Cei	remonial Role Ever	nts and Tic	ket/Pass Di	stributions		A Public Document
1. Agency Name					Date Stamp	California 802
A	Alameda County					ronn
D	Division, Department, or Region (If Applicable)				1	For Official Use Only
E	Board of Supervisors					
	Pesignated Agency Contact	t (Name, Title)	-			
	Lee Ann Fergerson, Supervisor's Assistant					
1.11	Area Code/Phone Number E-mail				Amendment (Must	provide explanation in Part 3.)
	510) 272-6691		rson@acgov.or	ra	Date of Original Filing	(Month, Day, Year)
	unction or Event Info		see gener			(Month, Day, Year)
	oes the agency have a tick		Yes 🗆 No 🗆	Face Value	of Each Ticket/Pass \$.	220.00
	1.2	RRIORS	Game	*1	10,14	
E	Event Description Provide Title/Explanation Date(s)					/
т	Ticket(s)/Pass(es) provided by agency? Yes			If no:	SW	
0	Ticket(s)/Pass(es) provided by agency? Yes 🖓 No 🗋				Name of S	STREET, ST
	Vas ticket distribution made	at the behest	No 🗆 Yes 🖾	If yes:	ameda County Supervisor	and I hallond a may
	of agency official?		,	Sce	of Haggerty	
	Recipients		022 259222005			
1	Use Section A to identify the ager	unit. • Use Section	B to identify an individ	lual. • Use Section C to Ide	ntify an outside organization.	
1	A. Name of Agency, Departs	ment or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
-						
72			· · · · · · · · · · · · · · · · · · ·			
E	B. Name of Individual		Number of Ticket(s)/	WITE ST	Identify one of the follow	wing:
	(Last. First)		Pass(es)		D an D	
				Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below	Income
				Ceremonial Role	Other	Income
				If checking "Ceremo	nial Role" or "Other" describe below	σ
7	Name of Outside Org	anization	Number of			
C	(include address and d		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	nt to the agency's policy
1	Parents of HD			-		
	Gymnastics			public	nmunity volunteer for his	or her service to the
-	1452 N. Vasco P.	1 # 222		_		
	Livermore, CA					
4	Verification	47301				
	have read and understand FPPC Re	gulations 18944.1 and	i 18942. I have verifie	d that the distribution set	forth above, is in accordance v	with the requirements.
~	telutin.		Lee Ann Ferge	rson	Supervisor's Assista	nt 1-10-12
	Signature of Agency Head or Design		Print Name		78/0	(Month, Day, Year)
	Ocgabida				0.00	in the second second
(Comment: <u>Jo Suppo</u>				t of young g	
	their pur	suit of Be	cominga	champion,	FPPC Toll-Free Helpline	FPPC Form 802 (4/12 866/ASK-FPPC (866/275-7772

Ceremonial Role Even	its and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			-	Date Stamp	California 802
Alameda County					Form UUZ
Division, Department, or Reg	jion (If Applicabl	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Lee Ann Fergerson, Super	visor's Assista	int			
Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acgov	.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Infor	mation	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			00000
Does the agency have a tick	et policy?	Yes 🗌 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$ _	2000
Event Description Wav	VIOY S		Date(s)	16,14	/
	Provide Title/Exp	lanation	(),		
Ticket(s)/Pass(es) provided b	by agency?	Yes 🖓 No [🗌 lf no: 🔄	Name of So	IIme
Was ticket distribution made	at the hehest	U No⊡ V-∄	Ala	meda County Supervisor S	
of agency official?		No 🗌 Yes	☐ If yes:	Official's Name (i	
3. Recipients					
• Use Section A to identify the agend	cy's department or	∙unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
	-1	Number of			
B. Name of Individu (Last, First)	lai	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other	. Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
No	hir	_	Ceremonial Role	Other	
				ial Role" or "Other" describe below:	
C. Name of Outside Orga (include address and de		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
		Pass(es)			
LEauxie of Vol	UNPONC		To reward a c public	ommunity volunteer for his	s or her service to the
	SI.	/	-		
BUYD CENTRE AVE	itte i	. i			
AV.	<u>B</u> Nu	Wark, (A 94560		
4. Verification			······································		
I have read and understand FPPC Reg	ulations 18944.1 an				1 - 1 - 1
Signature of Agency Head or Designe		Lee Ann Fer	-	Supervisor's Assistant	<u>1-15-14</u>
Signature of Agendy mead of Designe	·				(Month, Day, Year)
Comment: Scrutice	Children	1, The	Jeedy 2 Se	nor Progra	MS
In Korpana	it Alph)and .		N D	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)
· · · PIUMU	101 1 10000	00000	WWWW CHY		
			1		

-	eremonial Role Even	ts and no	Reurass Disi	induciona		A Public Do	cument	
1.	Agency Name				Date Stamp	California	802	
1	Alameda County			Form OUZ For Official Use Only				
	Division, Department, or Reg	ion (If Applicable		For Official U	se Only			
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)	_					
	Lee Ann Fergerson, Superv	isor's Assista	int					
	Area Code/Phone Number	E-mail	, R		Amendment (Must pr	ovide explanation in F	Part 3.)	
	(510) 272-6691	leeann.ferge	erson@acgov.org		Date of Original Filing: .	(Month, Day, Year,		
2.	Function or Event Infor	mation			-	00 C C C	,	
	Does the agency have a ticke	t policy?	Yes No	Face Valu	e of Each Ticket/Pass \$	19700		
	Event Description	nors an	avre	Data(a)	. 8,14	,	,	
	Event Description	Provide Title/Exp	kanation	Date(s)		/	/	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗹 No 🗆	If no:	(95W			
			\overline{c} –	1	Name of Sou Alameda County Supervisor S		trict 1	
	Was ticket distribution made a	at the behest	No 🗆 Yes 🖾	If yes:	Official's Name (L			
_	of agency official?		1		Cinciana Hanna (E	66, 7 HOL		
3.	• Use Section A to identify the agence	v's department or	unit. • Use Section B	o identify an indi	vidual. • Use Section C to ident	ify an outside organ	ization.	
- 1	A Number of			Describe the public purpose made pursuant to the agency's policy				
	A. Name of Agency, Departm	uncor onn	Ticket(s)/ Pass(es)	Describe the	public purpose made pursuant	to the againcy a po	incy	
	Number of			-			-	
	B. Name of Individu	al	Ticket(s)/ Pass(es)	Identify one of the following:				
				Ceremonial Ro	ble Other		Income	
				If checking "Core	monial Role" or "Other" describe below:			
				Ceremonial Ro			locome	
					Income			
	In the second							
	C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/	Describe the	public purpose made pursuant	to the agency's po	dicy	
			Pass(es)	- the second				
	Dublin Chamb	ev-		To reward a co public	ommunity volunteer for his or	her service to the		
	of Commerce	-1 -1		public				
	700 Donton Wo		2					
	Dublin CA 945	68	L					
4.	Verification They read, and understand FPPC Reg	visions 18944 1 ar	vi 18942 bave varified th	at the distribution :	set forth above. Is in accordance wit	h the requirements		
C	- John Kila	100010 10044.1 0			Supervisor's Assistant		6-13	
	Signature of Agency Head of Designe	0	Lee Ann Fergerso		Supervisor's Assistant		, Day, Year)	
	0,0			1 01	Colle			
	Comment: Working +				of Reblin, Ca	la		
	better place	to Cive	and envi	ch the	FPPC Toll-Free Helpline: 8	FPPC Fori 366/ASK-FPPC (86	m 802 (4/12 36/275-7772	
	quality of	life				er sen han der sin van de leiter het en de leiter.		

A Public Document

1. Agency Name			The second second second second second			
Agency Name				Date Stamp	California 802	
Alameda County						
Division, Department, or Reg	gion (If Applicable		For Official Use Only			
Board of Supervisors						
Designated Agency Contact	(Name, Title)					
Michelle Dianda						
Area Code/Phone Number				a second s	provide explanation in Part 3.)	
(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Info	rmation				1010-340404000	
Does the agency have a tick	et policy?	Yes 🛛 No	Face Value of	f Each Ticket/Pass \$ _	350.00	
Event Description Warriors	vs. Denver Nu Provide Title/Expl	<u>, 15 , 14</u>	//			
Ticket(s)/Pass(es) provided	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Gold			n State Warriors		
				Name of Sc		
Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2	
	of agency official?				(Last, First)	
3. Recipients	e Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organizati					
A. Name of Agency, Departm		Number of		ual. • Use Section C to Identify an outside organization.		
		Number of				
B. Name of Individu	ıal	Number of Ticket(s)/ Pass(os)		Identify one of the follow	ding:	
B. Name of Individu _(Last, Fical) Jahan, Farbod	ıal	Ticket(s)/	If checking "Ceremon	Identify one of the follow Other X In Other Other International Definition Definition Int for outstanding scheme	Income	
(Last, First)	Jal	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a studer Ceremonial Role	Other IX	Income	
(Last, First)	nization	Ticket(s)/ Pass(es)	If checking "Ceremon To reward a studer Ceremonial Role If checking "Ceremon	Other X ia/Role" or "Other" describe below: at for outstanding scho	Income	

001	emonial Role Events and Tic	Neurass	Distributions		A Public Document
1. A	gency Name	Date Stamp	California 802		
A	lameda County		T OITIN		
D	ivision, Department, or Region (If Applicable	1	For Official Use Only		
В	oard of Supervisors				
	esignated Agency Contact (Name, Title)			-	
Δ.	lichelle Dianda				
1.0	rea Code/Phone Number E-mail	Amendment (Must)	provide explanation in Part 3.)		
	510) 272-6692 michelle.diar	nda@accov.	ora	Date of Original Filing:	
	unction or Event Information		(Month, Day, Year)		
	oes the agency have a ticket policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	250.00
				가지 않는 것이가 다른 것 가지? 전자가 나가요.	
E	vent Description Warriors vs. Charlotte B	anation	Date(s)	2 , 04 , 14	//
T	cket(s)/Pass(es) provided by agency?	Golde	en State Warriors		
	cket(s)/Pass(es) provided by agency?		Name of Se	ACCES 7.2	
	as ticket distribution made at the behest	No 🗌 Yes	X If yes: Valle	e, Richard- Supervisor	District 2
(of agency official?		Official's Name	(Last, First)	
	Recipients Use Section A to identify the agency's department or a	ual a Use Section C to Idea	tife an outside organization		
Ā		Number of			
1	PA. Name of Agency, Department of Unit Ticke Past		Describe the public purpose made pursuant to the agency's policy		
B	Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
-	(Last, 1990)	Pass(es)			
			Ceremonial Role If checking 'Ceremo	Other describe below:	Income
-			Ceremonial Role	Other	Income
				nial Role" or "Other" describe below:	
c	C. Name of Outside Organization Nu (include address and description) The		Describe the pu	Describe the public purpose made pursuant to the agency's polic	
	unol Business Guild 2.0. Box 94, Sunol CA 94586	Pass(os)	To reward a non-p community	orofit organization for it	s contributions to the
	rovide financial support to local on-profits and elementary school				
	erification				
10	ave read and understand FPPC Regulations 18944.1 and	18942. I have ve	nilled that the distribution set	forth above, is in accordance w	ith the requirements.
		Michelle Di	anda	Supervisor's Aide	13/4
	Signature of Agency Head or Designee	Print Nam	0	Title	Month thay Very

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

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number E-mail			a the state of the second state of the second	provide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke		of Each Ticket/Pass \$ _	250.00		
	Event Description Warriors vs. Timberwolves Date(s)			Date(s) 01	1 , 24 , 14	/
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no:			If no: Golde	n State Warriors	
					Name of St	
	Was ticket distribution made at the behest No I Yes X of agency official?			If yes: Valle	, Richard- Supervisor Official's Name	LIS(FICE Z
3.						
3.	Recipients Use Section A to identify the agence	y's department or	ual. • Use Section C to ider	stify an outside organization.		
	A. Name of Agency, Departme	Number of				
	A. Name of Agency, Departum	one of onic	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ving:
			Pass(es)	Ceremonial Role	Other 🛛	Income
	Manibusan, Alisa		1 80	1000 00 00 00 00 00 00 00 00 00 00 00 00	al Role" or "Other" describe below:	income
	Γ		4		To promote attendance at an event held at a County facility order to maximize potential revenue from sales.	
					Other	Income
ŝ.				If checking "Ceremon	lal Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	escribe the public purpose made pursuant to the agency's policy	
		c.				
A	Verification					
-	I have read and understand FPPO Regu	ilations 18944.1 an	d 18942. I have ve	rified that the distribution set f	orth above, is in accordance w	ith the requirements.
	NULL	1	Michelle Di		Supervisor's Aide	1/13/14
	Signature of Aganey Head or Designed		Print Nam		7/l/e	(Month, Day, Year)
						1 1
	Comment:		_			

A Public Document

-		763340.57550026 154 87C				A Fublic Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form OUZ For Official Use Only			
	Division, Department, or Reg	ion (If Applicable		ros onicial oso only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Michelle Dianda		D				
	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				2-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	
	Does the agency have a ticke	· · · · · · · · · · · · · · · · · · ·	of Each Ticket/Pass \$.	200.00			
	Event Description Warriors vs. Phoenix Suns Date				3 , 09 , 14	/	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: Golde	n State Warriors		
					Name of S		
	Was ticket distribution made at the behest No I Yes X of agency official?			If yes: Valle	, Richard- Supervisor Official's Name	District 2	
_					Omerars Name	(Last, Filst)	
3.	Recipients						
	Use Section A to identify the agency's department or unit.						
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	Income 🔲	
				Ceremonial Role		Income 🗖	
	C. Name of Outside Organization (include address and description) Fremont Education Foundation 39120 Argonaut Way, Fremont, 94538		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's		nt to the agency's policy	
			4	To reward a non-pi community.	rofit organization for i	ts contributions to the	
	To encourage involvement investments in local schools						
4.	Verification Rhave read and understand FPRC Regu Signature of Agendy Head or Designed Comment: Includes 1 parkir	_	Michelle Di	ianda	forth above, is in accordance w Supervisor's Aide Title	with the requirements.	

I les Saction A to identify the scenov's department or unit

1. Agency Name Date Stamp California 9 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . michelle.dianda@acgov.org (510) 272-6692 (Month, Day, Year) 2. Function or Event Information 350.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes X No Event Description Warriors vs. Brooklyn Nets 02 , 22 14 Date(s) _ Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Valle, Richard- Supervisor District 2 Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official? Recipients 3.

- Hes Castles D to Identify as individual - a line Castles C to Identify as extends assessment

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Frietas, Marty	4	Ceremonial Role Other I Income II Income II Income II Income II Income I In
		Ceremonial Role Other Income I
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Verification	nd 18942 / have ve	rified that the distribution set forth above, is in accordance with the requirements.

stand FPP6 Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with t Michelle Dianda Supervisor's Aide

A Public Document

Comment: _

4

1.	Agency Name	Date Stamp	California	802			
	Alameda County		Form 002				
	Division, Department, or Reg	gion (If Applicable)	1	For Official Use Only			
	Board of Supervisors Designated Agency Contact	(Name Title)			-		
	Michelle Dianda	(Name, ride)					
	Area Code/Phone Number (510) 272-6692	E-mail michelle.dianda		Date of Original Filing:			
2.	Function or Event Info						
	Does the agency have a tick	et policy? Ye	s 🛛 No 🗆	Face Value of Each Ticket/Pass \$ 200			
	Event Description Warriors	Date(s) _0	3 , 07 , 14		<u> </u>		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠			If no: Golden State Warriors Name of Source			
	Was ticket distribution made at the behest No I Yes I of agency official?			If yes: Valle	e, Richard- Supervisor Official's Name (District 2 Last, First)	

2

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, Fast)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Lindsey, Tommie	4	Ceremonial Role Other Income Income Income Ceremonial Role Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To reward a community volunteer for his contributions to the public.
		Ceremonial Role Other I Income Income Income 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
MALL	and 18942. I have ve Michelle D	rified that the distribution set forth above, is in accordance with the requirements,
I blive read and understand FPPC Regulations 18944.1 of Signature of AgencyPreed or Designee		ianda Supervisor's Aide //(3/

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

A Public Document

A Public Document

1.	Agency Name	Date Stamp	California 802			
	Alameda County		Form OOZ For Official Use Only			
	Division, Department, or Region (If Applicabl	Por Oniciai C	For Official Use Only			
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Michelle Dianda				provide explanation in Part 3.)	
	Area Code/Phone Number E-mail			en andere en	그가 같아요. 한 것은 것은 것은 것이 같아요. 한 것은 것은 것을 알았다.	
_		inda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information			58.00		
	Does the agency have a ticket policy?		f Each Ticket/Pass \$ _			
	Event Description Harlem Globetrotters		Date(s)01	<u>, 17 , 14</u>		
	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors Name of So		
	Was ticket distribution made at the behest	valle.	Richard- Supervisor			
	of agency official?	No 🗌 Yes	If yes:	Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agency's department or unit. • Use Section B to identify an indiv			al. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Describe the put		blic purpose made pursuant to the agency's policy		
		Pass(os)				
		_				
	-	Number of				
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			Ceremonial Role	Other D	Income	
			그 사망 영화 가장 성장 위험을 통하여 주셨다. 것이 같아 나 같아?	ial Role" or "Other" describe belaw:		
			Ceremonial Role If checking "Ceremon	Other describe below:	Income	
		-				
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	t to the agency's policy	
	(include address and description)	Pass(es)		to pulpers there personal	to the allowed a band,	
	South Hayward Parish	4	To promote health,	motivate and provide	expanded opportunities	
	27287 Patrick Ave, Hayward CA 94544	"	to vulnerable popul	ations in the County s	uch as underprivileged.	
	Serving the indigent population providing					
	food pantries and services	4				
4.	Verification					
	Indee read and understand FPPC Regulations 18944.1 an	d 18942. I have ve	erified that the distribution set for	orth above, is in accordance wi	th the requirements.	
	NYY -	Michelle D		Supervisor's Aide	1/10/19	
	Signature of Tigetley Head or Designee	Print Nam	10 10	Тліе	Month, Day, Year)	
	Comment:				A 10	
	ooning a				FPPC Form 802 (4/12)	

C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Re-	gion (If Applicabl		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		inda@acgov.	org	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Info	rmation				2010/03/03
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$.	41.30
	Event Description Monster	Jam		Date(s) 02	2 , 22 , 14	//
		Provide Title/Exp	planation			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakla			nd A's		
				Name of S		
	Was ticket distribution made at the behest No □ Yes ⊠ If yes: Va of agency official?			If yes: valle	Richard- Supervisor	Ustrict Z
_						ferent i ned
3.	Recipients	cy's department or	unit e Use Sec	tion B to identify an individu	ual a Use Section C to ide	ntify an outside organization
	Use Section A to identify the agency's department or unit. Use Section B to identify an in					to be the second second second
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the put	lic purpose made pursuar	nt to the agency's policy
	B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	wina:
	(Last, First)	_	Pass(os)		-	
	Austria, Carlos		0.01	Ceremonial Role	Other X Ial Role" or "Other" describe below.	Income
	rushu, sunss		3	To promote attenda		l at a County facility in
				Ceremonial Role	Other D	Income
					ial Role" or "Other" describe below.	
	C. Name of Outside Orga		Number of Ticket(s)/	Describe the put	lic purpose made pursuar	at to the agency's policy
	(include address and de	escription)	Pass(es)		ne parpose made parsaa	it to the agency a poincy
١.	Verification	ulallane 19044 t	of 18042 (hours	died that the electric user of the	anth abasis in in second	dt the remularments
	Mal		Michelle D		Supervisor's Aide	1/22/14

Comment: _

Signalure of Agency Head or Designee

t

•

(Month, Day, Year)

Title

Print Name

A Public Document

1						AT abite becament	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form For Official Use Only			
	Division, Department, or Regi	on (if Applicable	1	For Onicial 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.)	
00	(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	41.30	
	Event Description AMA Supercross			Date(s)	1 , 25 , 14		
	Provide Title/Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🖾			If no: Oakla	nd A's Name of Si	autora	
	Was ticket distribution made at the behest No T Yes 13			valle	, Richard- Supervisor		
	of agency official? No □ Yes X			If yes:	Official's Name	(Last, First)	
3.	Recipients						
0.	Use Section A to identify the agency	's department or i	ual. • Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Departme	Number of Ticket(s)/ Describe the pub		blic purpose made pursuan	t to the agency's policy		
			Pass(es)				
	-	Number of					
	B. Name of Individual (Last. First)		Ticket(s)/ Pass(es)		Identify one of the following:		
			1 000(00)	Ceremonial Role	Other	Income	
				If checking "Ceremor	nial Role" or "Other" describe below:		
				Ceremonial Role	Other Dilat Role" or "Other" describe below:	Income	
	C. Name of Outside Organi		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy	
	(include address and des	cription)	Pass(es)		ne pulpese inuse pulsual	tto the agency a poncy	
	Silva Pediatric Dental Clinic		3		and provide expande		
	680 W. Tennyson Rd. Hayw	ard 94545	3	vulnerable populat	ions in the County suc	ch as the underprivileged	
	Provides dental care for child	dren 0-18 at					
	little to no cost						
4.	Verification						
	I have read and understand FPPO Regul	ations 18944.1 and	(18942. have ve	nified that the distribution set	forth above, is in accordance w	ith the requirements.	
	MAR		Michelle D	ianda	Supervisor's Aide	16619	
	Signature of Agency Head or Designee		Print Nam	ie .	Title	Month, Day Year)	
	Comment:						
	South of the second sec					FPPC Form 802 (4/12)	

A contract of the						A Public Document	
1.	Agency Name				Date Stamp	California 802	
1.	Alameda County					101111	
	Division, Department, or Regio	n (If Applicable	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (A	lame, Title)			-		
	Michelle Dianda						
	Area Code/Phone Number E-mail				Amendment (Must)	provide explanation in Part 3.)	
	: 2월		nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	Contract of the local division of the local	0.0			(Month, Day, Year)	
	Does the agency have a ticket		Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	200.00	
	Event Description Date(s) Date(s)			2 <u>, 10 , 14</u>	/		
	Ticket(s)/Pass(es) provided by agency? Yes I No X If no: Golder			n State Warriors			
				Name of St			
	Was ticket distribution made at the behest No I Yes I If yes: Valle,			, Richard- Supervisor	District 2		
_	of agency official?				Official's Name ((Last, First)	
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
	A Number of			The second second second		and see to reach a surface of the second	
	A. Name of Agency, Department or Unit Ticket(s)/ D Pass(es)		Describe the pu	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role If checking "Ceremo	Other D nial Role" or "Other" describe below:	Income	
				Ceremonial Role If checking "Ceremo	Other Inter Other Other Other Delow.	Income	
	C. Name of Outside Organia (include address and desc			Describe the pu	Describe the public purpose made pursuant to the agency's policy		
	Hayward Chamber of Commerce 22561 Main St. Hayward, CA 94541		4	To reward a nonpr community	ofit organization for its	contributions to the	
	Benefits for local organization support volunteerism	ns to					
4.	Verification					And the second second	
	I have read and understand FPPC Regula	tions 18944.1 and	d 18942. I have ve	rified that the distribution set	forth above, is in accordance w	ith the requirements	
	Michelle Dianda				Supervisor's Aide		

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

-	eremonial Role Ever	no and no	neur ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			1 5111		
	Division, Department, or Reg	gion (If Applicable	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must 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 Info	rmation				Nulley and Annual Contract.
	Does the agency have a tick	et policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	250.00
	Event Description Warriors	vs. Wizards		Data(a) 0'	1 , 28 , 14	//
	Event Description	Provide Tille/Exp	lanation			//
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Gold			n State Warriors		
				Contraction of the second second	Name of So	
	Was ticket distribution made of agency official?	at the behest	No 🗌 Yes	If yes: Valle	, Richard- Supervisor I Official's Name (I	DISTRICT 2
					ondura mune (i	uai, r naij
3.	• Use Section A to identify the agen	cy's department or	unit a Use Sec	tion B to identify an individ	ual a Use Section C to ident	tify an outside organization
			Number of			
	A. Name of Agency, Departm	ient or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
			Number of			
	B. Name of Individu	lal	Number of Ticket(s)/		Identify one of the follow	ing:
	-		Pass(es)	Ceremonial Role	Other 🛛	Income
	Briones, Ruben				nial Role" or "Other" describe below:	
			4	To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
				order to maximize	potential revenue from	sales.
				Ceremonial Role	D Other D Other nial Role" or "Other" describe below:	Income
				" chicking centillor	narrole or other describe below.	
	C. Name of Outside Orga	nization	Number of	Describe the suit	alle anno an de anno a	to the encode of the
	(include address and de	scription)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	X					
	-					
١.	Verification					
	I have read and understand FPPC Reg	ulations 18944.1 and	d 18942. I have ve	willed that the distribution set	forth above, is in accordance wil	th the requirements / / /
	WALL	/	Michelle D	ianda	Supervisor's Aide	17-5/14
	Signature of Agency Head or Designe	0	Print Nam	0	Titio	(Month, Day, Year)
	Comment: Includes 1 parki	ng pass at the	value of \$20)		24

Agency Report of: The Los

		to and mo	Neur doo	Distributions		A Public Document
1. Ag	ency Name		Date Stamp	California 802		
Ala	meda County					
Divi	Division, Department, or Region (If Applicable)				For Official Use Only	
Bos	ard of Supervisors					
	ignated Agency Contact	(Name, Title)	-			
	helle Dianda a Code/Phone Number	IE mail			Amendment (Must)	provide explanation in Part 3.)
	0) 272-6692	E-mail michelle dia	nda@acgov.	ora	Date of Original Filing:	
			nua@acgov.	oig		(Month, Day, Year)
	nction or Event Infor s the agency have a tick		No. 157 . No. 1	Ease Value	of Each Ticket/Pass \$ _	200.00
			Yes 🛛 No			
Ever	Event Description Warriors vs. Trailblazers Date(s) Date(s)			1 , 26 , 14	//	
	Golde			en State Warriors		
Tick					Name of Sc	pu/ce
Was	Was ticket distribution made at the behest No Ves If yes: Valle			e, Richard- Supervisor	District 2	
	of agency official?			Official's Name ('Last, First)	
3. Re	Recipients					
	e Section A to identify the agend	y's department or	dual. • Use Section C to ider	tify an outside organization.		
A.	A. Name of Agency, Department or Unit Number of Ticket(s)/		Describe the pu	iblic purpose made pursuan	t to the agency's policy	
	Pass(os)			n Rolling and Ale		
в.	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:		
			Pass(es)	Ceremonial Role	Other 🛛	Income
lyer	r, Paddy		N.C		onial Role" or "Other" describe below:	
			4	To reward a comm	nunity volunteer for his	service to the public
			-		D D	
				Ceremonial Role If checking "Ceremo	Other Other on Other Other	Income
_						
c.	Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
4. Ver	ification					
	e read and understand FPPC Reg	ulations 18944.1 an	d 18942. I have ve	rified that the distribution set	t forth above, is in accordance w	ith the requirements.
	del)		Michelle Di		Supervisor's Aide	1/24/14
100	Signature of Agency Head or Designe	0	Print Nam		Title	(Month, Day, Year)

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

I. Agency Name	no una rickeor a	o pietrisatione	Data Otama	A Public Documen
Alameda County			Date Stamp	California 802
Division, Department, or Re	gion (If Applicable)		_	For Official Use Only
	Bran (n. threesed)			
Board of Supervisors Designated Agency Contact	(Mame Title)	_		
Lee Ann Fergerson, Super Area Code/Phone Number	Visor's Assistant		Amendment (Must p	provide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@ac	90V 079	Date of Original Filing:	
2. Function or Event Info		904.019		(Month, Day, Year)
Does the agency have a tick		Face Value	of Each Ticket/Pass \$ _	222.00
	RELOKS / BASKE Provide Title/Explenation		12, 27, 13	//
Ticket(s)/Pass(es) provided I		No If no: G	SW	
			Name of So ameda County Supervisor S	
Was ticket distribution made of agency official?	at the behest No 🗌 Yo	es)🖾 If yes:	Official's Name (
		<u>^</u>	under a ritaria (cuar, r mary
 Recipients Use Section A to identify the agend 	cy's department or unit. • Use	Section B to identify an individ	dual. • Use Section C to iden	lify an outside organization.
A. Name of Agency, Departm	Number o	1	ublic purpose made pursuant	
	Pass(es)			an an agoing) a panaj
B. Name of Individu	al Number o Ticket(s) Pass(es)	/	Identify one of the followi	ng:
Joe Gorda	n Z	To promote attenda maximize potential o	ince at a county sponsored ever county revenue for concession i	ncome ncome nt in order to and parking sales
		Ceremonial Role If checking 'Ceremo	Other Other or "Other" describe below:	Income
C. Name of Outside Organ (include address and des		f Describe the pu	blic purpose made pursuant	to the agency's policy
Verification	lations,18944.1 and 18942. I have	verified that the distribution set i	forth above, is in accordance with	the requirements.
Helle Xillis	Lee Ann Fe		Supervisor's Assistant	1-1-12
Signature of Agency Plead or Designee	and an and a second sec		Title	(Monih, Day, Year)
Comment:				FPPC Form 802 (4/12)

	into and ficketir ass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Alameda County				Form For Official Use Only
Division, Department, or R	egion (If Applicable)			Per Onicial Ose Only
Board of Supervisors				
Designated Agency Conta	ct (Name, Tille)			
Lee Ann Fergerson, Supe	ervisor's Assistant		-	
Area Code/Phone Number	E-mail		Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6691	leeann.fergerson@acgov	/.org	Date of Original Filing: _	(Month, Day, Year)
Ticket(s)/Pass(es) provided	ket policy? Yes □ No <u> Provide Title/Explanation</u> I by agency? Yes □ No [Date(s) <u></u>	(0,)(4) (0) Name of Sour	100.00
Was ticket distribution mad of agency official?	e at the behest No 🗌 Yes [- Alam	eda County Supervisor Sco Official's Name (Li	
 Recipients Use Section A to identify the age A. Name of Agency, Depart 	ncy's department or unit. • Use Sect ment or Unit Number of Ticket(s)/ Pass(es)	And the second sec	al. • Use Section C to identii lic purpose made pursuant t	
B. Name of Individ Cased, Fired	fual Number of Ticket(s)/ Pass(es)	To promote attendance	Identify one of the followin ce at a county sponsored even punty revenue for concession a	
VIC ARGUMA	91	642434173046433-		nd parking sales
		Ceremonial Role [If checking "Ceremonia	Other al Role" or "Other" describe below:	Income
C. Name of Outside Org (include address and d		Describe the publi	ic purpose made pursuant to	the agency's policy
. Verification	gulations 18944.1 and 18942. I have veri	fort the distribution set for	th shous is in accordance with i	
Signature of Agency Head or Design	Lee Ann Ferg		upervisor's Assistant	$\frac{1 - 28 - 14}{(Monlify, Day, Year)}$
Comment:)			FPPC Form 802 (4/12)

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

C	eremonial Role Even	ts and Ti	cket/Pass D	istributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (// Appl/cab	1	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	Name, Title)	-			
	Lee Ann Fergerson, Superv	ienr'e Acciet				
	Area Code/Phone Number	E-mail	ant		Amendment (Must	provide explanation in Part 3.)
	(510) 272-6691	100	erson@acgov.o	rg	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Infor					11 7 m
	Does the agency have a ticke		Yes No	Face Value	of Each Ticket/Pass \$.	41.50
	Event Description SUL	provos	5	Dentes 1	.25.14	
	Event Description	Provide Title/Ex	planation	_ Date(s)		//
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🙆 No 🗆	If no:	SW	
				Name of S		
	Was ticket distribution made at the behest No Yes I If yes:			meda County Supervisor t Official's Name	CALCED STATEMENT AND ADDRESS OF ADDRESS	
_					Critical a reality	(Lund, 1 may
3.	* Use Section A to identify the agency's department or unit. * Use Section			n B to identify an individ	Iual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit Numi Tick		Number of Ticket(s)/ Pass(es)		blic purpose made pursual	
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follo	wing:
	(Lost, Fust)		Pass(es)		intenting one of the fone	
	gara Gord	óN	Z	To promote a maximize pot	ttendance at a county sponso ential county revenue for cond	red event in order to cession and parking sales
				Ceremonial Role If checking "Ceremo	Other	Income
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	nt to the agency's policy
4.	Verification	1				
(20)	I have read and understand FPPC Regu	Hations 18944.1 a	nd 18942. I have verifie Lee Ann Ferge		forth above, is in accordance v Supervisor's Assista	1 - 1 111
	Signature of Agency field or Designer	<u>)</u> —	Print Name		Title	(Month, Day, Year)
	Comment:					

ouren	nomai Role Lve	into and mone	01 433 01	autona		A Public Document
1. Age	ency Name				Date Stamp	California 802
Alan	neda County					
Divis	ion, Department, or Re	agion (If Applicable)		For Official Use Only		
Boa	rd of Supervisors					
	gnated Agency Contac	t (Name, Title)				
Lee	Ann Fergerson, Supe	rvisor's Assistant				
	Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
) 272-6691	leeann.fergerso	n@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
	action or Event Info			-		
	s the agency have a tic		s 🖾 No 🗖	Face Value of	f Each Ticket/Pass \$ _	41.50
Even	nt Description Su	perchos	st -	_ Date(s)	, 25, 14	
Even	it Description	Provide Title/Explanat	lon	22		/
Ticke	et(s)/Pass(es) provided	by agency? Ye	S No 🗆	If no:	- 00	
			1	Alara	Name of So eda County Supervisor Sc	
	ticket distribution made gency official?	e at the benest N	o 🗆 Yes 🖾	If yes:	Official's Name (i	
	ipients Section A to identify the age	ncy's department or unit	+ Use Section	B to identify an individe	ual. • Use Section C to idem	tify an outside organization.
Α.	Name of Agency, Depart		Number of Ticket(s)/		lic purpose made pursuant	
-			Pass(es)			and the second
в.	Name of Individ (Lest, First)	dual	Number of Ticket(s)/ Pass(os)		Identify one of the follow	ing:
6	And NOPLY		0			me 🗖
N	son neury		1		dance at a county sponsored of al county revenue for concession	
				V		
				Ceremonial Role		Income
		0		If checking "Ceremor	ial Role" or "Other" describe below:	
C.	Name of Outside Org (include address and o	janization	Number of Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy
	(incluse address and t	asseription	Pass(es)		a de la competencia	
	ification	equiations 18944 1 and 18	1d9 have verifie	d that the distribution set (orth above, is in accordance wi	th the requirements
M	Ilu Mr	Y	Ann Ferge		Supervisor's Assistan	1 15 11
1	Signature of Agency Head or Desig		Print Name		7/lie	(Month, Day, Year)
	00.					1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -
Com	nment:					

I. Agency Name			Date	Stamp California 802
Alameda County			1.0111	
Division, Department, o	or Region (if Applicab		For Official Use Only	
Board of Supervisors				
Designated Agency Co	ntact (Name, Title)			
Lee Ann Fergerson, S	upervisor's Assista			
Area Code/Phone Num	ber E-mail		Amend	ment (Must provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgov.org	Date of Ori	ginal Filing:
Ticket(s)/Pass(es) provi Was ticket distribution n of agency official?	a ticket policy? <u>Provide Title/Ex</u> ided by agency? nade at the behest e agency's department o	Yes ONO	If yes:C o identify an Individual. • Use Sec	et/Pass \$ Name of Source y Supervisor Scott Haggerty, District 1 Miclai's Name (Last, First) stion C to identify an outside organization. ade pursuant to the agency's policy
B. Name of Ir gener		Number of Ticket(s)/ Pass(es)	Identify one To obtain oversight of fac received County funding	
			Ceremonial Role Other	
C. Name of Outside (include address a		Number of Ticket(s)/ Pass(es)	Describe the public purpose m	ade pursuant to the agency's policy
. Verification Theve read and understand FPF	°C Regulations 18944.1 a	nd 18942. I have verified the Lee Ann Fergerso	nt the distribution set forth above, is in nSupervisor	accordance with the requirements.

Selei	nomal Role Even	na anu nu	Neurass D	istributions		A Public Docume	nî
I. Age	ency Name				Date Stamp	California 802	5
Alar	neda County			ronni	2		
Divis	sion, Department, or Re	gion (If Applicable	1	For Official Use Only			
Boa	rd of Supervisors					2	
Desi	gnated Agency Contact	(Name, Title)			1		
Lee	Ann Fergerson, Super	visor's Assistar	nt				_
1012 412	Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
(510	0) 272-6691	leeann.ferge	rson@acgov.c	org	Date of Original Filing	(Month, Day, Year)	
2. Fur	nction or Event Info	rmation				-	-
Does	s the agency have a tick	et policy?	Yes No	Face Value	of Each Ticket/Pass \$.	58.00	
Ever	nt Description	Provide Title/Expli	(S Innation	Date(s)(_19,14	//	-
Tick	et(s)/Pass(es) provided	by agency?	GSW				
			Yes 🖓 No 🗆		Name of S		
Was ticket distribution made at the behest of agency official?			No Yes	If yes:	neda County Supervisor Scott Haggerty, District 1 Official's Name (Last, First)		
						1	_
	cipients Section A to identify the age	cy's department or i	unit. • Use Sectio	on B to identify an individ	Iual. • Use Section C to ide	ntify an outside organization.	
Α.	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)			Describe the pu	blic purpose made pursuar	nt to the agency's policy	1
						5 - 3N	
в.	Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:	
,	Anna Davis		4	To promote atten- to maximize poter parking sales	dance at a county sponso ntial county revenue for co	red event in order come ncession and	
				Ceremonial Role If checking "Ceremo	Other Other of "Other" describe below	Income	C
c.	Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy	
				1			
4 \/~~	ifi a a fi a m						-

4. Verification

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

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

_	cremental Role Lver	neo ana m	oncorr uso	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					- Grin	
	Division, Department, or Re	gion (If Applicab	-	For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)	-				
	Anna Gee						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing:	Month Day Yaad	
2.	Function or Event Info					(wonin, bay, reary	
	Does the agency have a tick		Yes 🛛 No	Face Value	of Each Ticket/Pass \$	41.30	
	AMA Sup	er Cross	100 1.4 110		01 , 25 , 14	02 , 22 , 14	
	Event Description AMA Super Cross Date(s) Date(s)						
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Gold			en State Warriors			
				Name of So	urce		
	Was ticket distribution made	at the behest	y, Nate	and Alberty			
	of agency official? Official's Name (Last, First)						
3.	Recipients • Use Section A to identify the agen	cy's department o	ction B to identify an individ	dual. 🔹 Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following:		
				Ceremonial Role Other Other Income If checking "Geremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and			
	Griffin, Justin		4				
				Ceremonial Role	Other	Income	
			4	If checking "Geremonial Role" or "Other" describe below:			
				concession sales			
	C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuant	to the agency's policy	
	East Bay Innovations		4	To reward a non p	on profit for its contribution to the community		
	www.eastbayinnovations.o	rg					
4.	Verification						
5	I have read and understand PRPC Reg	ulations 18944.1 a	nd 18942. I have v	erilied that the distribution set	t forth above, is in accordance wil	th the requirements.	
	-11/1	Anna G	ee	Operations Chief	01/15/14		

Comment: AMA Super Cross tickets given to East Bay Innovations

A Public Doci	ument
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-			STATISTICS PROFESSION			A rubic bocument	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			1 Gilli			
	Division, Department, or Reg	gion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Anna Gee						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6694	anna.gee@a	icgov.org		Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Infor	rmation				85.00	
					of Each Ticket/Pass \$.	85.00	
	Event Description Globetrotters Date(s)			<u>1 , 17 , 14</u>	01 , 19 , 14		
		Provide Title/Expla					
	Ticket(s)/Pass(es) provided by agency? Yes D No X If no: Golde			If no: Golde	n State Warriors Name of S	ource	
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Miley	, Nate		
	of agency official?			II yes	Official's Name	(Last, First)	
3.	Recipients						
	 Use Section A to identify the agend 	cy's department or u		tion B to identify an individu	ual. • Use Section C to ide	ntify an outside organization.	
	A. Name of Agency, Department or Unit Number Ticket Pass(Describe the public purpose made pursuant to the agency's policy			
			4				
	B. Name of Individual (Lost, Fest) Ticket(s)/ Pass(es)				Identify one of the follow	ving:	
	Gee, Terrence	4		Other 🔀 nial Role ⁺ or 'Other' describe below	Income		
	Perkins, Kyra	4		Other 🛛	Income		
	C. Name of Outside Orga (Include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuar	it to the agency's policy	
						at a County facility in nue from parking and	
	(at a County facility in nue from parking and	
	Verification						
	have read and understand FEPC Reg	ulations 18944.1 and					
		2	Anna G	And shares and a second statements and a second sec	Operations Chief	01/15/14	
	Signature of Agency Head or Designe	0	Print Nom	0	Tille	(Month, Day, Year)	
	Comment:	iven to Kyra P	erkins				
	Southern the second second					FPPC Form 802 (4/12	

Ce	remonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Docume	nt
	Agency Name Alameda County		Date Stamp	California Form 802	2		
	Division, Department, or Re Board of Supervisors Designated Agency Contact			For Official Use Only			
	Amy Shrago Area Code/Phone Number	E-mail	. Amendment (Musi)	vrovide explanation in Part 3.)			
	(510) 272-6695	amy.shrago(@acgov.org		Date of Original Filing:	(Month, Day, Year)	
1	Does the agency have a ticket policy? Yes ☐ No ⊠ Face Value of					//	-
	Ticket(s)/Pass(es) provided Was ticket distribution made of agency official?		Yes□ No[No□ Yes	-	DEN STATE Name of Sc Dn, Keith Official's Name (-
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. + Use Sea	tion B to identify an individe	ual. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Departm	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	elle purpose made pursuan	t to the agency's policy	
	B. Name of Individ	Jal	Number of Ticket(s)/		Identify one of the follow	ving:	
	Williams, David 4		If checking "Ceramon To promote attenda	Other Other Associate below and Rale" or "Other" describe below ance at a event held a potential County reven		C	
2				김 씨가 집에 가장 가장 것 같아. 나는 것 않아. 나는 않아. 나는 않아. 나는 것 않아. 나는 않아. 나는 것 않아. 나는 않아. 나는 것 않아. 나는 않아.	Other Other Hand State Selection Control Contr	Income	C
	C. Name of Outside Orga (include address and de		Number of Tickot(s)/ Pass(os)	Describe the put	olic purpose made pursuan	t to the agency's policy	

4. Verification

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

hago of Agency Height ar Dasignan

Amy Shrago

Supervisor's Assistant

t 1/22/14 (Month, Day, Yanc)

Comment: .

~	eremonia Role Ever	no and no	nour usa	Distributions		A Public Document		
1.	Agency Name		Date Stamp	California 802				
	Alameda County			the second s				
	Division, Department, or Reg	jion (If Applicable	9)		-	For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact	(Namo, Titio)			-			
		(San Strange						
	Amy Shrago	1			Amendment (Must p	rovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail	-		Date of Original Filing:			
_	(510) 272-6695	amy.shrago	@acgov.org		bate of original rining.	(Month, Day, Year)		
2.			33 A.M. (1997)	250.00				
	Does the agency have a tick		Yes No	Marth.	of Each Ticket/Pass \$	and the second second second second second		
	Event Description Golden S	tate Warriors		Date(s)1	2 , 11 , 13	WARRIDRS		
		lanation	1	- Long	1 1			
	Ticket(s)/Pass(es) provided I	by agency?	Yes No	If no: 660	-DEN TIME Name of So	WARRIDES		
	Wee tieket distribution mode		Care		urca			
	Was ticket distribution made at the behest No □ Yes ⊠ of agency official?			If yes: Cars	If yes: Carson, Keith Official's Name (Lost. First)			
3.								
э.	* Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to iden	tify an outside organization.		
			Number of	and the local science conversion of the second				
	A. Name of Agency. Departm	ient or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
	3			Ceremonial Role If checking "Ceremo	Other Caseribe below.	Income		
	,			Ceremonial Role	Other 🔲 nial Role" ar "Other" describe below:	Incomo 🗌		
	C. Name of Outside Orga (include address and do		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy		
	South Berkeley Senior Cer	nter	4	To reward a school to the community	ol or nonprofit organiza	tion for its contributions		

4. Verification

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

Amy Shrago Supervisor's Assistant 1/22/14 NOIR Print Nome Title. (Month, Day, Yaar) nare of Agency H Dasigner Comment:

A Dublie Decumen

001	emomai Noie Ever	no and no	neur daa	Distributions		A Public Document	
1. A	gency Name				Date Stamp	California 802	
A	lameda County						
D	ivision, Department, or Reg	gion (II Applicable	2)		-	For Official Use Only	
в	oard of Supervisors						
	esignated Agency Contact	(Name, Title)	-				
	my Shrago						
	rea Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	510) 272-6695	amy.shrago	macrov ora		Date of Original Filing:		
			wacgov.org			(Month, Day, Year)	
	unction or Event Info			m Ener Mahara	of Each Tickel/Deec F	250.00	
	oes the agency have a tick		Yes 🗌 No		of Each Ticket/Pass \$ _		
E	vent Description Golden S	tate Warriors		Date(s)	2 <u>, 17 , 13</u>		
		Provide Title/Exp	lanation	6	in and house	WARRIDRS	
Ti	cket(s)/Pass(es) provided I	by agency?	Yes No	If no:	Name of S	V VIII BLOKS	
WA.	as ticket distribution made	at the behast		0			
	of agency official?	at the benest	No 🗌 Yes	If yes:	Official's Nome	(Last. First)	
3. R	laginiante						
	ecipients Use Section A to identify the agen	cy's department or	unit. # Use Sec	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.	
1.0			Number of		blic purpose made pursuar		
-	A. Name of Agency. Department or Unit Ticket(s)/ Pass(es)			pendure un burban muse harannu io un affeire) a baird.			
-			Number of				
B	Name of Individu	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	hanna Amu			Ceremonial Role	and the second	Incomo 🗌	
5	hrago, Amy		4		ntal Role" or "Other" describe balow		
				To reward a County employee for his or her exemplary service t the public or to encourage staff development			
-				Ceremonial Role		Income	
c	Name of Outside Orga (include address and do		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	t to the agency's policy	
-			F-428(68)				

4. Verification

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

age e of Agency Houc or Designee

Amy Shrago

Supervisor's Assistant

1/22/14 (Month, Day, Year)

A. 11 ... 13

Comment: .

С	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document		
1.	Agency Name Alameda County		Date Stamp	California 802				
	Division, Department, or Reg	gion (If Applicable)			For Official Use Only		
	Board of Supervisors Designated Agency Contact	(Name Tille)			-			
		(manie, may						
	Amy Shrago	15	Amendment (Must)	provide explanation in Part 3.)				
	Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org				Date of Original Filing:			
2	Function or Event Info		Guogoviorg			(Month, Day, Year)		
	Does the agency have a tick		Yes No	Face Value o	of Each Ticket/Pass \$ _	150.00		
	and a second							
	Event Description Golden S	/						
	Ticket(s)/Pass(es) provided I	w adency?	Yes No	M Itno: 66	LDEN STATE	WARREDRS		
	neked ayr dastes) provided i	Name of Sc	ource					
	Was ticket distribution made at the behest No Yes If yes: Carson, Keith							
3.	of agency official? Official? Official's Name (Last, First)							
	Recipients Vise Section A to identify the agen	ev's department or	unit a Han Sec	tion B to identify an individ	val a Use Section C to Iden	tife an outside organization		
			Number of					
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy		
	······		Number of					
	B. Name of Individu	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
			rass(cs)	Ceremonial Role	Other D	Income		
	Decker, Breanna				vial Role" or "Other" describe below.			
			4		o reward a community volunteer for his or her service to the			
	No			public				
				Ceremonial Role	Other D	Income		
				a contraction of the second	and the set of the second file second			
	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 do	scription)	Pass(os)	see and put	ne halfere unde harena.			
_								

4. Verification

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

1 191 osignoo of Agnney Nead

Amy Shrago Print Name

Supervisor's Assistant Titlo

1/22/14 (Month, Day, Yanz)

Comment: .

5	eremonial Kole Ever	its and fic	ket/Pass	Distributions		A Public D	
1.	Agency Name		Date Stamp	California Form	802		
	Alameda County			the state of the second second			
	Division, Department, or Reg	gion (If Applicable)		1	For Official 0	Jse Only
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Amy Shrago						
	Area Code/Phone Number	E-mail			. C Amendment (Must p	ovide explanation in	Part 3.)
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Yea	e1
2.			0 0 0			(monin, izay, rea	.,
	Does the agency have a tick		Yes No	Face Value o	of Each Tickel/Pass \$		450.00
		1.11					
	Event Description Golden S	Date(s)	<u>, 28 , 14</u>	/	J		
		" ho	LDEN STATE	WARETT	RS		
	Ticket(s)/Pass(es) provided	by agency?	Yes No		Name of Sol	NCO	
	Was ticket distribution made	If yes: Carso	on, Keith				
	of agency official? Ves If yes: Carson, Keith Official? Official? If yes:						
3.	Recipients • Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside orga	nization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's p	olicy
	R Name of Individ		Number of				
	B. Name of Individ		Ticket(s)/ Pass(es)	Identify one of the following:			
	Wantatah, Nathan		1		Other D		Income 🗌
			2		ance at an event held potential County rever		cility in
				Ceremonial Role If checking "Coremon	Other 🔲 viel Rule" ar "Other" describe bolow:		Income
		ame of Outside Organization Number of Ticket(s)/ Pass(es)		Describe the put	blic purpose made pursuant	to the agency's p	olicy

4. Verification

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

An Smaar	Amy Shrago	Supervisor's Assistant	1/22/14
Agenture of Agency Held or Davignas -	Print Nome	Title	(Month, Day, Year)
Comment:			

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 450.00 Does the agency have a ticket policy? Face Value of Each Tickel/Pass \$ Yes No X Event Description Golden State Warriors 30 Date(s) Provide Title/Explanation GOLDEN STATE If no: . Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Carson, Keith 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(es) Number of B. Name of Individual Ticket(s)/ Identify one of the following: B.a.d. First, Pass(es) Ceremonial Role Other X Income Carson, Keith If checking "Ceremonial Role" or "Other" describe below. 2 To evaluate the ability of a facility, its operator, or a local sports team to attract business and contribute to the local economy Ceremonial Role Other Income If checking "Coromonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(os)

4. Verification

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

AGNAD	Amy Shrago	Supervisor's Assistant	1/22/14
Signifuve of Agency Heidt or Dasignoo	Print Name	Telio	(Month, Day, Year)
Comment:			

Ce	eremonial Role Ever	its and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			rom		
	Division, Department, or Reç	jion (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6695	amy.shrago	Dacgov.org		Date of Original Filing:	11
2	Function or Event Info		Bacheriora			(Month, Day, Year)
· ·	Does the agency have a tick			Eace Value o	of Each Tickel/Pass \$ _	450.00
						N. O
	Event Description	Provide Title/Expl	anation	Date(s)		//
	Ticket/c//Dacc/ac) provided 1			11 11 GO	LDEN STATE	WARRIDES
	Ticket(s)/Pass(es) provided t	y agency r	Yes No		Nome of Sc	ourco
	Was ticket distribution made at the behest No I Yes I If yes: Carson, Keith					
	of agency official?				Official's Name ((Lost, First)
3.	Recipients • Use Section A to identify the agene	y's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
				and the second sec	Other 🛛	Income E
	Jenkins, Kevin		2		alal Rale" or "Other" describe below	
			1976		y employee for his or courage staff developr	her exemplary service to nent
	иналияна (настрания) И			1	Other Other with Role" or "Other" describe below:	Income [
			Number of			
	C. Name of Outside Orga (include address and de		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy

4. Verification

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

Signifure of Agency Hear or Dasignan	Amy Shrago	Supervisor's Assistant	1/22/14
Signature of Agency Head or Designen	Print Name	Tilko	(Month, Day, Yaar)
, U			

Comment: ____

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

С	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name Alameda County				Date Stamp	California 802	
	Division, Department, or Reg Board of Supervisors Designated Agency Contact		-	For Official Use Only			
	Amy Shrago Area Code/Phone Number (510) 272-6695	E-mail amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	2. Function or Event Information Does the agency have a ticket policy? Yes Event Description Golden State Warriors Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes		Yes ☐ No Nametion Yes ☐ No No ☐ Yes	Date(s)	of Each Ticket/Pass \$ 450.00 		
3.	of agency official? Recipients • Use Section A to identify the agen				Officients Name		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Brown, Elaine	Brown, Elaine		Coremonial Role Other I If checking "Ceremontal Role" or "Other" describe below. To reward a County employee for his or her exe the public or to encourage staff development		her exemplary service to	
					Other Other of "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 pursuar	at to the agency's policy	
				1			

4. Verification

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

1/22/14 Amy Shrago Supervisor's Assistant una/ Print Name Title (Month, Day, Year) of Agency Hennor Dasignaa

Comment: .

С	eremonial Role Even	ts and Tick	(et/Pass	Distributions		A Public Document	
1.	Agency Name Alameda County		Date Stamp	California Form 802 For Official Use Only			
	Division, Department, or Reg	ion (If Applicable)					
	Board of Supervisors						
	Designated Agency Contact (Name. Title)						
	Amy Shrago		Amendment (Must provide explanation in Part 3.)				
	Area Code/Phone Number E-mail (510) 272-6695 amy.shrago@acgov.org				Date of Original Filing:(Month, Day, Year)		
2.		150.00					
	Does the agency have a ticke		of Each Ticket/Pass \$ _	150.00			
	Event Description Golden St	ate Warriors Provide Title/Explai	<u> </u>	//			
	Ticket(s)/Pass(es) provided b	y agency?					
			Name of St	ource			
	Was ticket distribution made a of agency official?	at the behest	on, Keith Official's Name	(Lost, First)			
3.	Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individu	al	Number of				
	B. Name of individual (Last, Free)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role If checking "Ceromo	Other Intel Role "or "Other" describe below	Incoma 📃	
				Ceremonial Role Il checking "Geremo	Other Inter Other Other Other Inter	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy	
	Youth Alive 3300 Elm St., Oakland CA nurture leadership and life skills of young		4	To reward a school to the community	l or nonprofit organization for its contributions		

4. Verification

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

Amy Shrago Supervisor's Assistant 1/22/14 ARA of Agency Hind or Designen Print Name Title (Month, Day, Year)

Comment: _

	nomai Kole Lvei					A Public Document	
1. Age	ency Name		Date Stamp	California 802			
Alar	neda County			Form 002			
	sion, Department, or Reg	gion (If Applicable	-	For Official Use Only			
Boa	rd of Supervisors		-				
	gnated Agency Contact	(Name, Title)					
	/ Shrago Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
)) 272-6695		@acgov.org		Date of Original Filing:		
			@acgov.org			(Month, Day, Year)	
	Function or Event Information				of Each Ticket/Pass \$ _	200.00	
	Does the agency have a ticket policy? Yes □ No ⊠						
Ever	t Description Golden S	tate Warriors	Date(s)	3 , 20 , 14	//		
		Provide Title/Exp					
Ticke	Ticket(s)/Pass(es) provided by agency? Yes □ No 🖾				If no:		
Was	Was ticket distribution made at the behest No C Yes X				If yes: Carson, Keith		
	Was ticket distribution made at the behest No ☐ Yes X of agency official?				Official's Name (Last, First)		
	Recipients • Use Section A to identify the agency's department or o A. Name of Agency, Department or Unit		unit. • Use Sec Number of Ticket(s)/ Pass(es)		dual. • Use Section C to Iden		
В.	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ing: Incomo	
				Ceremonial Role If checking "Cerami	onial Role" ar "Other" describe balaw:	Income	
C.	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				
	Oakland Tech Parent Teacher Student Assoc. 4351 Broadway, Oakland, CA 4		To reward a school or nonprofit organization for its contributions to the community				

4. Verification

I have read and understand FPPC Regulations 189/4.1 and 189/2. I have verified that the distribution set forth above, is in accordance with the requirements

Amy Shrago Supervisor's Assistant Print Name Title signan 5/3 Agoncy Houd

Comment:

1/22/14

(Month, Day, Year)

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 78.05 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No 🛛 Event Description Not So Specifit NIGHT 6 13 13 12 Date(s). Provide Title/Explanation GOLDEN STATE Ticket(s)/Pass(es) provided by agency? Yes No X Name o If yes: Carson, Keith Was ticket distribution made at the behest No Yes X of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual B. Ticket(s)/ Identify one of the following: (Cast First) Pass(es) Ceremonial Role Other X Income Simpson, Sam If checking "Ceremonial Role" or "Other" describe below 4 To reward a student for outstanding scholastic achievement Ceremonial Role Other Income If checking "Caramonial Role" or "Other" describe below. Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

4. Verification

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

Amy Shrago 1/22/14 Supervisor's Assistant MARD Designee Print Namo Tylo (Month, Day, Yaar) ve of Agoncy Head i

1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6695 amy.shrago@acgov.org (Month, Day, Year) 2. Function or Event Information 120.00 Does the agency have a ticket policy? Face Value of Each Tickel/Pass \$ Yes No 🛛 POP. NYE 31 13 12 **Event Description** Date(s). Provide Title/Explanation STATE IT NO: GOLDEN Ticket(s)/Pass(es) provided by agency? Yes No X If yes: Carson, Keith Was ticket distribution made at the behest No Yes X of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual В. Ticket(s)/ Identify one of the following: Rast, First, Pass(os) Ceremonial Role Other X Income Cabrera, Stephanie If checking "Ceremonial Role" or "Other" dascribe below: 4 To reward a County employee for his or her exemplary service to the public or to encourage staff development Ceremonial Role Other Income

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

4. Verification

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

A ShaaD	Amy Shrago	Supervisor's Assistant	1/22/14
Signifiance of Agency Hend or Designee	Print Naino	Titlo	(Month, Day, Yoar)
Comment:			

A Public Document
C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County			- Cillin			
	Division, Department, or Re	gion (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				Amendment (Must provide explanation in Part 3.)		
	(510) 272-6695		@acgov.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation			and the second second second		
	Does the agency have a ticket policy? Yes □ No ⊠ Face Value o			of Each Tickel/Pass \$ _	58.00		
	Event Description Harlem Globetrotters Date(s) 1 Provide Title/Explanation			<u>, 17 , 14</u>	<u> 1 </u>		
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golden				n State Warriors		
					Name of Se	owca	
	Was ticket distribution made at the behest No Yes If yes: Carson, Keith Official? Official?						
	of agency official?		16X 24 50 1755		Officiar's Name	(Last. First)	
3.	Recipients • Use Section A to identify the agen	ov's department or	unit a Use Sec	tion B to identify an individ	ual a Lisa Section C to idea	tify an outside organization	
			Number of				
	A. Name of Agency, Departm	nent or Unit	Ticket(s)/ Pass(es)	Describe the put	ilic purpose made pursuan	t to the agency's policy	
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	zing:	
	Wilson Rumard				Other 🛛	Income	
	Wilson, Sumarri		4		If checking "Ceromonial Role" or "Other" describe balow		
					mote attendance at an event held at a County facility in to maximize potential County revenue		
					Other 🛛	Income	
	Jenkins, Kevin		4	and the second second	nial Role" or "Other" describe below:		
					courage staff develop	her exemplary service to nent	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy	
					5		

4. Verification

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

Signature of Agency Wood or Designee	Amy Shrago	Supervisor's Assistant	1/22/14
Signature of Agency fload or Designee	Print Namo	Tilla	(Identh, Day, Year)
1 0			

C	eremonial Role Ever	its and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County		2221.1	ronn		
	Division, Department, or Reg	jion (II Applicable	o)			For Official Use Only
	Board of Supervisors				2	
	Designated Agency Contact	(Name, Title)			-	
	Amy Shrago					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6695		@acgov.org		Date of Original Filing:	
2	Function or Event Info		Gasgenerg			(Month, Day, Year)
6. s	Does the agency have a tick		Yes No	Face Value o	of Each Tickel/Pass \$ _	41.30
					a new distance of the second sec	
	Event Description AMA Supercross Date(s) Date(s)				/	
	Tieket/e)/Daes/ee) ersuided b			Golde	n State Warriors	
	Ticket(s)/Pass(es) provided t	by agency?	Yes 🔲 No		Name of Se	owce
	Was ticket distribution made at the behest No Ves If yes: Car			If yes: Carso	on, Keith	
	of agency official?			2019 20 3 03/2020	Official's Name	(Lost, First)
3.	Recipients Use Section A to identify the agen-	sy's department or	unit. + Use Sec	ition 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	lic purpose made pursuan	t to the agency's policy
	B. Name of Individu	al	Number of			
	D. (Last Feel)		Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	Sanchez, Mina		7	Coremonial Role If checking "Ceremon	Other X sal Role "or "Other" describe below:	Incomo
			4	To reward a County employee for his or her exemplary se the public or to encourage staff development.		
				1 V24 974 674 704 3237 8074 9	Other D ual Role" or "Other" describe below:	Incame
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy

4. Verification

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

Angenerge -	Amy Shrago	Supervisor's Assistant	1/22/14
lignatum of Agency food at Dasignee	Priot Namo	Title	(Idonth, Day. Year)

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Amy Shrago Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6695 amy.shrago@acgov.org (Month. Day, Year) 2. Function or Event Information 41.30 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No X Event Description Monster Jam Date(s) 2 , 22 , 14 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Carson, Keith Was ticket distribution made at the behest No Ves X of agency official? Official's Name (Last. First) 3. Recipients . Use Section A to identify the agency's department or unit. . Use Section B to identify an individual. . . Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual в. Ticket(s)/ Identify one of the following: (Lass. Pr21) Pass(es) Other X Ceremonial Role Income Shrago, Amy If checking "Ceremonial Role" or "Other" describe below. 4 To reward a County employee for his or her exemplary service to the public or to encourage staff development. Ceremonial Role Other Income If checking "Coremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(os)

4. Verification

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

15 mago	Amy Shrago	Supervisor's Assistant	1/22/14
Supative of Agency Wood or Dasignee	Print Namo	Titlo	(Month, Day, Yoar)
Comment:			

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

C	eremonial Role Even	ts and Tic	ket/Pass I	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			-	
	Alex Boskovich					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6693	alex.boskovi	ch@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				0.50
				of Each Ticket/Pass \$ _	250	
	Event Description <u>Warriors vs. Timberwolves</u> Date(s)			<u>, 10 , 14 </u>	/	
	Trovido Tibo Explandion					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder			n State Warriors	ource	
	Mea ticket distribution made	at the behast		Alam	eda County Supervise	
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes [X If yes: <u></u>	Official's Name	(Last, First)
	Use Section A to identify the agency's department or uni		unit. • Use Sect Number of Ticket(s)/ Pass(es)		ual. • Use Section C to iden	
	B. Name of Individu	Jal	Number of		Identify one of the follow	wina
	D. (Last, First)		Ticket(s)/ Pass(es)			
			2/park		Other describe below	income
			apar k	Ceremonial Role If checking "Ceremo	Dther nial Role" or "Other" describe below	Income
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
	Buena Vista Elementary S	chool		To reward a schoo	I for its contributions	to the community.
	2355 San Juan Avenue Walnut Creek, CA 94597					
4	Verification	gulations 18944.1 ar				
	\checkmark		Alex Bosk		Senior Legislative Ai	

1.12

		its and the	NEUF a33	Distributions		A Public Document	
1.	Agency Name Alameda County				Date Stamp	California 802	
	Division, Department, or Reg	jion (If Applicable	?)	,,,_,_,,,,,,,,,,,,,,,,,,,,,,,		For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Alex Boskovich		······				
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6693		ich@acgov.o	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	mation					
	Does the agency have a ticket policy? Yes ⊠ No □			Face Value of	Face Value of Each Ticket/Pass \$200/\$30 parking		
	Event Description Warriors vs. 76ers Date(Date(s) 2	, 10 , 14	///	
		Provide Title/Exp	lanation			o <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: G			If no: Golde	n State Warriors Name of Sc		
					eda County Superviso		
	Was ticket distribution made at the behest No Yes X of agency official?			If yes: <u>Alan</u>	Official's Name (Last, First)	
-							
3.	• Use Section A to identify the agen	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
	A Number of				olic purpose made pursuan		
	Manie of Agency, Departin		Ticket(s)/ Pass(es)	Desense die pu			
	•••••						
	• · · · · · · · · · · · · · · · · · · ·		Number of				
	B. Name of Individ	ual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
			Fass(es)	Ceremonial Role	Other	Income	
	Taylor, Debbie			If checking "Ceremo	nial Role" or "Other" describe below:		
			2/park		ance at an event held		
			_		potential County reve		
				1	Other Inial Role" or "Other" describe below:	Income	
	C. Name of Outside Orga	anization	Number of	Describe the pu	blic purpose made pursuan	t to the agency's policy	
	(include address and d	escription)	Ticket(s)/ Pass(es)	Describe the pu			
4.	Verification			<u></u>			
	I have read and widerstand FPPC Re	gulations 18944.1 an	id 18942. I have ve	erified that the distribution set	forth above, is in accordance w	vith the requirements.	
	$ N\rangle$		Alex Bosk	ovich	Senior Legislative Aid	le 1/31/14	

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

1.	Agency Name Alameda County Division, Department, or Region (If Applicable)				Date Stamp	California 802
						Form
						For Official Use Only
	Board of Supervisors	Board of Supervisors				
	Designated Agency Contact (Name, Title) Alex Boskovich				-	
					Amondmont (Mush	- source avalance in Dort 2)
	Area Code/Phone Number E-mail				provide explanation in Part 3.)	
	(510) 272-6693	alex.boskov	/ich@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information					250/020
					of Each Ticket/Pass \$ _	
	Event Description Warriors vs. Nets Date(s)			Date(s) 2	, 22 , 14	
	Fronde Hile/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes			If no: Golde	n State Warriors	
	Was ticket distribution made at the behest of agency official?		No 🗌 Yes	If yes: Alam	eda County Supervis Official's Name	(Last. First)
3.	Recipients	denartment o	rupit a Lico Soc	tion B to identify an individ	ual • Use Section C to ide	ntify an outside organization.
	_	Number of		iual. • Use Section C to identify an outside organization. blic purpose made pursuant to the agency's policy		
	A. Name of Agency, Department or Unit					
			Number of		e statistica de la construcción e de la construcción de la construcción de la construcción de la construcción d	
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the follow	
	Chan, Jennifer			Ceremonial Role	D Other nial Role" or "Other" describe below	Income
	Chan, Jenniner		2/park	To promote attend		l at a County facility in
				Ceremonial Role	Other	Income
			Qipar k	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 pursua	nt to the agency's policy
England.						
4.	Verification	llations 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance v	with the requirements.
	Un	and the second	Alex Bosk	ovich	Senior Legislative Aid	de 1/30/14
	Signature of Agency Head or Designed	?	Print Nan		Title	(Month, Day, Year)
	/					
	Comment:					

A Public Document

					-
1. Agency Name	Agency Name				California 802
Alameda County					Form For Official Use Only
Division, Department, or Regio	Division, Department, or Region (If Applicable) Board of Supervisors				For Official Use Only
Board of Supervisors					
Designated Agency Contact (N	ame, Title)				
Alex Boskovich					
	E-mail				ovide explanation in Part 3.)
(510) 272-6693	alex.boskovich@ac	gov.org)	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Inform	ation				
Does the agency have a ticket	policy? Yes 🛛	No 🗖	Face Value o	f Each Ticket/Pass \$	350
– . – Warriors vs	Warriors vs. Nets			, 22 , 14	1 1
Event Description	Provide Title/Explanation		Date(s)		
Ticket(s)/Pass(es) provided by	Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Golder			n State Warriors	
				Name of Sou	
	Was ticket distribution made at the behest $No \Box$ Yes 🗵			eda County Supervisor	Wilma Chan
of agency official?			Official's Name (Last, First)		
3. Recipients					
 Use Section A to identify the agency's 	Use Section A to identify the agency's department or unit. Use Section B to iden Number of				fy an outside organization.
A. Name of Agency, Department or Unit		er of t(s)/ (es)	Describe the public purpose made pursuant to the agency's policy		
B. Name of Individual (Last, First)	Numb Ticke Pass	t(s)/		Identify one of the following	ng:
			Ceremonial Role	Other	Income
Chan, Daren	2			ial Role" or "Other" describe below:	
		1	To promote attendance at an event held at a County facility order to maximize potential County revenue from sales.		
	72	- March		Other D iial Role" or "Other" describe below:	Income
C. Name of Outside Organia (include address and desc	zation Numb ription) Pass	et(s)/	Describe the pub	olic purpose made pursuant	to the agency's policy
4. Verification	material and the second se				an na sa

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
 1/30/14

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

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . alex.boskovich@acgov.org (510) 272-6693 (Morith, Day, Year) 2. Function or Event Information 250/\$30 parking Face Value of Each Ticket/Pass \$ ____ Does the agency have a ticket policy? Yes 🗵 No 🗌 Event Description <u>Warriors vs. Bobcats</u> Date(s) _____ 4 ___ 14 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Alameda County Supervisor Wilma Chan</u> Was ticket distribution made at the behest No 🗌 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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Potter, Tisa		2/park	Ceremonial Role Other Income Income To reward a County employee for her exemplary service to the public and to encourage staff development.
		-24000	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
С.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

(A)	Alex Boskovich	Senior Legislative Aide	1/30/14
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Ceremonial Role Events and Ti	cket/Pass	Distributions		A Public Document
1. Agency Name	Agency Name			
Alameda County				Form For Official Use Only
Division, Department, or Region (If Applical	Division, Department, or Region (If Applicable)			
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 alex.boskc	ovich@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes 🛛 No 🛛	Face Value of	of Each Ticket/Pass \$ _	250
Event Description <u>Warriors vs. Bobcats</u> Date(s)			k , 4 , 14	//
			n State Warriors _{Name of Sc}	burce
Was ticket distribution made at the behest	Was ticket distribution made at the behest No \Box Yes \boxtimes If yes:			or Wilma Chan
of agency official?			Official's Name ('Last, First)
Use Section A to identify the agency's department A. Name of Agency, Department or Unit	or unit. • Use Sec Number of Ticket(s)/ Pass(es)		ual. • Use Section C to Ider	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
	Pass(es)	Ceremonial Role	Other D	Income
Jackson, Meryl	2	If checking "Ceremo To promote attend	nial Role" or "Other" describe below:	at a County facility in
	2	Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	public purpose made pursuant to the agency's pol	
4. Verification				· ·

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

 Alex Boskovich
 Senior Legislative Aide
 1/29/14

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

Comment:

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Reg	ion (If Applicable	ə)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			4		
	Alex Boskovich						
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6693	alex.boskov	ich@acgov.c	org	Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Infor	mation				200	
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	200	
	Event Description Warriors	/s. 76ers		Date(s)		//	
		TONGE THOLESP			n State Warriors		
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛		n State Warriors _{Name of S}	Source	
	Was ticket distribution made	at the behest	No 🗌 Yes	If ves. Alam	eda 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.					ntify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	ribe the public purpose made pursuant to the agency's policy		
	B. Name of Individual		Number of		Identify one of the following:		
	(Ləst, First)		Ticket(s)/ Pass(es)			-	
	Nakao Aki			Ceremonial Role	Other Inter Discribe below	Income	
	Nakao, Aki		2	-		emplary service to the	
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			Ceremonial Role	Other	Income	
			3	If checking "Ceremoi	nial Role" or "Other" describe below	и.	
	C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy	
4.	Verification	ulations 18944.1 a	nd 18942. I have ve	erified that the distribution set	forth above, is in accordance	with the requirements.	
	They read and bilder and the Reg	a.a.ono 10377.1 di	Alex Bosk		Senior Legislative Ai		
	Signature of Agency Head or Designe		AIEX BOSK		Title	(Month, Day, Year)	

Ce	eremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Regi	on (If Applicable)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Alex Boskovich					
	Area Code/Phone Number	E-mail		2019-00-00-00-00-00-00-00-00-00-00-00-00-00	Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6693	alex.boskovi	ch@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
and the second se	Function or Event Inform					
	Does the agency have a ticket		Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	250
	÷ .				, 28 , 14	///
	Event Description Warriors v	Provide Title/Expl	anation	Date(s)	//	//
	Ticket(s)/Pass(es) provided by agency? Yes No No If no: Golder			n State Warriors		
				Name of S		
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Alame			eda County Supervis Official's Name	or Wilma Chan	
Real Property lies	of agency official?				Official's Marine	
3.	Recipients	· · · ·		at Distantificant individu	unt in the Castian C to ide	ntifu on outside organization
	Use Section A to identify the agency		Number of			
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	nt to the agency's policy
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the follow	wing:
	(Ləsl, First)		Pass(es)			-
	Horrio Dill			Ceremonial Role	Other describe below	
	Harris, Bill		2	1		
				To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
				Ceremonial Role	Other	Income
			2	1	nial Role" or "Other" describe below	ç.
			24			
			Num la f			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pul	blic purpose made pursua	nt to the agency's policy
			Pass(es)			

4. Verification

I have read and understand FPPC Regulations 18944	1 and 18942. I have verified that the dist	ribution set forth above, is in accordance with the requ	iirements.
	Alex Boskovich	Senior Legislative Aide	1/28/14

	Alex Boskovich	Senior Legislative Alde	1/20/14
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

A Public Document

				2.0111840.010	7110.00	A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Alex Boskovich				Amondmont (Must	provide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	alex.boskov	/ich@acgov.o	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🛛 No	Face Value	of Each Ticket/Pass \$ _	250/\$30 parking
	Warriors V	/s. Wizards			, 28 , 14	///
	Event Description Warriors	Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided b		Yes 🗌 No 🛛		n State Warriors	burce
		y agency:				
	Was ticket distribution made	at the behest	No 🔲 Yes	If yes: Alam	eda County Superviso	or Wilma Chan
	of agency official?				Official's Name	(Last, First)
3.	• Use Section A to identify the agend	svis denartment o	runit. a Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntifv an outside organization.
	-		Number of	[
	A. Name of Agency, Department or Unit		Ticket(s)/ Describe the pt Pass(es)		blic purpose made pursuan	it to the agency's policy
	B. Name of Individu (Last, First)	ıal	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
	lookoon Dogina	· /		Ceremonial Role	Dther nial Role" or "Other" describe below.	Income
	Jackson, Regina		2/park	To promote attend	ance at an event held potential County reve	at a County facility in
				Ceremonial Role	Other	Income
			-2/park	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
4.	Verification				6	with the require month
	I have read and understand FPPC Reg	guiations 18944.1 a				
			Alex Bosk	······································		
	Signature of Agener, Head or Designe		Alex Bosk Print Nan	······································	Senior Legislative Aid	de 1/28/ (Month, Day

Comment: _____

Agency Report of:

C	eremonial Role Ever	nts and Tic	ket/Pass	Distributions		A Public Document	
۱.	Agency Name				Date Stamp	California 802	
	Alameda County					the same design of the contract of the same of the	
	Division, Department, or Re-	gion (If Applicable)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)					
	Alex Boskovich						
	Area Code/Phone Number	E-mail			Amendment (Must)	provide explanation in Part 3.)	
	(510) 272-6693	alex.boskov	ich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Info	rmation					
	Does the agency have a tick	et policy?	Yes 🛛 No [of Each Ticket/Pass \$ _		
	Event Description Warriors	vs. Trail Blazer	rs	Date(s) 1	, 26 , 14	//	
	Event Description	Provide Title/Expl	lanation				
	Ticket(s)/Pass(es) provided	by agency?	Yes No [If no: Golde	n State Warriors		
	Was ticket distribution made at the behest			Alam	eda County Superviso		
	of agency official?	No 🗌 Yes 🕻	If yes:	Official's Name ((Last, First)		
3.	Recipients				5 2 - 92 - 92 - 92 - 93 - 93 - 93 - 93 -		
	• Use Section A to Identify the ager	icy's department or	and the second se				
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individ	ual	Number of Ticket(s)/ Pass(os)		Identify one of the follow	ving:	
				Ceremonial Role	Other D mal Role" or "Other" describe below:	Income	
	Murphy, Engla		2	To promote attend	lance at an event held potential County reve	at a County facility in	
			*	Ceremonial Role If checking "Ceremo	Other Charite below.	Income	
	C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy	

4. Verification

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

N	Alex Boskovich	Senior Legislative Aide	1/23/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

A Public Document 1. Agency Name California Date Stamp Ω 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 \$41.30 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes X No Event Description AMA Supercross Date(s) _____ / ___ 25 _/__ 14 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗆 Yes 🛛 Official's Name (Last, First) of agency official?

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Cravahlo, Brian	4	Ceremonial Role Other Income Income I tracking 'Ceremonial Role" or 'Other' describe below: If checking 'Ceremonial Role" or 'Other' describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	気	Ceremonial Role Other I Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
	_	

4. Verification

	Alex Boskovich	Senior Legislative Aide	1/17/14
Signature of Agency Head or Designee	Print Name	Tillo	(Month, Day, Year)

1. Agency Name California Date Stamp 8 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: _ (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information \$58 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No Event Description Harlem Globetrotters Date(s) 1 , 19 , 14 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X Official's Name (Last, First) of agency official?

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(cs)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(os)	Identify one of the following:
Howard, Jacob	4	Ceremonial Role Other Income Income Ceremonial Role or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	3	Ceremonial Role Other I Income Income I Income I Income II Checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

0	Alex Boskovich	Senior Legislative Aide	1/17/14
Signature of Agency Hegd or Designee	Print Name	Titlo	(Month, Day, Year)

Comment:

1.	Agency Name			Date Stamp California 80				
	Alameda County					For Official Use Only		
	Division, Department, or Reg	gion (If Applicable	1	Por Official Ose Only				
	Board of Supervisors							
	Designated Agency Contact	(Name, Title)	1					
	Alex Boskovich				Amendment (Must provide explanation in Part 3.)			
	Area Code/Phone Number E-mail (510) 272-6693 alex.boskovich@acgov.org							
				Date of Original Filing:(Month, Day, Year)				
2.	Function or Event Information					100000000000000000000000000000000000000		
	Does the agency have a ticket policy? Yes ⊠ No □ Event Description Warriors vs. Pacers			Face Value of	of Each Ticket/Pass \$250/\$30 parking			
				Date(s) 1	, 20 , 14			
	Provide Title/Explanation							
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠		If no: <u>Golden State Warriors</u> Name of Source If yes: <u>Alameda County Supervisor Wilma Chan</u>					
	Was ticket distribution made at the behest No I Yes of agency official?			If yes:	If yes:			
3.	Recipients					AS 110 1310A		

• Use Section A to Identify the agency's department or unit. • Use Section B to Identify an Individual. • Use Section C to Identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual glast, Fest)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Lauren, Jason	2/park	Ceremonial Role Other Income Income Urchecking "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.
	- Dipark	Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

a	Alex Boskovich	Senior Legislative Aide	1/16/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

A Public Document

1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)		***************************************	1	
	Alex Boskovich					
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)	
	(510) 272-6693 alex.boskovich@acgov.org			Date of Original Filing	:(Month, Day, Year)	
2.	Function or Event Infor				\$58	
	Does the agency have a ticke		of Each Ticket/Pass \$.			
	Event Description Harlem G	lobetrotters		//		
		Trovide Therest	planation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		n State Warriors Name of S	Source
	Was ticket distribution made at the behest No 🗌 Yes 🗵 If yes: Alam			eda 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 Sec			ction B to identify an individu I	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 pub	olic purpose made pursua	nt to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)			wing:
	Lyons Marva			Ceremonial Role		
	Lyons, Marva		4	-	nial Role" or "Other" describe below ance at an event helo	at a County facility in
					potential County reve	
				Ceremonial Role		Income
			4	If checking "Ceremon	nial Role" or "Other" describe below	κ.
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/	Describe the pub	blic purpose made pursua	nt to the agency's policy
	••••••••••••••••••••••••••••••••••••••	r 7	Pass(es)			
4.	Verification? I have read and understand FPPC Regu	ulations 19044 4	19012 Lboxe	onfind that the distribution and	forth above is in accordance.	with the requirements
	Thave read and understand FPFC Regi	uiduons 10944 J al	Alex Bosk			
	Signature of Agency Head or Designed		AIEX BOSK		Senior Legislative Ai	(Month, Day, Year)
	Commont					

A Public Document 1. Agency Name California Date Stamp Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 350/\$30 parking Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes X No Event Description Warriors vs. Nuggets 14 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No Ves X 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Α. Ticket(s)/ Pass(es) Number of Name of Individual в. Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income Bonilla, Jannet If checking "Ceremonial Role" or "Other" describe below: 2/park To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Caramonial Role" or "Other" describe below /pank Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Verification A I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Alex Boskovich Senior Legislative Aide 1/9/14

Comment: .

A Public Document

Alameda County For Official Use Division, Department, or Region (if Applicable) For Official Use Board of Supervisors Image: Context (Name, 7Jtle) Alex Boskovich Image: Context (Name, 7Jtle) Context (SIP) Yes (Si (Pass(es) provided by agency? Yes (No ()) Foroid Tibe/Statemation If no: Colden State Warrions If no: Colden State Warrions Name of Succes Vas ticket distribution made at the behest no () Yes () No () Yes () *Use Section A to identify the agency's department or unit. Name of County Supervisor Wilma Chan Official? Describe the public purpose made pursuant to the agency's polic A. Name of Individual Assettor Name of agency department or unit.	seremonial Role Even	its and fice	leurass	Distributions		A Public Document	
Alarneda County For Official Use Division, Department, or Region (If Applicable) For Official Use Beard of Supervisors Image: Control of Supervisors Designated Agency Contact (Neme, 7/de) Image: Control of Supervisor Alex Boskovich Image: Control of Supervisor Area Code/Phone Number E-mail (510) 272-6693 alex. boskovich@acgov.org 2. Function or Event Information Does the agency have a ticket policy? Does the agency have a ticket policy? Yes [] No [] Event Description Warriors vs. Trail Blazers Provide Tible/Ipastice Date(s) 1 Ticket(s)/Pass(es) provided by agency? Yes [] No [] If no: Golden State Warrios Was ticket distribution made at the behest no [] Yes [] No [] Yes [] Date(s) - 3. Recipients *Use Section to identify the agency's department or unit. *Use Section to identify an outside organization 4. Name of Agency. Department or Unit Number of Tarries in the agency's department or Unit Techte(s) Bentla, Rob 2 Ceremonial Role [] Other [] Is access to county revenue from sales. If the agency's department or Unit Recipients Ceremonial Role [] Cher [] Is access 'Councy denotestat	. Agency Name		Date Stamp	California 802			
Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Area Code/Phone Number (510) 272-5693 alex.boskovich Area Code/Phone Number (510) 272-5693 alex.boskovich@acgov.org Date of Original Filling: Churching Variors vs. Trail Blazers Event Description Parvide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes I No I If no: Golden State Warriors As agency ficial? Date (s) 1 / 26 / 14 / / / / / / / / / / / / / / / / /	Alameda County						
Designated Agency Contact (Nume, 7itle) Alex Boskovich Area Code/Phone Number (510) 272-6693 alex, boskovich@acgov.org Date of Original Filing: (510) 272-6693 alex, boskovich@acgov.org Does the agency have a ticket policy? Yes X Provide TitleExplanation Does the agency have a ticket policy? Yes X Provide TitleExplanation Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes X No X If no: Golden State Warriors Name of Source Was ticket distribution made at the behest No Yes X If yes: Alameda County Supervisor Wilma Chan Official? Official? A. Name of Agency, Department or unit • Use Section B to identify an individual • Use Section C to identify an outside organization View Section? Identify one of the following: • Use Section C to identify the agency's department or unit • Use Section C to identify an outside organization A. Name of Agency, Department or Unit Number of TitleExity Describe the public purpose made pursuant to the agency's polic order	Division, Department, or Reg	jion (If Applicable)	1	For Official Use Only			
Designated Agency Contact (Name, 7itke) Alex Boskovich Area Code/Phone Number (510) 272-6693 alex, boskovich@acgov.org Date of Original Filing: (510) 272-6693 Description or Event Information Does the agency have a ticket policy? Yes ID Event Description Warriors vs. Trail Blazers Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes ID No ID Yes ID No ID If no: Golden State Warriors Name of Source Name of Source Was ticket distribution made at the behest No ID Yes Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization A. Name of Agency, Department or Unit Number of Texet(by Pass(e) Describe the public purpose made pursuant to the agency's polic Pass(e) Bonta, Rob 2 Ceremonail Role (O ther ID) a county facilit or Other descris balow: C. Name of Ou	Board of Supervisors						
Alex Boskovich Image: Amandment (Mark provide explanation in Perifstantion (510) 272-6693 alex.boskovich@acgov.org 2: Function or Event Information Date of Original Filing: Does the agency have a ticket policy? Yes IN 0 Face Value of Each Ticket/Pass \$		(Name, Title)			-		
Area Code/Phone Number (510) 272-6693 E-mail alex.boskovich@acgov.org Date of Original Filing: (Monito, Day, Year) 2: Function or Event Information Does the agency have a licket policy? Event Description Warriors vs. Trail Blazers Provide Title/Explanation Face Value of Each Ticket/Pass \$							
(510) 272-6693 alex.boskovich@acgov.org Date of Original Filing:		TE mail	Amendment (Must p	rovide explanation in Part 3.)			
2. Function or Event Information Does the agency have a ticket policy? Yes IN NO Event Description Warriors vs. Trail Blazers Provide TildeExplanation Ticket(s)/Pass(es) provided by agency? Yes IN NO Ticket(s)/Pass(es) provided by agency? Yes IN NO Was ticket distribution made at the behest NO of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify an outside organization • Use Section A to identify one of the following: Pass(es) B. Name of Individual Mumber of Televe(s) Bonta, Rob 2 C. Name of Outside Organization (include address and description) Mumber of tracking Commonal Role I Other I Interference of Individual at a County facility or Interference of Individual Interference of Indition Interference of Individual Interference of Individu			Date of Original Filing:	(4.4 1) - (5 3 / 1)			
Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$			chilleacgov.o	4		(Month, Day, Year)	
Event Description Warriors vs. Trail Blazers Date(s) 1 26 14			Vec 🕅 Nel	Eace Value	of Fach Ticket/Pass \$	200	
Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors 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 agency's department or unit. •Use Section A to identify the agency's department or unit. •Use Section A to identify an outside organization Official's Name (Last, First) B. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's polic preserves B. Name of Individual (mumber of Ticket(s)) Identify one of the following: in Bonta, Rob 2 Carremonial Role (Count) Count of the following: in 2 Carremonial Role (Count) Count of the dat a County facilition of the dat of county facilition of the dat of the or "Other describe below: in C. Name of Outside Organization (include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the agency's polic or "Other describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the agency's polic or "Other describe below: C. Name of Outside Organization (include address and description) <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Ticket(s)/Pass(es) provided by agency? Yes No If no: Golden State Warriors 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 agency's department or unit. •Use Section A to identify the agency's department or unit. •Use Section A to identify an outside organization Official's Name (Last, First) B. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's polic preserves B. Name of Individual (mumber of Ticket(s)) Identify one of the following: in Bonta, Rob 2 Carremonial Role (Count) Count of the following: in 2 Carremonial Role (Count) Count of the dat a County facilition of the dat of county facilition of the dat of the or "Other describe below: in C. Name of Outside Organization (include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the agency's polic or "Other describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the agency's polic or "Other describe below: C. Name of Outside Organization (include address and description) <td>Event Description</td> <td>Vs. Trail Blazers</td> <td>S</td> <td> Date(s)</td> <td>//14</td> <td>//</td>	Event Description	Vs. Trail Blazers	S	Date(s)	//14	//	
Was licked distribution made at the behest of agency official? No □ Yes ⊠ If yes: Alameda County Supervisor Wilma Chan 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 Ticket(a) A. Name of Agency, Department or Unit Number of Ticket(a) Describe the public purpose made pursuant to the agency's polic Pass(es) B. Name of Individual tast, first Number of Ticket(a) Left of the following: Pass(es) Identify one of the following: If the cian County facility order to maximize potential County revenue from sales. Bonta, Rob 2 Careemonial Role			en State Warriors				
of agency official? Official? 3. Recipients •Use Section A to identify the agency's department or unit. •Use Section B to identify an individual. •Use Section C to identify an outside organization A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's polic B. Name of individual (ast finite) Number of (ast finite) Identify one of the following: B. Name of individual (ast finite) Number of (ast finite) Identify one of the following: Bonta, Rob 2 Ceremonial Role is other is control to the agency's polic or Other describe below: To promote attendance at an event held at a County facilition or the role asteribe below: Intencing 'Commonial Role is 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 polic 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 polic describe below: 4. Verification Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's polic describe below:	Ticket(s)/Pass(es) provided t	by agency?	Name of Source				
of agency official? Official? 3. Recipients •Use Section A to identify the agency's department or unit. •Use Section B to identify an individual. •Use Section C to identify an outside organization A. Name of Agency, Department or Unit Number of Tecket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's polic pass(es) B. Name of individual (ast find) Number of Tecket(s)/ Pass(es) Identify one of the following: Bonta, Rob 2 Ceremonial Role Other Other describe the busic To promote attendance at an event held at a County facilit order to maximize potential County revenue from sales. Ceremonial Role Other I if there in the description 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 polic 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 polic describe below: 4. Verification Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's polic describe below:	Was ticket distribution made	at the behest	No 🗆 Yes	If yes: Alam	neda County Superviso	or Wilma Chan	
• Use Section A to identify the agency's department or unit. • Use Section A to identify an outside organization A. Name of Agency, Department or Unit Number of Teket(s) B. Name of Individual (Last, Finit) Bonta, Rob 2 C. Name of Outside Organization (Include address and description) Number of Teket(s) Pass(es) Ceremonial Role	of agency official?		Official's Name (Last, First)			
 Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization Raw, Pang Bonta, Rob Name of Outside Organization C. Name of Outside	3. Recipients						
A. Name of Agency, Department or Unit Ticket(sy Pass(es) Describe the public purpose made pursuant to the agency's polic B. Name of Individual (last Fing) Number of Ticket(sy Pass(es) Identify one of the following: Bonta, Rob 2 Ceremonial Role	• Use Section A to identify the agen	cy's department or u		tion B to identify an individ	iual. • Use Section C to iden	tify an outside organization.	
B. Name of Individual (task 7mt) Number of Ticket(sy) Pass(es) Identify one of the following: Bonta, Rob 2 Ceremonial Role	A. Name of Agency, Departm	ient or Unit	Ticket(s)/	Describe the pu	blic purpose made pursuant to the agency's policy		
B. Name of Individual (tast, Finit) Tickte(sy Pass(es) Identify one of the following: Bonta, Rob 2 Ceremonial Role Other Other Other. Image: Ceremonial Role Other. Other Image: Ceremonial Role Other. Image: Ceremonial RoleOther. Image: Ceremonial Role							
B. Name of Individual (tast, Finit) Tickte(sy Pass(es) Identify one of the following: Bonta, Rob 2 Ceremonial Role Other Other / describe below: Image: Ceremonial Role Other / describe below: 2 2 To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. 6 Ceremonial RoleOther / describe below: Image: Ceremonial RoleOther / describe below: 7 Coremonial RoleOther / describe below: Image: Ceremonial RoleOther / describe below: 6 Ceremonial RoleOther / describe below: Image: Ceremonial RoleOther / describe below: 7 Name of Outside Organization (include address and description) Number of Tickte(s)/ Pass(es) Describe the public purpose made pursuant to the agency's polic 4. Verification 4 Verification Image: Ceremonial Role							
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Item (Last, PHH) Pass(es) Bonta, Rob 2 Ceremonial Role Other describe below: 2 2 To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. 2 Ceremonial Role	B						
Bonta, Rob 2 If checking 'Caremonial Role' or 'Other' describe below: 2 To promote attendance at an event held at a County facility order to maximize potential County revenue from sales. 2 Ceremonial RoleOtherI 2 Ceremonial RoleOtherI 2 If checking 'Ceremonial RoleOtherI 2 Ceremonial RoleOtherI 2 If checking 'Ceremonial RoleOtherI 4. Verification Number ofI	B. Name of Individu	.iai			Identify one of the follow	ring:	
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C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's polic	Bonta, Rob		2				
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's polic 4. Verification		~					
It checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's polic 4. Verification 4. Verification 4. Verification							
Name of Outside Organization (include address and description) Pass(es) Describe the public purpose made pursuant to the agency's polic Describe the public purpose made pursuant to the agency's polic			100723	. PDA MUDE (MACCONSTRUCT)		Income L	
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's polic Describe the public purpose made pursuant to the agency's polic			2				
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's polic Describe the public purpose made pursuant to the agency's polic							
4. Verification	C Name of Outside Orga	anization		Describe the pu	blic purpose made pursuan	t to the agency's policy	
	(include address and de	scription)		Describe die po	ione purpose made pursuan	tto ine agency a poncy	
	4. Verification		1				
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.		julations 18944.1 and	i 18942. I have ve	erified that the distribution set	t forth above, is in accordance w	ith the requirements.	
Alex Boskovich Senior Legislative Aide 1/6/		0	Alex Bosk	ovich	Senior Legislative Aid	e 1/6/14	
Signature of Agency Head or Designee Print Name Title (Month, D	Signature of Agency Head or Design	00	Print Nan	DØ	Title	(Month, Day, Year)	

Comment: _

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-	eremonial Role Ever					A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					the second se	
	Division, Department, or Re-	gion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			-		
	Alex Boskovich	1			Amendment (Must p	rovide explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Date of Original Filing:		
_	(510) 272-6693		ich@acgov.o	rg	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Info				250		
	Does the agency have a tick		Yes 🛛 No [of Each Ticket/Pass \$ _		
	Event Description Warriors	vs. Pacers		Date(s)			
		Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided	by agency?	If no: Golde	en State Warriors Name of So	urca		
			5.300	Alan			
	Was ticket distribution made of agency official?	at the benest	No 🗌 Yes [If yes: Alan	If yes: Alameda County Supervisor Wilma Chan Official's Name (Last, First)		
3.	• Use Section A to identify the ager	ncy's department or	lual. • Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Department or Unit Tick Pase			Describe the public 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	
	Lam, Joe				onial Role" or "Other" describe below:	income _	
		To promo			lance at an event held potential County rever		
			7	2.24.03 (2014) A.M. 1993 (2014)	Other Donial Role" or "Other" describe below:	Income	
	C. Name of Outside Org		Number of Ticket(s)/	Describe the pu	iblic purpose made pursuan	t to the agency's policy	
	Verification		Pass(es)				

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

an	Alex Boskovich	Senior Legislative Aide	1/6/14
Signature of Agency Head of Designed	Pant Name	Titla	(Month, Day, Year)

A	Pub	lic	Document
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	jion (If Applicable				Form 802		
ivision, Department, or Reg	ion (If Applicable		Agency Name Alameda County				
Sheriff's Office			For Official Use Only				
esignated Agency Contact	(Name, Title)			-			
Casey Nice, Assistant Sher	iff		in the sector is Ded D.				
rea Code/Phone Number				provide explanation in Part 3.) 01-30-2014			
10 208-9811	cnice@acgo	v.org		Date of Original Filing:	(Month, Day, Year)		
unction or Event Infor	mation		AL 20.1		55.00		
		Yes 🛛 No 🛛					
vent Description Michael B	Provide Title/Expl	anation					
icket(s)/Pass(es) provided t	by agency?	Yes 🗆 No [If no: Beave	er Productions, Barry I	_eff		
a na katalogi katalo Tana katalogi				Name of Se	ource		
			If yes:	Official's Name	(Last, First)		
	cy's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.		
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
Alameda County Sheriff's Office Employeea		300	To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking				
			and concession sa	les			
3. Name of Individu	Number of Ticket(s)/ Pass(es)	Identify one of the following:					
			Ceremonial Role If checking "Ceremon	Dother Dother of Other' describe below.	Income		
			Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below.	Income		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	it to the agency's policy		
/eri/idation							
	ulations 18944.1 and	d 18942. I have ve	nified that the distribution set	forth above, is in accordance w	vith the requirements.		
son Nic	e	Casey N	lice	Assistant Sheriff	01-30-2014		
Signature of Agency Head or Designe	0	Print Nam	o	Title	(Month. Day, Year)		
	Sunction or Event Information oes the agency have a ticker vent Description Michael B icket(s)/Pass(es) provided to //as ticket distribution made of agency official? Recipients Use Section A to identify the agence A. Name of Agency, Department Mameda County Sheriff's O Employeea B. Name of Individu (Last First) Name of Outside Orgation (include address and descent of Agency Head or Designe Signature of Agency Head or Designe	Signature of Agency Head or Designed Cartino and understand FPPP Regulations 18944.1 and Discustor of Agency Head or Designed Discustor of Agency Head or Discustor of Agenc	Function or Event Information oes the agency have a ticket policy? Yes ⊠ No vent Description Michael Buble Concert Provide Title/Explanation Recket(s)/Pass(es) provided by agency? Yes □ No //as ticket distribution made at the behest No □ Yes of agency official? No □ Yes Recipients Use Section A to identify the agency's department or unit. • Use Sector A. Name of Agency, Department or Unit Number of Ticket(s) Mameda County Sheriff's Office 300 S. Name of Individuat (Last Frag) Number of Ticket(s)/ Pass(es) Mame of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) . Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) . Name of Outside Organization (Include address and description) Ticket(s)/ Pass(es) . Name of Outside Organization (Include address and description) Ticket(s)/ Pass(es) . Name of Outside Organization (Include address and description) Ticket(s)/ Pass(es) . Segnature of Agency Head or Designee Number of Ticket(s)/ Pass(es) . Name of Outside Organization (Include address and description) Ticket(unction or Event Information oes the agency have a ticket policy? Yes I No I Face Value 4 vent Description Michael Buble Concert Provide Title/Explanation Date(s) 1 vent Description Michael Buble Concert Provide Title/Explanation Date(s) 1 icket(s)/Pass(es) provided by agency? Yes I No I If no: Beave Ass ticket distribution made at the behest No I Yes I If yes:	Summe of Individual Concert Provide Tide/Explanation Provide Tide/Explanation Date(s) 11 30 20 If no: Beaver Productions, Barry I Date(s) 11 30 20 If no: Beaver Productions, Barry I Name of Si Name of Si Name of Si If no: Beaver Productions, Barry I Name of Si Name of Si Name of Si Ide section A to identify the agency's department or unit * Use Section B to identify an individual. * Use Section C to identify an individual. *		

. Agency Name					A Public Documen
				Date Stamp	California 802
Alameda County					
Division, Department,	, or Region (If Applical	ble)			For Official Use Only
Board of Supervisor	s				
Designated Agency C					
	-				
Lee Ann Fergerson,	Supervisor's Assist				
Area Code/Phone Nur	nber E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6691	leeann.ferg	gerson@acgov.org	,	Date of Original Filing: _	
Function or Even	t information				(Month, Day, Year)
Does the agency have		Yes 🗗 No 🗖	Eaca Valua a	f Each Ticket/Pass \$	250.00
	hadron a		I ACE VAIUE U		
Event Description	205100 Day		Date(s)	168,15	
	Provide Title/Ex	planation	GC	xx1	······································
Ticket(s)/Pass(es) pro	vided by agency?	Yes 🗗 No 🗖	If no:	\geq VV	
Mon Holest Retails at a			Alam	Name of Sou	
Was ticket distribution of agency official?	made at the behest	No 🗋 Yes 🗋	If yes:	eda County Supervisor Sco	
				Official's Name (L	ast, First)
Recipients					
Use Section A to identify ti	he agency's department o	r unit. • Use Section B	to identify an individu	al. • Use Section C to Identi	V an outside organization
	aligned and the second s		的复数 化化学学学校 化学学学校 化学学	Not stated and the second state of the	CONTRACTOR AND
			e Salara Unite Altre (CUU) Maria	io pu nice in an teriore	o the agenty's policy
			·		
	ncividual ^{And}			litentify one of the followin	
			_		Letter we want to be a second
			Ceremonial Role		Income
			If checking "Ceremonie	l Role" or "Other" describe below;	
					· .
A					
FAD	LIACA A	11	Ceremonial Role		Income
INCA NO	DWCSON	41.	if checking "Ceremonial	l Role" or "Other" describe below:	
Mame of Quistan (Include equipse)	o Organization	Normser of "Televice/ Passive)	Direction the outlin	purpere made pursuant (c	
			All with the second		the agency a policy
				an an ann ann ann ann ann ann ann an ann an a	
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h len in	and a state of the second state				
Verification	- <u></u> , живоор				
have read and understand FPF	C Regulations 18944.1 and	i 18942. I have verified the	at the distribution set forti	h above, is in accordance with ti	te requirements
AN MANY	un I	Lee Ann Fergerso.		pervisor's Assistant	1-15-11
Signature of Agency Head of I	Designee	Print Name		Title	$-\frac{1}{1}$
	J			1 (112)	(Month, Day, Year)
Comment:	-				
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Ų	eremonial Noie Lven	ts and in	JNEUF d55	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form 002		
	Division, Department, or Reg	ion (If Applicabl		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Anna Gee					
	Area Code/Phone Number	E-mail	*****		Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	mation	10000000000000000000000000000000000000	***************************************	***************************************	19779711104157197002200000000000000000000000000000000
	Does the agency have a ticke	t policy?	of Each Ticket/Pass \$	350.00		
	Event Description	game	, 15 , 14			
		Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by agency? Yes No X If no: Golder				n State Warriors	
					Name of So	urce .
	Was ticket distribution made a of agency official?	at the penest	No 🗌 Yes	If yes: Miley	Official's Name (I	Last, First)
3.					****	
э.	• Use Section A to identify the agency	al. ♦ Use Section C to ident	tify an outside organization.			
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
						······
			Number of			
	B. Name of Individua (Last France)	al .	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other	Income
				f checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other 🗍	Income
					ial Role" or "Other" describe below:	
	C. Name of Outside Organ (Include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(notae address and see	or (parent)	Pass(es)			
	Borel Middle School PTA		- 4	•	ofit organization for its	contribution to the
	·			community	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	425 Barneson, San Mateo,	1				
	Support of acher	21			01/13/01/01/01/01/01/01/01/01/01/01/01/01/01/	
4.	Verification	lations 18944 1 an	id 18942. I have ve	rified that the distribution set f	orth above, is in accordance wi	th the requirements.
5	SLARK Media		Anna G		Operations Chief	01/6/14
	Signature of Agency Nead-or Designee		Anna G Print Nam			(Month, Day, Year)
	Comment:					FPPC Form 802 (4/12

	•					
1.	Agency Name				Date Stamp	California 202
	Alameda County			Form 002		
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Anna Gee				[¹¹¹] A	
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Inform	mation		-	Antonomentenentenentenentenentenentenente	
	Does the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$ _	250.00
	Event Descriptionbasketball	game		Date(s)1	<u>, 20 , 14 </u>	01 <u>,</u> 24 <u>,</u> 14
	·	Provide Title/Expl	anation			•
	Ticket(s)/Pass(es) provided by	y agency?	If no: Golder	n State Warriors Name of S	ource	
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Miley,		
	of agency official?				Official's Name	(Last, First)
3.	Recipients	****	****			
	• Use Section A to identify the agency	y's department or	1	tion B to identify an individu	al. • 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	it to the agency's policy
			Pass(es)			
	·					
			-	<u>·····</u>		
		·				
	B. Name of Individua	ıl	Number of Ticket(s)/		Identify one of the follow	ving:
	([\$5], F\$\$)		Pass(es)			
				Ceremonial Role If checking "Ceremoni	Other Galary Content of the second	Income
					Other D	Income
				n checking outernoin		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(cs)	Describe the pub	lic purpose made pursuar	it to the agency's policy
	United Seniors of Oakland 8	R Alamada		To roward a poppr	ofit organization for its	contribution to the
	County/	x Alameua	8	community	and organization for ha	
	7200 Bancroft Ave, Ste 251				······································	
	Oakland, CA 94605- senior					
4.	Verification	-				
· ·	I have read and understand FPPC Regu	lations 18944.1 and	i 18942. I have ve	erified that the distribution set for	orth above, is in accordance w	vith the requirements.
	<u></u>		Anna G		Operations Chief	01/6/14
	Signature of Agency yead or Designee		Print Nam	ie .	Title	(Month, Day, Year)
	Comment: 4 tickets to each	game			,	· ·
					EDDC Toll Erron Holpling	FPPC Form 802 (4/12)

						A I unit Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form 00/2		
	Division, Department, or Reg	ion (If Applicable		For Official Use Only		
	Board of Supervisors				- -	
	Designated Agency Contact (Name, Title)				
	Anna Gee			· · ·		
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6694	anna.gee@	acgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation	***************************************			
	Does the agency have a ticke	t policy?	Face Value c	of Each Ticket/Pass \$	250.00	
	Event Descriptionbasketball	game		Date(s)01	<u>, 26 , 14 </u>	
	4	Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by	y agency?	n State Warriors Name of Sour	rce		
	Was ticket distribution made a	t the behest				
	of agency official?	in vite areas heads	No 🗌 Yes	If yes: Miley	Official's Name (La	ast, First)
3.	Recipients		****			
	 Use Section A to identify the agency 	/'s department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	y an outside organization.
	A. Name of Agency, Department or Unit Tick			Describe the pub	lic purpose made pursuant t	o the agency's policy
			Pass(es)			
	B. Name of Individua	ıl	Number of Ticket(s)/		Identify one of the followin	n:
	(Last, FISU)		Pass(es)			
	Pete, Geoffrey		×	1	ial Role" or "Other" describe below:	Income
			4			lity in order to maximize
	·				venue from parking and	
				Ceremonial Role	Other	Income 🔲
	4	•	4	If checking "Ceremon	ial Role" or "Other" describe below:	
	• · ·					
	Name of Outside Organ	ization	Number of		1. Second	
	C. (include address and des		Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant t	o the agency's policy
	/					
4.	Verification			Ennessen cherkensen onen ander an		annanda a dala a dalla can ta anna anna an can a cana anna an
	Thave read and understand FPPC Regu	lations 18944.1 an	d 18942. I have ve	erified that the distribution set f		
	- JULY TIC-	8 2000-2000-2000-2000-2000-2000-2000-200	Anna G		Operations Chief	01/6/14
	Signature of Agency Head of Designee		Print Nam	le ·	Title	(Month, Day, Year)
	Comment:	MSS				
	- · · · · · · · · · · · · · · · · · · ·	1				FPPC Form 802 (4/12)

parking pass

Comment:

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) **Board of Supervisors** Designated Agency Contact (Name, Title) Anna Gee Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** (510) 272-6694 anna.gee@acgov.org (Month, Day, Year) 2. Function or Event Information 250.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description _____basketball game 01 28 14 Date(s) Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source If yes: <u>Miley</u>, Nate Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) **Board of Supervisors** To reward a County a employee for exemplary service 1 Number of Name of Individual Ticket(s)/ Identify one of the following: fLast, Füst, Pass(es) Other X Ceremonial Role Income Fitgerald, Amy If checking "Ceremonial Role" or "Other" describe below. 3 Magovern, Ann To promote an event held at a County facility in order to maximize Carter, Kate potential County revenue from parking and concession sales Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe helow: 3 Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy. Ticket(s)/ (include address and description) Pass(es) Verification I have read and understand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Anna Gee **Operations Chief** 01/1514 of Agency Head of Designee Print Name Title (Month, Day, Year) Sianature

_						A I done Document	
1.	Agency Name Alameda County				Date Stamp	California 802	
						Form 002	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Anna Gee					-	
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
	(510) 272-6694	acgov.org		Date of Original Filing:			
2.	Function or Event Information					งแต่หลายการการสาราสารสารสารสารสารสาราสารสารสารสารสาร	
	Does the agency have a ticket	policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	250.00	
	Event Description basketball	game		Date(s)02	, 04 , 14		
		anation					
	Ticket(s)/Pass(es) provided by agency? Yes No			If no: Golder	If no: Golden State Warriors		
	Was ticket distribution made at the behest No T Yes 🔀			B Alland Blade			
	Was ticket distribution made at the behest No Yes of agency official?			If yes: <u>thirdy</u> ,	Official's Name (La	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 or Unit Number of Ticket(s)/			Describe the pub	lic purpose made pursuant t	o the agency's policy	
			Pass(es)				
	Union City Sanitary District		4			lity in order to maximize	
					venue from parking and		
	(T) black finds (i)	1	Number of				
	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the followin	g:	
				Ceremonial Role	Other	income	
			3	If checking *Ceremoni	al Role" or "Olher" describe below:		
					· ·		
				Ceremonial Role	Other	income	
			3		al Role" or "Other" describe below;		
			5		,		
			N				
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy	
			Pass(es)				
						<u></u>	
				· · · · · · · · · · · · · · · · · · ·			
anna A	Verification			*****	******		
•••	Lhave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					the requirements.	
C. Same	I HALF	Anna Gee			Operations Chief	01/1514	
	Signature of Agency Head or Designee Print Name				Title	(Month, Day, Year)	
	parking pass						
	Comment:FPPC Form 802 (4/12						
			•		FPPC Toll-Free Helpline: 80	56/ASK-FPPC (866/275-7772)	