 18944.1 ansions.	No Yes No Yes No Yes No 18942. 1 h	ceremon organiza To reward a nor	ome, describe the public purpor ial roles, performed by an agend tion. a profit for its contributions to the com	rformed a ceremo se, including cy official, individe imunity issions, set fort 12/2/13	Incom

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

A	Public	Document

Agency Name County of Alameda Division, Department, or Reg Board of Supervisors Street Address				California	
Division, Department, or Reg Board of Supervisors Street Address 1221 Oak Street, Suite 536					
Board of Supervisors Street Address				Children and Chi	302
treet Address 221 Oak Street, Suite 536	ion (if applicable)		For Official Use	Only	
221 Oak Street, Suite 536					
Designated Agency Contact	(Name, Title)			st provide explanation in Pa	(3)
Anna Gee, Operations Man	ager			er processo an processo ar r a	
area Code/Phone Number	E-mail		Date of Original Filin	g:(month, day, year)	-
510-891-5585	anna.gee@acgov.org				
unction, Event, or Cere	emonial Role Informa	ation			
itle Warrirors vs. Clippers			Face Value of Each Adm		
escription Basketball Ga	ne		Date(s) 12 / 25 / 13	/	
	es: <u>Miley, Nate - Alameda</u> Official's (s) and the explanati Number of	County Super s Name (Last, F on: Agency	behest of an agency official visor First) and Title Check the income box if the agency taxable income. If the agency offic also provide a description.	y official claims admissio	
Organization (Name, Address, Descri	Admission(s) Ticket(s)	Official	 If not income, describe the public p ceremonial roles, performed by an organization. 		
	2	Yes 🔽 No 🗖	To reward a County employee for his exempla	ary service to the public	l, or
Stewart, Darryl					1
Stewart, Darryl Dunlap, Kamika	6	Yes ☑ No □	To reward a County employee for his ex public	emplary service to the	ncom
	6	No 🗖 Yes 🗹 No 🗖	public To promote attendance at an event held	emplary service to the	ncom ncom
Dunlap, Kamika		No 🗖 Yes 🗹	public	emplary service to the	ncom ncom ncom
Dunlap, Kamika Ailey, Nate	4	No Yes No Yes Yes	public To promote attendance at an event held order to maximize potential County reve To reward a County employee for his ex	templary service to the lat a County facility in ue from parking and templary service to the lateral templary service templary	
	ption) Ticket(s)	Yes 🗹 No 🗖	ceremonial rotes, performed by an	agency officia	

Comment: (Use this space or an attachment for any additional information including amendment explanation.) Parking pass given to Kamika Dunlap and Darryl Stewart

A Public	Document
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icket/Admission Dist	indutions				A	Public Docume
. Agency Name					Date Stamp	California 80
County of Alameda						Form OU
Division, Department, or Region (if applicable)					1	For Official Use Only
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Title)				Amendment (Must pro	uide evolution in Part 21
Anna Gee, Operations Mana	ager					wide explanation in Part 3.)
Area Code/Phone Number	E-mail				Date of Original Filing:	(month, day, year)
510-891-5585	anna.gee@	Dacgov.org				(manual add) youry
Function, Event, or Cere	and the second se	in the second	tion			
Title Warrirors vs. Suns				Face	Value of Each Admiss	ion \$ _200.00
Baskethall Can	20			100000000000000000000000000000000000000	12 27 13	
Description Basketball Gan	ne			Date(s) <u>12</u> , <u>27</u> , <u>13</u>	//
Ticket(s)/Admission(s) pro	vided by ag	gency? Yes	No E] If no: Gold	den State Warriors Name of S	
					Name of c	source
The identity of recipient	(s) and the		00000000000	First) and Title	he income box if the agency off	leist stalms urbulasion os
Name (Last, First)	State Late	Number of	Agency		income. If the agency official p	
or Organization		Admission(s)/	Official		ovide a description. come, describe the public purpo	ase including
(Name, Address, Descrip	tion)	Ticket(s)	TRACES.	ceremo	nial roles, performed by an ager	icy official, individual, or
Castro Valley High School -Bas	aball		Yes 🗖		on profit for its contributions to the c	ommunity Incor
Team	sooan	2	No 🗹			
20185 San Miguel Ave-Castro Valley,	CA DAEAG		Yes 🗖			Incor
20105 San Miguel Ave-Castro Valley,	GA 94940		No 🗖			
Support high school baseball			Yes 🗖			Incor
Support righ school paseball			No 🗖			
			Yes 🗖			Incor
			No 🗖			
			Yes 🗖			Incor
			No 🗆			
Verification						
I have read and understand FP is in accordance with the provis		ns 18944.1 an	d 18942. I	have verified	that the distribution of adm	nissions, set forth abov
APC		Gee		Ope	rations Manager	12/2/13
Signature of Agency Head or Design	00	Print Nar	200		Title	(month, day, yes

Agency Report of: Ceremonial Role Events and Ticket/Adminsion m1 4 11

Α	Public	Document
		- moorentering

1. Agency Name				Data Chama	California -	
County of Alameda				Date Stamp	California Form 80	
Division, Department, or Region (if ap)	plicable)				For Official Use Only	
Board of Supervisors						
Street Address						
1221 Oak Street, Suite 536						
Designated Agency Contact (Name, Titl	(e)			Amendment (Must pr	ovide explanation in Part 3.)	
Anna Gee, Operations Manager						
Area Code/Phone Number E-mail 510-891-5585 anna.g	jee@acgov.org		Da	te of Original Filing: .	(month, day, year)	
. Function, Event, or Ceremonia	I Role Informat	tion				
Title Warrirors vs. Celtics					300.00	
ttle viamora va. Conce			Face Valu	e of Each Admiss	sion \$	
Description Basketball Game			Date(s) 0	1 , 10 , 14		
Ticket(s)/Admission(s) provided b	y agency? Yes		I If no: Golden S	tate Warriors		
		-		Name of	Source	
Yes 🔲 No 🗹 If yes: <u>Mile</u>	y, Nate - Alameda C Official's i	ounty Super	141801			
The identity of recipient(s) and _{Name}			First) and Tille		ficial claims admission as	
Management and an and an and an and an and an and			Check the inc taxable incom also provide a If not income, ceremonial ro	e. If the agency official p description. describe the public purp	performed a ceremonial role,	
Name (Last, First) or Organization	the explanatio	Agency	First) and Title Check the inc taxable incom also provide a If not income, ceremonial ro organization.	e. If the agency official p description. describe the public purp	performed a ceremonial role, pose, including ency official, individual, or	
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Comment: (Use this space or an attachment for any additional information including amendment explanation.) Parking pass

Print Name

Signature of Agency Head or Designee

Title

(month, day, year)

A	Public	c Docu	ment

1. Agency Name	Agency Name						Californ	^{ia} 802
County of Alameda							Form	002
Division, Department, or Reg				For Offic	cial Use Only			
Board of Supervisors	Board of Supervisors							
Street Address								
1221 Oak Street, Suite 536								
Designated Agency Contact								_
Anna Gee, Operations Man					Amendmer			-
Area Code/Phone Number	E-mail				Date of Origina	I Filing: _	(month. day.	vear)
510-891-5585	anna.gee@acgov.org						(
2. Function, Event, or Cer Title Raiders vs. Broncos	emoniai Role informat	lion	2		lue of Each			
Description Football Gam	e			Date(s)	12 , 29	/ 13		/
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Was the distribution to per Yes No I if y The identity of recipient Name (Last, First) or Organization (Name, Address, Description Haller, Angie	ersons identified below n ves: Miley, Nate - Alameda C Official's i t(s) and the explanation Number of Admission(s)/ Ticket(s) 2 2	nade al county Su Name (Le on: Agene Offici Yes No Yes No Yes No	t the bo ast, First) cy al Tor To ma To To ma To To ma	Check the i and Title Check the i taxable inco also provid if not incom coremonial organizatio eward a comm promole atten iximize potenti promote atten iximize potenti	ncome box if the ome. If the agen- e a description. no, describte the p roles, performed n. unity volunteer for i ndance at an even tial County reven	agency off cy official p public purp by an age ter service to out held at a ue from par ant held at a ue from par	ficial claims ad performed a cer ose, including ney official, inc othe community a County facility king and a County facility king and a County facility	Income

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

THAT .	Anna Gee	Operations Manager	12/15/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

AT abile boountern	А	Public	Document
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Agency Name	is a dono				Date Stamp		California	000
County of Alameda					Bate Stamp		Form	802
Division, Department, or Regio	on (if applicable)		-				For Official	Use Only
Board of Supervisors	pard of Supervisors							
Street Address			-					
1221 Oak Street, Suite 536								
Designated Agency Contact (/	Vame, Title)		-					
Anna Gee, Operations Mana	ger				Amendment (Must prov/a	e explanation in	Part 3.)
Area Code/Phone Number	E-mail				Date of Original Fi	iling:	month, day, ye	ad
510-891-5585	anna.gee@acgov.org	@acgov.org					monini, day, yei	,
Function, Event, or Cerei	monial Role Informat	tion						
								2
Title Raiders vs. Broncos			-	Face V	alue of Each Ad	imissio	n \$ _222.00)
Barris Ecotball Game					12 , 29 ,	13		<i></i>
Description Football Game			-	Date(s))			
Ticket(s)/Admission(s) prov Was the distribution to pers Yes □ No ☑ If ye	sons identified below n	nade a	t the	e behest of	140	me of Sou al?	irce	
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I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

ALCHO P	Anna Gee	Operations Manager	12/15/13
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

County of Alameda				Date Sta	amp	California	
	Agency Name County of Alameda					California Form	80
Division, Department, or Region		Γ	For Officia	al Use Only			
Board of Supervisors							
Street Address							
1221 Oak Street, Suite 536							
Designated Agency Contact (Nar			nt Abut and	de evelecetion	In Dark 21		
Anna Gee, Operations Manage	ər				Amendment (Must provide explanation in Par		in Part 3.j
Area Code/Phone Number E-	mail		Date of Original Filing:			earl	
510-891-5585 a	585 anna.gee@acgov.org					(monini, day, y	oury
Function, Event, or Cerem	and the second	tion					
Title Pop Nye			F	ace Value of Each	n Admissio	n \$ <u>120.0</u>	0
- Concert				12 31	. 13		
Description Concert			D	ate(s) <u>12</u> / <u>31</u>		/_	/
Ticket(s)/Admission(s) provid	ied by agency? Yes	□ No	If no:	Golden State Warrio	Name of Sol		
Was the distribution to perso Yes □ No ☑ If yes:	ns identified below n Miley, Nate - Alameda C Official's I	ounty Su Name (La:	the behe		official?		
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- MAY	Anna Gee	Operations Manager	12/15/13	
Signature of Agendy Head or Designee	Print Name	Title	(month, day, year)	

0		Lo ana no	Neur ass	Distributions		A Public Document		
1.	Agency Name			/	Date Stamp	California 802		
	Alameda County			Form 002				
	Division, Department, or Reg	ion (If Applicable			For Official Use Only			
	Board of Supervisors							
	Designated Agency Contact ((Name, Title)						
	Lee Ann Fergerson, Superv	isor's Assistar	nt					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing: .	(Month, Day, Year)		
2.	Function or Event Inform	mation						
	Does the agency have a ticke	t policy?	Yes P No	Face Value o	of Each Ticket/Pass \$	25000		
	Event Description Way Vi	Provide Title/Expl	Ket ball	└ Date(s)	, 20, 13	//		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🖄 No	□ If no: <u>G-S</u>	Name of Sou	1992		
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	Alan	neda County Supervisor S Official's Name (L	cott Haggerty, District 1		
3.	•							
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
	<u>y de la contra la contra con Contra contra contra</u>	rig (da julij (da arkolasi) L	Pass(es)					
	,							
						· · · · · · · · · · · · · · · · · · ·		
	·	I						
	B. Name of Individua (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ıgi		
	· ·				Other all Role" or "Other" describe below:	Income		
				Ceremonial Role	Other	Income		
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant (o the agency's policy		
	City of Fremont Human Services Dept.		4/1		school or nonprofit or tributions to the comr			
ç	3300 capitol Ave E Fremont CA 9453							
	Verification	tions 18944 1 and	18942 have ve	rified that the distribution set fo	rth above is in accordance with	the requirements		
ť	Signature of Agency tread or Designee		ee Ann Fer	gerson S	Supervisor's Assistant			
		La Hals C		gram-aidin	Δ.	e foril cololat		
	Comment: <u>Giving Hop</u> Seniors &	bring the		5, TV CL(), 1501CtC FPPC Form 802 (4/12)				
		O	india	my creek. F	PPC Toll-Free Helpline: 86	6/ASK-FPPC (866/275-7772)		

0		Lo ana no	Neur ass	Distributions		A Public Document		
1.	Agency Name			/	Date Stamp	California 802		
	Alameda County			Form 002				
	Division, Department, or Reg	ion (If Applicable			For Official Use Only			
	Board of Supervisors							
	Designated Agency Contact ((Name, Title)						
	Lee Ann Fergerson, Superv	isor's Assistar	nt					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing: .	(Month, Day, Year)		
2.	Function or Event Inform	mation						
	Does the agency have a ticke	t policy?	Yes P No	Face Value o	of Each Ticket/Pass \$	25000		
	Event Description Way Vi	Provide Title/Expl	Ket ball	└ Date(s)	, 20, 13	//		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🖄 No	□ If no: <u>G-S</u>	Name of Sou	1990		
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	Alan	neda County Supervisor S Official's Name (L	cott Haggerty, District 1		
3.	•							
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
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	B. Name of Individua (Lest, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ıgi		
	· ·				Other all Role" or "Other" describe below:	Income		
				Ceremonial Role	Other	Income		
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant (o the agency's policy		
	City of Fremont Human Services Dept.		4/1		school or nonprofit or tributions to the comr			
ç	3300 capitol Ave E Fremont CA 9453							
	Verification	tions 18944 1 and	18942 have ve	rified that the distribution set fo	rth above is in accordance with	the requirements		
ť	Signature of Agency tread or Designee		ee Ann Fer	gerson S	Supervisor's Assistant			
		La Hals C		gram-aidin	Δ.	e foril cololat		
	Comment: <u>Giving Hop</u> Seniors &	bring the		5, TV CL(), 1501Atec FPPC Form 802 (4/12)				
		O	india	my creek. F	PPC Toll-Free Helpline: 86	6/ASK-FPPC (866/275-7772)		