						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)		12		
	Michelle Dianda				Amondmont (Must an	
	Area Code/Phone Number			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6692	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	nction or Event Information				
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	84.15
	Event Description WWE Live Da		Date(s) 02	2 , 07 , 14		
		Provide Title/Exp	lanation	Date(3)	/]
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golden State Warriors		
					Name of Sou	
	Was ticket distribution made at the behest $No \square Ye$ of agency official?		No 🗌 Yes	If yes: Valle,	Richard- Supervisor D	DISTRICT 2
-						
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individ				ual a Uso Soction C to ident	if an outside organization
			Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Ticket(s)/ Describe the public purpose made pursuant to the ag		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	Mejia, Manuel				Other X ial Role" or "Other" describe below:	Income
			4		ance at an event held a	at a County facility in
					potential revenue from	
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	-		Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1 435(55)			
-	Verification					
4.	Verification	llations 18944.1 an	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance wit	h the requirements.
			Michelle D		Supervisor's Aide	21414
	Signature of Agency Head or Designed)	Print Nam	the second se	Title	(Month, Day, Year)
						1
	Comment:					

						AT usite bocument
1.	Agency Name		Date Stamp	California 802		
	Alameda County			Form 002		
	Division, Department, or Reg	on (If Applicable		For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6692	nda@acgov.	org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform					
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	250.00
	Event Description Warriors v	s. Kings		Date(s)04	, 04 , 14	//
	Event Description	Provide Title/Exp	lanation	Date(s)]]]
	Ticket(s)/Pass(es) provided b	v agencv?	Yes 🗌 No	If no: Golder	n State Warriors	
		, - 5 , -			Name of Sou	
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor	District 2
	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	A		Number of	ition B to identify an individu	ial. • Use Section C to ident	ity an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/			to the agency's policy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
					Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	-		Number of			
	C. Name of Outside Orgar (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Newark Memorial Athletic Booster Club 39375 Cedar Blvd., Newark CA 94560		4	To reward a non-pr community	ofit organization for its	contributions to the
	Helps raise funds to suppor athletes and teams	t student				
4.	Verification		-			
	I have read and understand FPPC Regu	lations 18944.1 an	d 18942. I have ve	erified that the distribution set for	orth above, is in accordance wit	h the requirements.
	MAXIA		Michelle D	ianda	Supervisor's Aide	2/11/14
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
	Comment: Includes 1 parkin	g pass at the	value of \$20).		

	eremonial Role Events and the	neurass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Alameda County		Form CC-			
	Division, Department, or Region (If Applicable)				For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Michelle Dianda					
	Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
	(510) 272-6692 michelle.diar	nda@acdov.	ora	Date of Original Filing: _	(Month, Day, Year)	
2	Function or Event Information	0.1	5		(Wohin, Day, tear)	
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	550.00	
					1 1	
	Event Description Warriors vs. Rockets	anation	Date(s)	2 _ 20 _ 14	//	
	Ticket(s)/Pass(es) provided by agency?		If no. Golder	n State Warriors		
	noneu(s)/Fass(es) provided by agency ?	Yes 🗌 No		Name of Sou		
	Was ticket distribution made at the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D	District 2	
	of agency official?	Official's Name (L	ast, First)			
3.	Recipients					
	Use Section A to identify the agency's department or	unit. • Use Sec Number of	tion B to identify an individu	ual. • Use Section C to identify an outside organization.		
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
			i			
		Number of				
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:	
		1 433(63)	Ceremonial Role	Other X		
	Maxey, Mike	2		ial Role" or "Other" describe below:		
		2	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.	
	Trejo, Humberto		2.02.0300000000000000000000000000000000	Other Other	Income	
	hejo, humberto	2		ng "Ceremonial Role" or "Other" describe below:		
			order to maximize potential revenue from sale			
	C. Name of Outside Organization	Number of	Described	P		
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
					1	
4.	Verification					
	I have read and understand FPPC Regulations 18944.1 and	l 18942. I have ve	erified that the distribution set f	orth above, is in accordance with	h the requirements.	
	MANA	Michelle D	ianda	Supervisor's Aide	2/13/14	
	Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)	

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

	eremonial Role Even	is and nu	neurass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County			Form		
	Division, Department, or Regi	on (If Applicable)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Dianda				Amondmont (Must or	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				vide explanation in Fait 3.)
	(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	nation				550.00
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	550.00
	Event Description			Date(s)02	2 _ 20 _ 14	
		Provide Title/Expl	anation	Golder	o State Warriors	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no:	n State Warriors Name of Sou	rce
	Was ticket distribution made a	t the behest	No 🗌 Yes	Valle,	Richard- Supervisor D	District 2
	of agency official?			Il yes.	Official's Name (La	ast, First)
3.	Recipients					
	 Use Section A to identify the agency 	/'s department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant f	to the agency's policy
			Number of			
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Hildreth, Jaken			Ceremonial Role	Other X ial Role" or "Other" describe below:	Income
	r marouri, oakon		2		ance at an event held a	it a County facility in
					potential revenue from	
	Jackson, James		3		ial Role" or "Other" describe below:	Income
	Jackson, James		2		ance at an event held a	it a County facility in
					potential revenue from	
	C. Name of Outside Organization (include address and description) Numb Ticke Pass			Describe the pub	lic purpose made pursuant	to the agency's policy
			,			
4.	Verification		1 1 00 10 1 1 1 1 1 1 1	if a dilla di la alla di la di la di angle di angle di la di angle di la di angle di angle di angle di angle di		
	I have read and understand FPPC Regu	iadons 18944.1 and				
	HULL		Michelle D	and the second second second	Supervisor's Aide	- 413/14
	Signature of Agency Head or Designee		Print Nam	IE	Title	Month, Day, Year)
	Comment:	g pass at the	value of \$20)		

A Dublic Decument

0			1001 033	DISTINUTION		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					1 OIIII
	Division, Department, or Reg	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number			. Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6692	michelle.dia	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 \$	550.00	
	Event Description Warriors v	s. Rockets		Date(s) 02	20, 14	1 1
	Trovide miles explanation					
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	
	· · · · · · · · · · · · · · · · · · ·				Name of Sou	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D	VISTRICT Z
_					Onicial's Name (La	
3.	Recipients	u's donartmont or	unit a Uso Soc	tion B to identify an individu	ual a Lise Section C to identi	fy an outside organization
	A		Number of		ual. • Use Section C to identify an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy	
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followir	ng:
	(Last, First)		Pass(es)			
	Bennett, Octavio				ial Role" or "Other" describe below:	Income
	,		2	To promote attendance at an event held at a County facility in		
				order to maximize potential revenue from sales.		
				Ceremonial Role	Other	Income
	Jacob, Prentice		2		ial Role" or "Other" describe below:	
			_		ance at an event held a potential revenue from	
			Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
			1 400(00)			
				-		
-						
4.	Verification Nave read and understand FPPC Regu	lations 18944.1 an	d 18942. I have ve	erified that the distribution set f	forth above, is in accordance with	the requirements.
			Michelle D			2/12/14
	Signature of Agency Head or Designed	<u> </u>	Print Nam		Supervisor's Aide	(Month. Day. Year)
	n Breide genne en groeid i ten 1990 - digter her house house house an engine					, , , , , , , , , , , , , , , , , , , ,
	Comment: Includes 1 parkir	ig pass at the				

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name	Date Stamp	California 802			
	Alameda County					
	Division, Department, or Reg	ion (If Applicable	<i>;)</i>			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			-	
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	550.00
	Event Description Warriors v	s. Rockets	4	Date(s)02	2 <u>, 20 , 14</u>	//
		Provide Title/Expl	n Stata Marriara			
	Ticket(s)/Pass(es) provided by	y agency?	n State Warriors Name of So	urce		
	Was ticket distribution made a	at the behest	, Richard- Supervisor	District 2		
	of agency official?		Official's Name (Last, First)		
3.	Recipients					
	 Use Section A to identify the agency 		Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Podriguoz Pobort				Other 🔀	Income
	Rodriguez, Robert		2		nial Role" or "Other" describe below:	at a County facility in
				To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.		
	Otana Harrall			Ceremonial Role	Other	Income
	Otero, Heysell		2		nial Role" or "Other" describe below: ance at an event held	at a County facility in
					potential revenue from	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
4.	Verification					
	I have read and understand FPPC Regu	llations 18944.1 and	a 18942. I have ve	enned that the distribution set f	orth above, is in accordance wi	th the requirements. $0/12/10$

 Michelle Dianda
 Supervisor's Aide

 Signature of Agener Flead or Designee
 Print Name

 Title

 (Mgnth, Day, Year)

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

A Public Document

1.	Agency Name	Date Stamp	California	802			
	Alameda County					Form	
	Division, Department, or Regi	ion (If Applicable,)			For Official U	Jse Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		14		a .	
	Michelle Dianda				Amendment (Must pro		Port 2 \
	Area Code/Phone Number	E-mail				vide explanation in	Fall 3.)
	(510) 272-6692	michelle.diar	nda@acgov.o	org	Date of Original Filing:	(Month, Day, Yea	r)
2.	Function or Event Inform	mation					550.00
	Does the agency have a ticke		Yes 🛛 No 🛛	Face Value o	f Each Ticket/Pass \$		550.00
	Event Description Warriors v	s. Rockets		Date(s) <u>20 /14/</u>			/
	and a state of the	Provide Title/Expla	anation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: Golder	If no: Golden State Warriors		
	Was ticket distribution made a	at the behest	No 🗌 Yes 🛙	Velle Dishard Supervisor District 2			
	of agency official?				Official's Name (Last, First)		
3.	Recipients						
	 Use Section A to identify the agence 	y's department or u	unit ● Use Sect	ion B to identify an individu	al. • Use Section C to identify	y an outside orgai	nization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's po	olicy
	· · · · · · · · · · · · · · · · · · ·						
		4	Number of				
			Numbercf				

B. Name of Individual (Last, First)	Identify one of the following:		
Mou, Xin	2	Ceremonial Role Other I Income I Income I Income To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.	
Gonzalez, Yesenia	2	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential revenue from sale	
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 18	944.1 and 18942. I have verified that the distribu	ution set forth above, is in accordance with the re	equirements.
	Michelle Dianda	Supervisor's Aide	2/13/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

				Biodinadionio		A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only
	Board of Supervisors					·
	Designated Agency Contact (Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	, 		Amendment (Must provide explanation in Part 3.)		
	(510) 272-6692	E-mail michelle.dia	nda@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2	Function or Event Inform		0 0	0		(WONUN, Day, Year)
	Does the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	23.85
	Event Description Disney on	Provide Title/Exp	lanation	Date(s)	2614	//
	T. I. ((.) (D. (.))			Golder	n State Warriors	
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No		Name of Sou	rce
	Was ticket distribution made a	t the behest	No 🗌 Yes	X If ves. Valle,	Richard- Supervisor D	District 2
	of agency official?			м пуез	Official's Name (La	ast, First)
3.	Recipients					
•••	• Use Section A to identify the agency	's department or	∙unit. ● Use Sec	ction B to identify an individu	al. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	x' a					
			N			
			i.			
	B. Name of Individua (Last, First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the followir	ng:
	Plancarte, Luisanna				Other describe below:	Income
			4		ance at an event held a potential sales from rev	
				Ceremonial Role		
					ial Role" or "Other" describe below:	
				ч —		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
					<pre></pre>	
4.	Verification					
ч.	linave read and understand FPPC Regu	ations 18944.1 an	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
			Michelle D			2/24/14
	Signature of Agency Head or Designee		Print Nam		Supervisor's Aide	(Month Day Vear)
	I South and a statistical statistics		, manan		nuc.	(month, Day real)
	Comment:					4

0				Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	e)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			. C Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6692	michelle.dia	inda@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	37.65
	Event Description Disney on	Ice		Data(a) = 03	, 02 , 14	1 1
	Event Description	Provide Title/Exp	lanation	Date(s)]]]
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	n State Warriors	
					Name of Sou	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D	District 2
_					Official s Name (L	
3.	• Use Section A to identify the agency	's department or	unit alloo Soc	tion R to identify on individu	ual a Llas Sastian C to identi	fr an autoida arranization
	A		Number of			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua	al	Number of Ticket(s)/		Identify one of the followi	na:
	(Last, First)		Pass(es)			
	Sims, Steven			E STORE LEDNO AND CLEAR AN	Other describe below:	
			4		ance at an event held a	at a County facility in
					potential sales from rev	
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
			Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			1 400(00)			
	Varification					
4.	Verification	lations 18944.1 an	d 18942. I have ve	arified that the distribution set for	orth above, is in accordance with	the requirements
		2	Michelle D		Supervisor's Aide	7/24/11
	Signature of Agency Head or Designee		Print Nam		Title	(Nonth, Day. Year)
	V					
	Comment:					

Agency Report of: C and Ticket/De **B**!

C	eremonial Role Events and Lic	keu Pass	Distributions		A Public Document	
1.	Agency Name	Agency Name				
	Alameda County				Form 802	
	Division, Department, or Region (If Applicable)			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Michelle Dianda					
	Area Code/Phone Number E-mail	Amendment (Must pr	ovide explanation in Part 3.)			
	(510) 272-6692 michelle.diar	vopse@ehc	ora	Date of Original Filing: _		
ا م	Function or Event Information	lua@acgov.			(Month, Day, Year)	
۷.		of Each Ticket/Pass \$	157.30			
		Yes 🛛 No				
	Event Description Miley Cyrus Concert Provide Title/Explanation	anation		2 <u>24</u> 14	//	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors	rce	
	Was ticket distribution made at the behest	, Richard- Supervisor E				
	of agency official?	Official's Name (L	ast, First)			
3.	Recipients					
	• Use Section A to identify the agency's department or i	unit. Use Sec Number of	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the age			to the agency's policy	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
			Ceremonial Role		Income	
	Rodriguez, Angelina	3		ial Role" or "Other" describe below:	the Original feedblick in	
			To promote attendance at an event held at a County facility in order to maximize potential revenue from sales.			
	Ponto Dob		Ceremonial Role	Other 🔀	Income	
	Bonta, Rob	2		iial Role" or "Other" describe below: ance at an event held a	at a County facility in	
				potential revenue from		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
4.	Verification					
	I have read and understand FPPO Regulations 18944.1 and				the requirements.	
	IV V Lot	Michelle D		Supervisor's Aide	6/14/1	
	Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)	

1.	Agency Name			Date Stamp	California 802
	Alameda County				Form OUZ
	Division, Department, or Region (If Applicable	<i>e)</i>			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@a	acqov.org		Date of Original Filing:	(Manth Davi Vaar)
2.	Function or Event Information	0 0			(Wonth, Day, Year)
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	200.00
		thereased a second seco		1 1	
	Event Description basketball game Date(s) Date(s)			<u>, 10 , 14 </u>]
	Ticket(s)/Pass(es) provided by agency? Yes □ No 🕅		If no. Golder	n State Warriors	
	Hone(b)/ doc(b) provided by agency		Name of Sour	rce	
	Was ticket distribution made at the behest No Yes		If yes: Miley	, Nate	
	of agency official?			Official's Name (La	ast, First)
3.	Recipients				
	Use Section A to identify the agency's department or i	unit. Use Sec Number of	ction B to identify an individu I	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the ag		o the agency's policy
		1 (33(63)	To promote an ever	nt held at a County faci	lity in order to maximize
				venue from parking and	
				2	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	u.
	(Last, First)	Pass(es)			
			Ceremonial Role	Other ial Role" or "Other" describe below:	Income
			In Checking Celemon.		
			Ceremonial Role	Other	Income
	•		If checking "Ceremon	ial Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Linited Consister of Coldend & Alexander	1 435(03)	T	and the second	and a discussion of the States
	United Seniors of Oakland & Alameda County - senior advocacy	4		ations in the County su	expanded opportunities
	7200 Bancroft Ave, Ste 251 Oakland, CA 94605		underprivileged, se	niors and youth in foste	er care.
A					
4.	Verification	l 18942. I have ve	erified that the distribution set f	orth above, is in accordance with	the requirements.
	YPAT	Anna G		Operations Chief	02/01/14
	Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
	parking page				
	Comment:				EDDC Earma 000 (4/40)
	2				FPPC Form 802 (4/12)

1.	Agency Name		Date Stamp	California QQ2		
	Alameda County			Form OUZ		
	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 pr	ovide explanation in Part 3.)
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor		5 5			(Month, Day, Year)
	Does the agency have a ticke		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	200.00
	Event Descriptionbasketball	game		6		
	Event Description	Provide Title/Exp	lanation	Date(s)	/	,, _,, _
	Ticket(s)/Pass(es) provided b	v agency?	Yes 🗌 No	If no: Golder	n State Warriors	
					Name of Sou	Irce
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Miley,	Official's Name (L	ast First)
3.	• Use Section A to identify the agency	v's department or	unit. I Use Sec	tion B to identify an individu	al. • Use Section C to identi	ify an outside organization
	A. Name of Agency, Departme		Number of			-
	A wante of Agency, Departme	ant or orne	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
						ility in order to maximize
				potential County rev	/enue from parking an	d concession sales
			Number of			
	B. Name of Individua (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income
				If checking *Ceremoni	al Role" or "Other" describe below:	
				O		
				Ceremonial Role If checking "Ceremoni	al Role" or "Other" describe below:	Income

	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
	(แกะเนนะ สนับเธรร สาน นะร	semption)	Pass(es)			
	United Seniors of Oakland &	& Alameda	4			expanded opportunities
	County - senior advocacy				ations in the County su	
	7200 Bancroft Ave, Ste 251			underprivileged, se	niors and youth in fost	er care.
	Oakland, CA 94605					
	Verification	lations 18944 1 and	d 18942 I have ve	erified that the distribution set for	orth above, is in accordance with	h the requirements
_				*		
	Signature of Agency Head or Designee	F	Anna G	Contraction Contraction Contraction	Operations Chief	(Month, Day, Year)
	Comment: parking pass					EDBC Form 000 (4/40)
					FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

1. Agency Name Alameda County				Date Stamp	California 802 Form
Division, Department, or Regio	on (If Applicable	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (A	Vame, Title)				
Anna Gee	, de loca men la proparte.				
	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	anna.gee@a	acaov.ora		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform					(Month, Day, Year)
Does the agency have a ticket		Yes 🛛 No	Face Value o	of Each Ticket/Pass \$	300.00
			fermand		
Event Descriptionbasketball g	Provide Title/Expl	lanation	Date(s)	<u>, 14 , 14</u>	
Ticket(s)/Pass(es) provided by	adency?		If no. Golder	n State Warriors	
noner(o)/r ass(cs) provided by	agency	Yes 🗌 No		Name of Sou	Irce
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes: <u>Miley</u>	, Nate Official's Name (L	ast, First)
3. Recipients • Use Section A to identify the agency'	's department or	unit. ● Use Sec	tion B to identify an individu	ıal. ● Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				nt held at a County fac venue from parking an	ility in order to maximize d concession sales
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
Ma, Milton		4	To promote attenda	Other 🛛 ial Role" or "Other" describe below: ance at an event held a potential County reven	
-		4	Ceremonial Role If checking "Ceremon CONCESSION SAIES.	Other Dial Role" or "Other" describe below:	Income
C. Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
4. Verification I have read and understand FRPC Regula Signature of Agency Head of Designee	ations 18944.1 and	d 18942. I have ve Anna G Print Nam	ee	orth above, is in accordance with Operations Chief Title	h the requirements. 02/01/14 (Month, Day, Year)
\ ·			*		
Comment:					FPPC Form 802 (4/1)

Basedon a						A Public Document		
1.	Agency Name				Date Stamp	California Form 802		
	Alameda County							
	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 pr	ovide explanation in Part 3.)		
	(510) 272-6694	anna.gee@a	acgov.org		Date of Original Filing: -	(Month, Day, Year)		
2.	Function or Event Information				(Month, Day, Year)			
	Does the agency have a ticke		Yes 🛛 No	□ Face Value o	f Each Ticket/Pass \$	157.30		
	Event Description Miley Cyru	Provide Title/Expl	analion	Date(s)		////		
	Ticket(s)/Pass(es) provided by			Golder	n State Warriors			
	nokel(3)/1 ass(es) provided by	y agency :	Yes 🗌 No		Name of Sol	irce		
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Miley,	, Nate			
	of agency official?			,	Official's Name (L	ast, First)		
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
		Number of	ction B to identify an individu	ial. • Use Section C to ident	ry an outside organization.			
	A. Name of Agency, Departme	int or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
			1 433(63)					
				х.				
	******	****						
	B. Name of Individual		Number of		11-116 646 - 6-11			
	Lest. First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
	Data Oraffrai			Ceremonial Role		Income		
	Pete, Geoffrey		4	-	ial Role" or "Other" describe below:	at a County facility in		
					ance at an event held a potential County reven			
		·····		Ceremonial Role				
					ial Role" or "Other" describe below:			
			4	concession sales				
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
	(include address and des	cription)	Pass(es)					
		······						
	(
4.	Verification							
	I have read and understand NPPC Regu	lations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.		
(1 th West		Anna G	ee	Operations Chief	02/01/14		
	Signature of Agency Head or Designee		Print Nan	ne	Tille	(Month, Day, Year)		
	V-V							

A Public Document

4	Agency Name							
	Alameda County		Date Stamp	California Form 802				
	Division, Department, or Region (If Applicable)					For Official Use Only		
		ion (n rippiloabie,	,					
	Board of Supervisors							
	Designated Agency Contact	(Name, Litle)						
	Anna Gee		Amendment (Must n	provide explanation in Part 3.)				
	Area Code/Phone Number	E-mail						
-	(510) 272-6694	anna.gee@a	icgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Infor					22 95/27 65		
				6	f Each Ticket/Pass \$			
	Event Description Disney on Ice Date(s)			Date(s)02	2614	02 / 27 / 14		
		Provide Title/Expla	anation					
	Ticket(s)/Pass(es) provided by agency? Yes D No			If no: Golder	n State Warriors			
	Maa tiakat distribution woods a		10070aa	Milov	Name of So	urce		
	Was ticket distribution made at the behest No 🗌 Yes 🔀 of agency official?		If yes: Miley,	Official's Name (Last. First)			
3.	 • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. 							
	Number of			[
	A. Name of Agency, Department or Unit		Ticket(s)/ Describe the pub Pass(es)		lic purpose made pursuant	to the agency's policy		
	B. Name of Individual N				Identify one of the following:			
	(Last. First)		Ticket(s)/ Pass(es)		Identity one of the follow	ing:		
				Ceremonial Role		Income		
				If checking :'Ceremoni	al Role" or "Other" describe below:			
				Ceremonial Role	Other	Income		
					al Role" or "Other" describe below:			
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
	(include address and des	cription)	Pass(es)					
	United Seniors of Oakland a	& Alameda	8			expanded opportunities		
	County - 7200 Bancroft Ave	e, Ste 251	0	to vulnerable popul	ations in the County s	uch as the disabled,		
	Oakland, CA 94605			underprivileged, se	niors and youth in fos	ter care.		
	SENIOR ADVOCACY				,	· ·		
4.	Verification							
	I have read and understand FRPC Regu	lations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.		
	ACAYE	- And	Anna G	ee	Operations Chief	02/01/14		
	Signature of Agency Head or Designee		Print Nam	le	Title	(Month, Day, Year)		
	4 tickets to each.							
	Comment: 4 lickets-to-each.							

;

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 (510) 272-6694 anna.gee@acgov.org Date of Original Filing: (Month, Day, Year) 2. Function or Event Information 37.65 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes 🛛 No 🗌 Event Description Disney on Ice 02 27 14 02 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: Pass(es) Other X Ceremonial Role Income Martirez, Louie If checking "Ceremonial Role" or "Other" describe below: 4 To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and Ceremonial Role Other П Income If checking "Ceremonial Role" or "Other" describe below: 4 concession sales. Number of Name of Outside Organization Ĉ. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) United Seniors of Oakland & Alameda To promote health, motivate and provide expanded opportunities 4 County-7200 Bancroft Ave, Ste 251 to vulnerable populations in the County such as the disabled, Oakland, CA 94605 underprivileged, seniors and youth in foster care SENIOR ADVOCACY Verification 4 Thave read and understand PPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. 02/01/14 Anna Gee **Operations Chief** gency Head or Designee Signature of A Print Name Title (Month, Day, Year) Comment:

A Public Document

1	Agency Name				Data Stamp	
••				Date Stamp	California Form 802	
	Alameda County Division, Department, or Regi	ion (If Applicable	1			For Official Use Only
	Board of Supervisors	•				
	Designated Agency Contact (Name, Title)					
	Anna Gee				Amendment (Must pro	Juide explanation in Part 3.)
	Area Code/Phone Number	E-mail		*****		, , ,
	(510) 272-6694	anna.gee@a	cgov.org		Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticket policy? Yes			Face Value o	f Each Ticket/Pass \$	37.65
	Event Description Disney on	Ice		Deto(a) 03	, 01 , 14	1 1
	Provide Title/Explanation			Date(s)	annal account and an and a second a second and	
	Ticket(s)/Pass(es) provided by	v agencv?	Yes 🗌 No	Ist If no: Golder	n State Warriors	
) - () - · · · · } ·		L3	Name of Sou	rce
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Miley,	, Nate Official's Name (La	
	of agency official?				Official's Name (Li	əst, First)
3.	• Use Section A to identify the agency			ation Prins (density, on Individu		6
			Pass(es)			
	B. Name of Individua (Lesi, Fist)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
	Turner, Matthew		4	To promote attenda	Other al Role" or "Other" describe below: ance at an event held a potential County revent	
			4	Ceremonial Role	······································	
	C. Name of Outside Organ (include address and des	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy	
4.	Verification			<u> </u>		
	I have read and understand EPPC Regu	lations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
	1 Jap the	(Anna G	ee	Operations Chief	02/01/14
	Signature of Agency Head or Designee		Print Nar		Title	(Month, Day, Year)
	\sim					

Comment:

					A Public Documen	
I. Agency Name				Date Stamp	California 802	
Alameda County					Form OUZ	
Division, Department, or Reg	ion (If Applicable)			For Official Use Offiy	
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@a	cgov.org		Date of Original Filing:	(Month, Day. Year)	
. Function or Event Infor	mation				(Mohin, Day, Tear)	
Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	200	
Event Description		ne				
Ticket(s)/Pass(es) provided by		Yes 🗌 No	If no: Golder	State Warriors	urce	
Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Miley,	, Nate Official's Name (I	Last, First)	
Recipients						
 Use Section A to identify the agency 	y's department or ι		tion B to identify an individu	al. • Use Section C to ident	tify an outside organization.	
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
City of Oakland			To promote attendance at an event held at a County facility in order to maximize potential County revenue from parking and			
			concession sales.			
B. Name of Individua (Lest, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:	
			Ceremonial Role If checking "Ceremoni	Other D	Income	
	v		Ceremonial Role	Other	Income	
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Verification	lations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	th the requirements.	
Signature of Agentsy Head or Designee	*	Anna G		Operations Chief	(Month, Day, Year)	
Comment:	,					

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) 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 300 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes 🛛 No 🗌 Event Description Warrior's Basketball Game Date(s) 03 / 11 / 14 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes No 🛛 Name of Source lf 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Β. Name of Individual Ticket(s)/ Identify one of the following: (Lost, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) United Seniors of Oakland & Alameda To promote health, motivate and provide expanded opportunities 4 County-7200 Bancroft Ave, Ste 251 to vulnerable populations in the County such as the disabled, Oakland, CA 94605 underprivileged, seniors and youth in foster care. SENIOR ADVOCACY Verification xead and undersland FPFC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I have Anna Gee **Operations Chief** 03/03/14 Print Name (Month, Day, Year) Signature of Agency Head or Designee Title Comment: _

-						A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County	Alameda County				Form 002
	Division, Department, or Reg	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors	ervisors				
	•	esignated Agency Contact (Name, Title)				
	Anna Gee					
	Arrea Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	(510) 272-6694		and ard		Date of Original Filing:	
~		anna.gee@a	icgov.org		Date of original rining.	(Month, Day, Year)
	Function or Event Infor					350
	Does the agency have a ticke		Yes 🛛 No		f Each Ticket/Pass \$	
	Event Description Warrior's E	Basketball Gar	ne	Date(s)03		
		Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golder	State Warriors	r
	Was ticket distribution made a	t the hebest		Milev		ice -
	of agency official?	at the benest	No 🗌 Yes	If yes: Miley,	Official's Name (La	əst, First)
~						
3.	• Use Section A to identify the agency	v's department or i	unit allso Sor	tion B to identify an individu	al a Use Section C to identif	fu an outsido organization
			Number of	[
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
			-			
	B. Name of Individua	1	Number of			
	D. Name of marvada (Lost First)	11	Ticket(s)/ Pass(es)		Identify one of the followin	ig:
				Ceremonial Role	Other 🛛	Income
	Hill, Jim		4		al 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		
				Ceremonial Role	Other	Income
			4	concession sales	al Role of 'Other' describe below:	
	Ş.			concession sales		
	Neme of Outside Orean	1	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
			1 (35)(5)			
	Youth UpRising-8711 Mac A Oakland, CA 94605	Arthur Blvd,	2		motivate and provide e ations in the County su	expanded opportunities
		4				
	PROGRAMS FOR YOUTH			underprivileged, ser	niors and youth in foste	er care.
	EMPOWERMENT					
	Verification					
	I have read and understand FRPC Regu	lations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
	<u> </u>		Anna G	ee	Operations Chief	03/03/14
	Signature of Agency Head or Designee	······································	Print Nam	e	Title	(Month, Day, Year)
	O					
	Comment:					

	ole Events and Ti	cket/Pass	Distributions		A Public Documen
1. Agency Name		Date Stamp	California 802		
Oakland	Alameda Cour		Form OUZ		
Division, Departm	nent, or Region (If Applicat		I GI Official Ose Offiy		
Alameda (b Designated Agen	unty Super VISON cy Confract (Name, Tille)	Scott Hac	gerty, DI		
	ergerson, Tick	et Admi	nistrator	Amendment (Must pr	ovide explanation in Part 3.)
Area Code/Phone 510 272-lel		n.fergers	on Calgo ug	Date of Original Filing:	
2. Function or Ev) _	and the second	(Monlh, Day, Year)
	nave a ticket policy?	Yes 🔽 No 🗌] Face Value o	f Each Ticket/Pass \$	84115
Event Description	Provide Tille/Ex	planation	Date(s) <u>2</u>	7,14	
Ticket(s)/Pass(es)	provided by agency?	Yes 🚺 No 🗔	1 If No: Ge	W i	
Mas tickot distribu	tion made at the behest	2	Alamed	Name of Sou a County Supervisor Sco	
of agency official		No 🗌 Yes 🛛]) If yes:	Official's Name (L	
3. Recipients				and Change descent and the other deptor	
	tify the agency's department o	the second s	on B to identify an individu	al. • Use Section C to identi	fy an outside organization.
A, Name of Agen	icy, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the publ	c purpose made pursuant f	o the agency's policy
- <u></u>					
B, Name	ə of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
ELTANT	EIXEIRA		To promote atte to maximize pot parking sales	ndance at a county spons ential county revenue for	sored event in order concession and
			Ceremonial Role		Income
			If checking "Ceremonial	Role" or "Olher" describe below:	
		Number of	*****		
	Itside Organization ress and description)	Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	o the agency's policy
					Annya and an
· · · · · · · · · · · · · · · · · · ·				and the Problem in the second s	
. Verification	nya polonika wali vili. Awaa na kata na kata mana na kata na ka N	L.	in 2 million a rifliologic - " (administration and do the		
	FPPC Regulations 18944.1 and				
Hellin M	CAIL Lee	Ann Fer	gerson Tick	et Administra	tor 2-15-14
Signature of Agency He		Print Name	And and a second s	Tille	(Month, Day, Year)
Comment:		С. ж.е. Б			

Ceremonial Role Ever	its and fic	KevPass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Reg	gion (If Applicable))			For Official Use Only
Board of Supervisors		•.			
Designated Agency Contact	(Name, Title)		999.2000		
Lee Ann Fergerson, Super	visor's Assistar	nt			
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
. Function or Event Info	mation				
Does the agency have a tick	et policy?	Yes 🗹 No	Face Value o	of Each Ticket/Pass \$	30000
Event Description <u>()</u> ////()	Provide Title/Expl	Kotball	Date(s)	,11,14	//////
Ticket(s)/Pass(es) provided b	v agency?	Yes 🖾 No		W	
				Name of So	
Was ticket distribution made of agency official?	at the behest	No 🖾 Yes	If yes:	neda County Supervisor Sc Official's Name (I	
. Recipients					
B. Name of Individu (Lest, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
	· · · · · · · · · · · · · · · · · · ·		Ceremonial Role If checking "Ceremon	Other : : : : : : : : : : : : : : : : : : :	income
			Ceremonial Role If checking *Ceremoni	Other	Income
C. Name of Outside Orgar (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant i	o the agency's policy
Livermore Valley chor 2014 Crab Feed Do	ter School nuer	2		chool or nonprofit orga ributions to the comm	
3142 Constitution Livermore, CA 94	Drive	ι.	_		
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	Title	(Month, Day, Year)
Comment: LVCG 15 & MON	- profil 6ra + 2026	44794 This behest	Will Feachers
& Staff with much need		FPPC Toll-Free Helpline: 866/A	FPPC Form 802 (4/12)

Ceremonial Role E	vents and Tio	cket/Pass	Distributions		A Public Documen
1. Agency Name		Date Stamp	California 802		
Alameda County					Form 002
Division, Department, c	or Region (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Co	ntact (Name, Title)				
Lee Ann Fergerson, S	upervisor's Assista	ant			
Area Code/Phone Num	-			_ L Amendment (Must p	rovide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgov	/.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event	Information				0-00
Does the agency have a	a ticket policy?	Yes 🚺 🛛 No 🛛	Face Value c	of Each Ticket/Pass \$ _	3000
	SW/Maner Provide Title/Exp	ICKS	Date(s)	2, (1, 14	///
Ticket(s)/Pass(es) provi	1 '	Yes 🖾 No [Imp: <u>GSU</u>) Name of So	urce
Was ticket distribution m	ade at the behest	No 🗌 Yes [Alam	eda County Supervisor Sc	
of agency official?			If yes:	Official's Name (I	-
3. Recipients		an a			
 Use Section A to identify the 	agency's department or	unit. • Use Sect	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of In		Number of Ticket(s)/		Identify one of the followi	no.
(Ləst, Fi	rst)	Pass(es)			ng
				Other Other describe below:	Income
			Ceremonial Role	Other D	Income
C. Name of Outside (include address a		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
Livermore Valler of Commerce		2	To reward For its o	a school or nonprofit contributions to the co	organization
2157 First Stre Livermore, CA					
. Verification	C Regulations 18944.1 and	i 18942. I have veri	fied that the distribution set fo	orth above, is in accordance with	the requirements.
Signature of Agency Heap or D		Lee Ann Ferg Print Name	erson S	Supervisor's Assistant _{Title}	2-6-14 (Month, Day, Year)
	0	- 1 - 0	laution of or		
Comment: Provides	A 1.4		businesses i	in Wermore	FPPC Form 802 (4/12)
vywayo.	Fnetworking) & prom	oting F	PPC Toll-Free Helpline: 86	66/ASK-FPPC (866/275-7772)

Ceremonial Role Events	and licket/Pas	s Distributions		A Public Documer
Agency Name			Date Stamp	California 802
Alameda County				
Division, Department, or Region	n (If Applicable)			For Official Use Only
Board of Supervisors				
Designated Agency Contact (Na	me, Title)			
Lee Ann Fergerson, Superviso	or's Assistant			
Area Code/Phone Number E	-mail		Amenament (Must p	provide explanation in Part 3.)
(510) 272-6691 le	eeann.fergerson@acg	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	ation			257
Does the agency have a ticket p	olicy? /Yes D N		of Each Ticket/Pass \$ _	<u> </u>
	OVS/NUKS	Date(s)	2,22,14	//
Ticket(s)/Pass(es) provided by a	4√ ·	on ding: G	;W	
Mon ticket distribution made -4 4	Γ		Name of So ameda County Supervisor S	
Was ticket distribution made at the of agency official?	ne benest No 🗌 Ye	\$∠D If yes:	Official's Name (I	
Recipients				
• Use Section A to identify the agency's	department or unit. • Use S	ection B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department	Number of		blic purpose made pursuant	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
EKIK LAREDO	4/1	To promote atte maximize poteni	ndance at a county sponsored tial county revenue for concess	ve [event in order to ion and parking sales
		Ceremonial Role If checking "Ceremon	Dother in the second se	Income
C. Name of Outside Organizat (include address and descrip		Describe the put	lic purpose made pursuant	to the agency's policy
		ч 		
Verification have read and understand FPPC Regulation	ns 18944.1 and 18942. I have v	erified that the distribution set f	orth above, is in accordance with	the requirements.
TUT ACAL	Lee Ann Fe	rgerson	Supervisor's Assistant	2-5-14
Sighature of Agency Head of Designee	Print Nar		Title	2-5-14 (Month, Day, Year)
Comment:				

					A Public Documen
I. Agency Name				Date Stamp	California 802
Alameda County	m (If Annellinghan)				Form OUZ
Division, Department, or Regio	on (if Applicable)				i en enisiar eco enity
Board of Supervisors				-	
Designated Agency Contact (A	lame, Title)				
Lee Ann Fergerson, Supervis					
	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6691	leeann.ferger	son@acgo	ov.org	Date of Original Filing: _	(Month, Day, Year)
. Function or Event Inform					571.2
Does the agency have a ticket	policy?	Yes 🗌 🛛 No	Face Value of	of Each Ticket/Pass \$	$\leq f_{i} \left(o \right)$
Event Description DIS Ne	UmI	Cl	Date(s)	, Z, 14	1 1
·	Provide Title/Expla	nation		A	
Ticket(s)/Pass(es) provided by	agency?	Yès 💋 No		W North	
Was ticket distribution made at	the hehest		n Ala	Name of Sour	
of agency official?	the beliest	No 🗌 Yes	If yes:	Official's Name (La	
. Recipients					
• Use Section A to identify the agency's	s department or u	nit. 🔹 Use Sed	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department	t or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	o the agency's policy
		Pass(es)		있는 이 가격, 가슴 감가 여름 날랐다.	
			1		
P) Norma of Institution		Number of			
B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the following	9:
B. Name of Individual (Last, First)		Ticket(s)/	Ceremonial Role	Other	g: Income
B. Name of Individual (Last, First)		Ticket(s)/			
B. Name of Individual (Last, First)		Ticket(s)/		Other	
B. Name of Individual (Last, First)		Ticket(s)/	If checking "Ceremoni	Other al Role" or "Other" describe below:	
B. Name of Individual (Last, First)		Ticket(s)/	If checking 'Ceremoni Ceremonial Role	Other	
B. Name of Individual (Last, First)		Ticket(s)/	If checking 'Ceremoni Ceremonial Role	Other	
(Last, First)		Ticket(s)/ Pass(es)	If checking 'Ceremoni Ceremonial Role	Other	
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia	Other	Income
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia	Other Al Role" or "Other" describe below: Other Other Al Role" or "Other" describe below:	Income
(Last, First)		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia	Other Al Role" or "Other" describe below: Other Other Al Role" or "Other" describe below:	Income
(Last, First)		Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia Describe the publ	Other Al Role" or "Other" describe below: Other Other Al Role" or "Other" describe below: Context a county sponsored event	Income
(Last, First)		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia Describe the publ	Other Al Role" or "Other" describe below: Other Al Role" or "Other" describe below: Solution of the other oth	Income
(Last, First) C. Name of Outside Organiza (include address and descri		Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role [If checking "Ceremonia Describe the publ	Other Al Role" or "Other" describe below: Other Other Al Role" or "Other" describe below: Context a county sponsored event	Income
(Last, First) C. Name of Outside Organiza (include address and descri JUSE Del bor o Verification	iption)	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremoni Describe the publ — To promote attendant maximize potential co	Other Al Role" or "Other" describe below: Other Other Al Role" or "Other" describe below: Comparison of the service of t	Income
(Last, First) C. Name of Outside Organiza (include address and descri	ption)	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremonia Describe the publ Describe the publ	Conter C	Income
(Last, First) C. Name of Outside Organiza (include address and descri JUSE Del bar o Verification	ption)	Ticket(s)/ Pass(es)	If checking "Ceremoni Ceremonial Role If checking "Ceremonia Describe the publ — To promote attendanc maximize potential co ified that the distribution set for gerson S	Other Al Role" or "Other" describe below: Other Other Al Role" or "Other" describe below: Comparison of the service of t	Income

ceremonial Role Eve	nts and Ho	cket/Pass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Re	gion (If Applicable	e)	anna an ann an an an an an an an an an a		For Official Use Only
Board of Supervisors		. .			
Designated Agency Contac	t (Name, Title)				
Lee Ann Fergerson, Supe	rvisor's Assista	nt		Amendment (Mustr	provide explanation in Part 3.)
Area Code/Phone Number	E-mail		al territoria a construction and a specific provide statement of the second		· · · · · ·
(510) 272-6691	leeann.ferge	erson@acgo	ov.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Info	ormation				757000
Does the agency have a ticl	ket policy?	Yes 🗌 No	Face Value	of Each Ticket/Pass \$	350,00
	Provide Tille/Exp.	lanation	Date(s)	, 10, 14	///
Ticket(s)/Pass(es) provided		Yes 🗗 No	□ If no: G	Name of So	
Was ticket distribution made	at the behest	(No □ Yes	Alam	neda County Supervisor Sc	
of agency official?			If yes:	Official's Name (I	
• Use Section A to identify the ager	ncy's department or		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departm	nent or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
B. Name of Individ	ual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			1	Other Die Other Other Other Other Other Other Other Delow:	Income
			Ceremonial Role If checking "Ceremon	Other	Income
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
feff Marchet	łi	4/1	To promote atter maximize potent	ndance at a county sponsored ial county revenue for concess	event in order to sion and parking sales
Verification have read and understand FPPC Reg	ulations 18944.1 and	18942. I have ver	nified that the distribution set fo	orth above, is in accordance with	the requirements
Relistion		ee Ann Ferg		Supervisor's Assistant	Feb 1802
Signature of Agendy Head or Designe		Print Name	-	Title	(Month, Day, Year)
Comment: 🗠					

Ceremonial Role Eve	ents and TIC	Ket/Pass	Distributions		A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Re	Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors	Board of Supervisors				
Designated Agency Contac	Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supe	rvisor's Assistar	nt			
Area Code/Phone Number	E-mail			_ C Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferge	rson@acgo	v.org	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Info	prmation				(1.2.3
Does the agency have a ticl	ket policy?	Yes 🗹 No	Face Value	of Each Ticket/Pass \$ _	41.30
Event Description	m Ster	Jan		2,22,14	, ,
	Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es) provided	by agency?	Yes No	▶ If no: <u>69</u>	SW	
				Name of Se	
Was ticket distribution made of agency official?	e at the behest	No 🗌 Yes	If yes:	neda County Supervisor S Official's Name	
				Onicial S Name (
 Recipients Use Section A to identify the ager 	e cipients se Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to ic				
A. Name of Agency, Departr	ie in the second second	Number of			
A. Name of Agency, Depart	neik of Onit	Ticket(s)/ Pass(es)		olic purpose made pursuan	t to the agency's policy
					N - 2000 - 1100 - 2000 - 2000 - 2000 - 2000 - 2000
B, Name of Individ (Last, First)	ual	Number of Ticket(s)/		Identify one of the follow	ing:
		Pass(es)	n age agreement of the second s		
11		unt	' To promote	attendance at a county s potential county revenue	oonsored event in order for concession and
MadiMonn	6	14:	parking sale		
	<u> </u>	- I pa	1,00754		
J	V		Ceremonial Role	Other	Income
			If Checking "Geremon	ial Role" or "Other" describe below:	
C. Name of Outside Orga	nization	Number of			
(include address and de		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
					anna an ann an an an an an an an an an a
(
Verification					
Ihave read and understand FPPC Reg	flations 18944.1 and 1	18942. I have vei	ified that the distribution set fo	orth above, is in accordance wit	h the requirements.
Feel MY MUMMY		ee Ann Ferg		Supervisor's Assistant	-1 10- David
Signature of Agency Head or Designe		Print Name		Title	(Month, Day, Year)
V V					,, <i>eey</i> , <i>eey</i> ,
Comment:			1		

Ceremonial Role Event	is and Ho	ket/Pass	Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Regi	on (If Applicabl	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)			_	
Lee Ann Fergerson, Supervi	sor's Assista	nt			
Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferge	erson@acgo	v.org	Date of Original Filing	:(Month, Day, Year)
. Function or Event Inform	nation	~~~			1
Does the agency have a ticket	policy?	Yes No	Face Value	of Each Ticket/Pass \$.	<u>57.50</u>
Event Description	Cirry	y C	Date(s)	2,24,14	
	Provide Ne/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided by	agency?	Yes P No	\Box If no: 27	W	
Addition of the state of the st		τ		Name of S	
Was ticket distribution made at of agency official?	the behest	No 🗌 Yes	If yes:	lameda County Supervisor Official's Name	
			[
• Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individ	dual. • Use Section C to ide	ntify an outside organization
A. Name of Agency, Departmer		Number of Ticket(s)/		blic purpose made pursuan	
 A strain and st Strain and strain and stra		Pass(es)			
			-		
B. Name of Individual		Number of	and a second		
(Last, First)		Ticket(s)/ Pass(es)	•	Identify one of the follow	/ing:
			Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
			To promote att	endance at a county spons	sored event in order e
Onland Dulle			to maximize po	etential county revenue for	
Dama Vang			parking sales		
•	- 1	Number of			1960-1990
C. Name of Outside Organiz (include address and descr		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
	in the second			a an	
				- Conversion of the second of the	
Wer				۰. ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰ - ۲۰۰۰	
Verification	ons 18944.1 and	18942, have veri	fied that the distribution set f	orth above, is in accordance wit	h the requirements
Kell Dr. M. N		ee Ann Ferg			n (C 11
Signature of Agency Head or Designee		Print Name		Supervisor's Assistant	
, , , , , , , , , , , , , , , , , , , ,				1416	(Month, Day, Year)
Comment:					

Exercit.						A Fublic Document
1.	Agency Name Alameda County				Date Stamp	California 802
						Form 002
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Alex Boskovich					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	alex.boskov	vich@acgov.or	g	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
	Does the agency have a ticke	et policy?	Yes 🗵 No 🗌] Face Value c	of Each Ticket/Pass \$ _	\$37.65
	Event Description Disney on	Ice		Data(s) 2	, 28 , 14	///
	Provide InterExplanation			/	······································	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🗵	d If no: Golder	n State Warriors	
				Name of S	ource	
	Was ticket distribution made a	at the behest	No 🔲 Yes 🛛	If yes: Alam	eda County Supervise Official's Name	or Wilma Chan
10409-000	of agency official?				Oniciai s ivanie	
3.	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization					
	A	Number of			······································	
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)				
						99
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	ving:
	(Lasi, i nsi)		Pass(es)			
	Martins, Kathy				Other ial Role" or "Other" describe below:	Income
			4	•		at a County facility in
				order to maximize potential County revenue from sales.		
				Ceremonial Role	Other	Income
			4	If checking "Ceremon	ial Role" or "Other" describe below:	
		-1	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	t to the agency's policy
	•				······································	
		w				
	Verification					
4.	I have read and understand FPPC Regu	ılations 18944.1 aı	nd 18942. I have veri	fied that the distribution set f	orth above, is in accordance w	ith the requirements.
	1/2-	-1	Alex Bosko		Senior Legislative Aid	
	Signature of Agency Head or Designed	<u> </u>	Print Name	<u></u>		(Month, Day, Year)

U		is and no	neur ass	Distributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	Alameda County					
	Division, Department, or Reg	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)				
	Alex Boskovich					
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)
	(510) 272-6693		ich@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation		in an		
	Does the agency have a ticke	et policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$ _	\$37.65
	Event Description Disney on	lce		Date(s) 3	, 2 , 14	//
		Provide Title/Exp				
	Ticket(s)/Pass(es) provided b	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Golder			n State Warriors	
					Name of Sc	
	Was ticket distribution made a of agency official?	Was ticket distribution made at the behest No Yes If yes: Alam			eda County Superviso	
1000000					omouro ritano (2001, 7 1100
3.	Recipients	we department or	unit a Hao Soo	tion P to identify an individ	ual a Use Section C to iden	tify an outside organization
	Use Section A to identify the agency's department or unit. Use Section B to identify an individu Number of			· · · · · · · · · · · · · · · · · · ·		
	A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
	Manage and a state of the state					
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	/inq:
	(Løst, First)		Pass(es)			
	Chang, Emily			Ceremonial Role	Dther inial Role" or "Other" describe below:	Income
	Chang, Enny		4	-	ance at an event held	at a County facility in
					potential County reve	
	<u></u>			Ceremonial Role	Other	Income
				If checking "Ceremor	ial Role" or "Other" describe below:	
	<u> </u>			· · · · · · · · · · · · · · · · · · ·	·	
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy
			Pass(es)			
4.	Verification					
	I have read and understand FPPC Regu	Jiations 18944.1 an				1
			Alex Bosk	ovich	Senior Legislative Aid	e 2/425/14

		Alex Boskovich	Senior Legislative Aide	2/425/14
Signature of Agency Head o	Designee	Print Name	Tille	(Month, Day, Year)

Comment: _

1. Agency Name				Date Stamp	California 000	
					Form 802	
Alameda County	Division, Department, or Region (If Applicable)				For Official Use Only	
	. 91011 (п Арріісар					
Board of Supervisors						
Designated Agency Contac	Designated Agency Contact (Name, Title) Alex Boskovich					
Alex Boskovich					provide explanation in Part 3.)	
Area Code/Phone Number	Phone Number E-mail				ριονία ε ε χριαπατίοπ in Ρ'απ 3.)	
(510) 272-6693	alex.boskov	vich@acgov.c	org	Date of Original Filing	(Month, Day, Year)	
2. Function or Event Info	Function or Event Information			ad		
Does the agency have a tick	Does the agency have a ticket policy? Yes X No Face Value o			of Each Ticket/Pass \$ _	\$23.85	
Event Description Disney of	n Ice		Data(a) 2	2614	1 1	
	Provide Title/Ex	planation	Date(s)		•	
Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No	If no: Golde	n State Warriors		
				Name of S		
Was ticket distribution made	e 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 age	Use Section A to identify the agency's department or unit. Use Section B to identify an in			ual. • Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Departs	A. Name of Agency, Department or Unit		Describe the pub	olic purpose made pursuant to the agency's policy		
B. Name of Indivic	B. Name of Individual			Identify one of the follow	ving:	
(Los, / //si)		Pass(es)	Ceremonial Role	e D Other D		
Harncharvej, Penny				hial Role" or "Other" describe below.	Income	
		4	To reward a comm	unity volunteer for he	r service to the public.	
		44	Ceremonial Role If checking *Ceremor	Other D ial Role" or "Other" describe below.	Income [
	C. Name of Outside Organization (include address and description)		Describe the put	blic purpose made pursuar	nt to the agency's policy	
4. Verification I have read and understand FPPC Re	gulations 18944.1 ai	nd 18942. I have ve	erified that the distribution set f	forth above, is in accordance w	vith the requirements.	
Cr.		Alex Bosk		Senior Legislative Aid		
Signature of Agency Head or Design		Print Nam		Tille	(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) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 200/\$30 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes 🛛 No 🗌 Event Description <u>Warriors</u> vs. Suns Date(s) _____ 9 /___/ 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 🛛 of agency official? Official's Name (Last, First) Recipients • Use Section B to identify an individual. • Use Section C to identify an outside organization. • Use Section A to identify the agency's department or unit. 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 Β. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es)

Dong, Samuel	2/park	Ceremonial Role Other I Income I 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.
	25par k	Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

3.

I have read and pressure of the requirements.

0	Alex Boskovich	Senior Legislative Aide	2/25/14
 Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

_						
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)			-	
	Alex Boskovich					
	Area Code/Phone Number E-mail				Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693	alex.boskov	vich@acgov.o	org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				157.00
				Face Value	of Each Ticket/Pass \$	157.30
	Event Description Miley Cyrus concert Date(s)			24 , 14	//	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛			If no: Golde	n State Warriors Name of Sou	Irce
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If ye of agency official?			If yes: Alam	eda County Superviso Official's Name (L	r Wilma Chan .ast, First)
3.	Recipients		and the second secon			
Ο.	Use Section A to identify the agence	y's department o	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:		ng:
	Cardenas, Martha	34 U 1U, 65 COURT DE COMMUNICATION		Ceremonial Role If checking "Ceremo	Dother nial Role" or "Other" describe below:	Income
			4	To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.		
	C. Name of Outside Organization (include address and description)		N.	Ceremonial Role If checking "Ceremo	Other Dinal Role" or "Other" describe below:	Income
			Number of Ticket(s)/	Describe the pu	blic purpose made pursuant	to the agency's policy
			Pass(es)			
4.	Verification					
	I have read and understand FPPC Regu	ulations 18944.1 ar				
			Alex Bosk		Senior Legislative Aide	······································
	Signature of Agency Head or Designe	e	Print Nam	e	Title	(Month, Day, Year)

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Agency Name					
igeney riante				Date Stamp	California Form 802
Alameda County					
Division, Department, or Regi	on (If Applicable)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (Name, Title)		·		
Alex Boskovich					
Area Code/Phone Number	E-mail		AT 90.0 10.0 1 C C	Amendment (Must pr	ovide explanation in Part 3.)
(510) 272-6693	alex.boskovi	ch@acgov.o	org	Date of Original Filing: .	(Month, Day, Year)
Function or Event Inform	nation				44.00
Does the agency have a ticke	t policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	41.30
Event Description Monster Ja	am truck show	I	Date(s) 2	, 22 , 14	1 1
	Provide Title/Expl	anation			
Ficket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Golde	n State Warriors	· · · · · · · · · · · · · · · · · · ·
Noo tiokot diatuihutiaa maada a	t tha habt				
	it the benest	No 📙 Yes	If yes: Alam	Official's Name (L	ast, First)
					<u></u>
-	/'s department or (unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ident	ifv an outside organization.
B. Name of Individua (Last, First)	J	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other	Income
Reyes, Rocio		4	-		
		¥,	Ceremonial Role	Other	Income
C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
Verification					
have read and understand FPPC Regul	ations 18944.1 and	18942. I have ve	erified that the distribution set	forth above, is in accordance wit	h the requirements. e 2/19/14
	Board of Supervisors Designated Agency Contact (Alex Boskovich Area Code/Phone Number (510) 272-6693 Function or Event Inform Does the agency have a ticket Event Description Monster Ja Ticket(s)/Pass(es) provided by Was ticket distribution made a of agency official? Recipients • Use Section A to identify the agency A. Name of Agency, Departme B. Name of Individua (Last, First) Reyes, Rocio C. Name of Outside Organ	Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number (510) 272-6693 E-mail alex.boskovid Function or Event Information Does the agency have a ticket policy? Event Description Monster Jam truck show Provide Title/Expla Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit B. Name of Agency, Department or Unit Reyes, Rocio	Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number (510) 272-6693 E-mail alex.boskovich@acgov.o Function or Event Information Does the agency have a ticket policy? Yes ⊠ No Event Description Monster Jam truck show Fricket(s)/Pass(es) provided by agency? Yes □ No Was ticket distribution made at the behest of agency official? No □ Yes Recipients •Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. •Use Section A to identify the agency. Department or Unit Number of Ticket(s)/ Pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Reyes, Rocio 4 C. Name of Outside Organization Ticket(s)/	Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Area Code/Phone Number E-mail (510) 272-6693 alex.boskovich@acgov.org Function or Event Information Does the agency have a ticket policy? Yes IN NO INTROPORTING Face Value of Provide Title/Explanation Does the agency have a ticket policy? Yes IN NO INTROPORTING Date(s) _ 2 Event Description Monster Jam truck show Date(s) _ 2 Provide Title/Explanation Date(s) _ 2 Name of polyce of title/Explanation If no: Golde Was ticket distribution made at the behest of agency official? No I Yes I If yes: Alam Puse Section A to identify the agency's department or unit. • Use Section B to identify an individ A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the put B. Name of Individual (tau, Fired) Number of Ticket(s)/ Pass(es) Ceremonial Role II checking "Ceremon" Reyes, Rocio 4 Ceremonial Role II checking "Ceremon" To promote attend order to maximize C. Name of Outside Organization Number of Ticket(s)/ Ceremonial Role II checking "Ceremon" C. Name of Outside Organization Number of Ticket(s)/ Describe the put <td>Board of Supervisors </td>	Board of Supervisors

Comment: _

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Comment: _

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich **Amendment** (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 200 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes 🛛 No 🗌 Event Description Warriors vs. Hawks Date(s) <u>3</u> <u>7</u> <u>14</u> Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: <u>Alameda County Supervisor Wilma Chan</u> Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of Name of Individual Β. Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Income Ceremonial Role Other Youngdahl, Andrea If checking "Ceremonial Role" or "Other" describe below: 2 To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ľ Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

4. Verification

I have read and understand FPPC Regulations 1894	4.1 and 18942. I have verified that the distr	ibution set forth above, is in accordance with the re	quirements.
	Alex Boskovich	Senior Legislative Aide	2/19/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document

~		to unu mo	No01 035	Distributions		A Public Document	
1.	Agency Name	an a			Date Stamp	California Form 802	
	Alameda County						
	Division, Department, or Reg	ion (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			•		
	Alex Boskovich					<u>, </u>	
	Area Code/Phone Number	E-mail			Amendment (Must µ	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			L		
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	550/\$30 park	
	Event Description Warriors v	s. Bulls		Data(s) 2	, 6 , 14		
	Event Description	Provide Title/Exp	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No	If no: Golder	n State Warriors		
					Name of So		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Alam	eda County Superviso Official's Name	Last. First)	
Married Street			n na sana ang kana kana kana kana kana kana ka				
3.	• Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ider	tify an outside organization.	
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		blic purpose made pursuant to the agency's policy		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
				Ceremonial Role		Income	
	Vaishampayan, Gauri		3/park	-	ial Role" or "Other" describe below:	at a County facility in	
					potential County reve	at a County facility in nue from sales.	
			- Steerk		Other Other describe below:	Income	
	C. Name of Outside Organ (include address and det		Number of Ticket(s)/ Pass(es)	Describe the pub	lic 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.

14	Alex Boskovich	Senior Legislative Aide	2/4/14
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: ____

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1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form OOZ			
	Division, Department, or Reg	ion (If Applicabl	e)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)			1		
	Alex Boskovich					<u> </u>	
	Area Code/Phone Number	E-mail			Amendment (Must p	provide explanation in Part 3.)	
	(510) 272-6693	alex.boskov	vich@acgov.or	rg	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes 🛛 No 🛛	_ Face Value o	of Each Ticket/Pass \$ _	550	
	Event Description Warriors v	s. Bulls		Date(s)	, 6 , 14	////	
	Event Description	Provide Title/Exp]				
	Ticket(s)/Pass(es) provided b	Yes 🔲 No 🛙	If no: Golder	n State Warriors			
				Name of Sc			
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes 🛛	If yes: Alamo	eda County Superviso Official's Name (
E stations							
3.	• Use Section A to identify the agenc	via donartment au	runit - r Una Saat	ion P to identify an individu	unt - a Upp Section C to iden	tifu an outsido organization	
	-		Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Describe the put Pass(es)		blic purpose made pursuant to the agency's policy		
	· · · · · · · · · · · · · · · · · · ·						
	B. Name of Individu	al	Number of Ticket(s)/		Identify one of the follow	ina:	
	(Last, First)		Pass(es)		-	_	
	Silva, Ron			Ceremonial Role	Other international contraction of the contraction	Income	
	Silva, Ron		3	To promote attendance at an event held at a County facilit		at a County facility in	
					potential County reve		
				Ceremonial Role	Other	Income	
			~\$	If checking "Ceremon	ial Role" or "Other" describe below:		
			×				
			Number of			,	
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	ublic purpose made pursuant to the agency's policy		
			Fass(es)			<u></u>	
-							
4.	Verification	lations 18011 1 or	18012 1 have us	rified that the distribution set t	forth above is in accordance w	ith the requirements	
	mave read and understand FPPC Regi	nauvns 10944,1 af "					
			Alex Bosko		Senior Legislative Aid		
	Signature of Agency Head or Designed	Ŧ	Print Name	5	inte	(Month, Day, Year)	
	Comment:						
						EPPC Form 802 (4/12	

in the second							
1.	Agency Name		Date Stamp	California 802			
	Alameda County			Form For Official Use Only			
	Division, Department, or Reg	ion (If Applicabl		Por 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.bosko	/ich@acgov.c	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value c	of Each Ticket/Pass \$ _	200	
	Event Description Warriors v	s. Hawks		Date(s) 3	, 7 , 14	//////	
		Provide Title/Exp	planation			<u> </u>	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🔲 No	If no: Golder	n State Warriors		
					Name of S		
	Was ticket distribution made a of agency official?	at the behest	No 🗌 Yes	If yes: Alam	eda County Supervise Official's Name	(Last. First)	
-							
3.	• Use Section A to identify the agenc	v's denartment o	runit allse Ser	ction B to identify an individu	ual • Use Section C to ide	ntify an outside organization	
			Number of	·····			
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	Iblic purpose made pursuant to the agency's policy		
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/		Identify one of the follow	ving:	
	(Ldsi, First)		Pass(es)				
	Wu, Tony				D Other ial Role" or "Other" describe below:	Income	
			2	-		at a County facility in	
					potential County reve		
				Ceremonial Role	Other	Income	
	×.		2	If checking "Ceremon	ial Role" or "Other" describe below:		
			Number of	······································			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	t to the agency's policy	
	Enconfecture and an effective definition of the second second second second second second second second second						
	9 00 (1011) (1011) (1011) (1011) (1011) (1011)						
A	Mayifi a shi a u						
4.	Verification I have read any understand FPPC Regu	lations 18944.1 ar	nd 18942. I have ve	erified that the distribution set f	orth above, is in accordance w	ith the requirements	
	14		Alex Bosk				
	Signature of Agency Head or Designee		Print Nam		Senior Legislative Aid	(Month, Day, Year)	
	Comment:						

A Public Document

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۱.	Agency Name				Date Stamp	California	802
	Alameda County			Form For Official U			
	Division, Department, or Reg	ion (If Applicable)				ae Only
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Alex Boskovich						
	Area Code/Phone Number	E-mail			Amendment (Must		
	(510) 272-6693	alex.boskovi	ch@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation					
	Does the agency have a ticke	t policy?	Yes 🛛 No [Face Value o	f Each Ticket/Pass \$ _		10
	Event Description <u>A's Fan Fe</u>	est 2014 Provide Title/Expl	anation	Date(s)	814	/	/
				⊠ If no: Oaklar	nd Athletics		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	X If no: Callar	Name of S	ource	·
	Was ticket distribution made a	it the behest	No 🗌 Yes [XI If yes, Alame	eda County Supervis	or Wilma Chan	
	of agency official?			<u> </u>	Official's Name	(Last, First)	
3.	Recipients			NAR DAGARAGE SANSER EN DEN MERINEN DEN DEN DEN DEN DEN DEN DEN DEN DEN		dikani tin tin kata mana kata mana kata kata kata kata kata kata kata k	
	Use Section A to identify the agence	y's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to ide	ntify an outside organ	ization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	t to the agency's po	licy
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
					Other		Income
	Cravahlo, Brian		2	-	ial Role" or "Other" describe below:		114
		-			ance at an event held potential County reve		ility in
				Ceremonial Role			Income
			ANN.	I thething ceremon	ial Role" or "Other" describe below:		
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	t to the agency's po	licy
		Anna ann an Anna an Ann	-				
							CONTRACTOR OF

	Alex Boskovich	Senior Legislative Aide	2/7/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

1. Age	ncy Name		<u>n - Marana Marana an Indonesia (kana ang ang ang ang ang ang ang ang ang </u>		Date Stamp	California 802
Alam	neda County			Form 002		
	ion, Department, or Regi	-	For Official Use Only			
Boar	rd of Supervisors					
Desig	gnated Agency Contact (Name, Title)			-	
Alex	Boskovich					
	Code/Phone Number	E-mail			Amendment (Musi	t provide explanation in Part 3.)
(510) 272-6693	alex.bosko	vich@acgov.or	g	Date of Original Filing	:(Month, Day, Year)
2. Fun	ction or Event Infor	nation				
Does	the agency have a ticke	t policy?	Yes 🔀 🛛 No 🗌	J Face Value of	of Each Ticket/Pass \$	84.15
	t Description WWE Live				2 , 7 , 14	///
Even	it Description	Provide Title/Ex	planation	Date(s)	//	
Ticke	et(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🗵	If no: Golde	en State Warriors Name of S	Q
	ticket distribution made a gency official?	it the behest	No 🗌 Yes 🛛	If yes: Alan	neda County Supervis Official's Name	e (Last, First)
	ipients Section A to identify the agency	y's department o	or unit. 🏾 • Use Secti	ion B to identify an individ	lual. ♦ Use Section C to id	entify an outside organization.
Α.	Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	int to the agency's policy
			Pass(es)		Mary	
В.	Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the follo	owing:
				Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe belo	Income
				Ceremonial Role	Other Dother Dother Dother	Income
				in checking octaine		
<u>С.</u>	Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	ant to the agency's policy
	n Leandro Boys & Girls (rina Blvd, San Leandro,		4		l a non-profit for its co ⁄ing in Alameda Cour	ontributions to low-income ity.
	vides youth developmer icational programs in Sa					
4. Ver	ification read and understand FPPC Regu	ulations 18944.1	and 18942. I have ver	ified that the distribution set	t forth above, is in accordance	with the requirements.
i nave		- 1		wich	Senior Legislative A	ide 2/5/14
i nave	$\mathcal{V} \times$		Alex Bosko	OVICI I	Serlior Legislative A	
	Signature of Agency Head of Designed	e	Alex Boskc		Tille	(Month, Day, Year)

_	ency Name		Date Stamp	California Form 802		
	neda County			For Official Use Only		
Divis	sion, Department, or Regi	on (If Applicabl	e)			
Boa	rd of Supervisors					
Desi	gnated Agency Contact (Name, Title)				
Alex	Boskovich				Amondmont (Muster	wide evolution in Dect 2.)
Area	Code/Phone Number	E-mail			Amendment (Must pro	
(510)) 272-6693	alex.boskov	/ich@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)
2. Fur	nction or Event Infor	nation				
Does	s the agency have a ticke	t policy?	Yes 🛛 No [Face Value	of Each Ticket/Pass \$	550/\$30 park
-	nt Description Warriors v	s. Bulls			2 <u>6</u> 14	1 1
Ever	nt Description	Provide Title/Exp	olanation	Date(s)		
Tick	et(s)/Pass(es) provided b	v agencv?	Yes 🗌 No [If no: Golde	en State Warriors	rce
Tion		,			Name of Sou	
	ticket distribution made a	it the behest	No 🗌 Yes 🛛	If yes: Alan	neda County Supervisor Official's Name (L	ast First)
OT a	agency official?				Omolar's Walle (L	
3. Red	cipients			ato a 19 An Islandifia na Indial	duel Hee Section C to identi	if an autoido organization
	e Section A to identify the agenc	y's department o	r unit. • Use Sec Number of			
Α.	Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pu	ublic purpose made pursuant to the agency's policy	
	awayaya		1 435(63)			
					<u> </u>	
В.	Name of Individu	al	Number of		Identify one of the following	na
D.	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	
				Ceremonial Role		Income
Lac	on, Colin		3/park	•	onial Role" or "Other" describe below: dance at an event held a	at a County facility in
				order to maximize	e potential County reven	ue from sales.
					Other	Income
					onial Role" or "Other" describe below:	
			Странк			
C.	Name of Outside Organ		Number of Ticket(s)/	Describe the p	ublic purpose made pursuant	to the agency's policy
	(include address and de	scription)	Pass(es)	·	·	
4. Ver	rification					
	rend and understand FPPC Regu	ulations 18944.1 a	nd 18942. I have ve	erified that the distribution se	t forth above, is in accordance wit	h the requirements.
U			Alex Bosk	ovich	Senior Legislative Aide	2/4/14
<u></u>	Signature of Agency Head or Designed	9	Print Nam	ne	Title	(Month, Day, Year)

1. Agency Name				Date Stamp	California 000		
		Agency Name					
Alameda County					Form For Official Use Only		
Division, Departm	ent, or Region (If Ap	plicable)		1	For Onicial Use Only		
Board of Supervi	sors						
Designated Agence	y Contact (Name, Tit	le)					
Alex Boskovich				Amendment (Mustr	provide explanation in Part 3.)		
Area Code/Phone	Number E-mail						
(510) 272-6693	alex.b	oskovich@acgov.o	org	Date of Original Filing:	(Month, Day, Year)		
2. Function or Ev					550/\$30 park		
	nave a ticket policy?			of Each Ticket/Pass \$ _	· · · · · · · · · · · · · · · · · · ·		
Event Description	Warriors vs. Bulls	Title/Explanation	Date(s)2	<u>, 6 , 14</u>	/~~~~		
	Provide						
Ticket(s)/Pass(es)	Ticket(s)/Pass(es) provided by agency? Yes			n State Warriors Name of Sc	Durce		
	Kan made at the build	hoot	Alam	eda County Superviso			
Was ticket distribu of agency official	tion made at the be ?	hest No 🗌 Yes	IX If yes: <u>Alam</u>	Official's Name ((Last, First)		
 Recipients Use Section A to ider 	ntify the agency's depart	ment or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.		
B.	ncy, Department or Uni	t Number of Ticket(s)/		blic purpose made pursuant to the agency's policy			
		Pass(es)					
B. Nan	ne of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:		
Thorne, Andrew		2/novie	-	nial Role" or "Other" describe below:			
		3/park		ance at an event held potential County reve	at a County facility in nue from sales.		
			Ceremonial Role	Other	Income		
		3 Miles	If checking "Ceremo	nial Role" or "Other" describe below:			
	C. Name of Outside Organization (include address and description)		Describe the pu	blic purpose made pursuar	it to the agency's policy		
	······································	Pass(es)					
4. Verification		0111 and 19012 1 have w		forth above is in accordance u	with the requirements		
i nave read and underst	and FFFC Regulations 18			forth above, is in accordance w			
Signature of Agericy	Head or Designee	Alex Bosk		Senior Legislative Aic	le 2/4/14 (Month, Day, Year)		
Signature of Agency	nead of Designee				(
Comment:		-			EBD0 E		

A Public Document

						A Public Document
1.	Agency Name				Date Stamp	California Form 802
	Alameda County					
	Division, Department, or Region (If Applicable)				-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				-	
	Alex Boskovich					
	Area Code/Phone Number	E-mail				provide explanation in Part 3.)
	(510) 272-6693	alex.boskov	vich@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Infor	mation				
				of Each Ticket/Pass \$ _		
				2, 6, 14		
	Event Description Warriors vs. Bulls Date(s) Date(s)					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			en State Warriors	ource	
					Name of S	ource
	Was ticket distribution made	at the behest	No 🗌 Yes	If yes: Alam	neda County Supervis Official's Name	or Wilma Chan
Summer of	of agency official?				Omciars Warne	
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.					
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	Dietlien, Tracey		-	Ceremonial Role	Other D	
			3/park	To promote attend		l at a County facility in
					Other	Income
			-3400Tk	п спескінд Селені	onial Role" or "Other" describe below	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	(s)/ Describe the public purpose made purp		nt to the agency's policy
4.	Verification	ulations 18944 1 a	nd 18942 have w	arified that the distribution se	t forth above, is in accordance v	with the requirements.
	I have read and muerstand FFRC Reg	Juluions 10944.1 d			Senior Legislative Ai	
		ee	Alex Bosk			(Month, Day, Year)

Comment: _____

A Public Document

				Distributions		A Public Document	
1.	Agency Name Alameda County				Date Stamp	California 802	
	Division, Department, or Reg	on (If Applicable	e)			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.boskovich@acgov.org			Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Infor	nation		EE0			
	Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of			of Each Ticket/Pass \$ _	550		
	Event Description Warriors vs. Bulls Date(s) Date(s)			<u> </u>	///		
	Trondo milo Explanatori						
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			n State Warriors Name of So			
				— Alam	eda County Superviso		
	Was ticket distribution made at the behest No Yes If yes: Alam of agency official?			Official's Name (Last, First)		
	Recipients • Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit		unit. • Use Sec Number of Ticket(s)/ Pass(es)	tion B to identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
	Kaplan, Seth		2	Ceremonial Role		Income	
				If checking "Ceremonial Role" or "Other" describe below: To reward a County employee for her exemplary service to the			
				public and to encourage staff development.			
			and the second sec		Other D	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	Describe the public purpose made pursuant to the agency's policy		
4.	Verification						

Alex Boskovich Senior Legislative Aide 2/4/14 (Month, Day, Year) Signature of Agency Head or Designee Print Name Title

Comment: _

1.	Agency Name Alameda County				Date Stamp	California Form 802	
						For Official Use Only	
	Division, Department, or Reg	Division, Department, or Region (If Applicable)					
	Board of Supervisors	Board of Supervisors					
	Designated Agency Contact	Designated Agency Contact (Name, Title)					
	Alex Boskovich					rovido explanation in Part 3)	
	Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693	alex.boskov	rich@acgov.or	9	Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Info	mation		FF^			
	Does the agency have a ticket policy? Yes 🛛 No 🗌 Face Value of				of Each Ticket/Pass \$	550	
	Event Description Warriors vs. Bulls			, 6 , 14	///		
	Event Description <u>Warriors vs. Bulls</u> Date(s) <u>2</u>				uning and a second s	weight and the second	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			If no: Golder	n State Warriors Name of So		
	Was ticket distribution made	at the behest	No 🗌 Yes 🛛	If yes: <u>Alam</u>	eda County Superviso Official's Name (i	Last. First)	
	of agency official?				C.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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 pub	blic purpose made pursuant to the agency's policy		
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the follow	ing:	
			Pass(es)	Ceremonial Role	Other	Income	
	Jones, Steven				hial Role" or "Other" describe below:		
			1	To reward a County employee for her exemplary service to the			
				public and to enco	urage staff developme		
					Other	Income	
			EAR .	If checking "Ceremonial Role" or "Other" describe below:			
	Nome of Outside Ora:	nization	Number of	nen			
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)			t to the agency's policy	
4.						<u> </u>	
			++				
	Verification						
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set			forth above, is in accordance w	ith the requirements.		
		0	Alex Boskovich		Senior Legislative Aid		
	Signature of Agency Head or Design	ee	Print Name		Title	(Month, Day, Year)	
	Comment:						

A Public Document

1.	Agency Name Alameda County Division, Department, or Region (If Applicable)				Date Stamp California			
						Form OUZ		
						For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Name, Title) Alex Boskovich							
	Area Code/Phone Number					Amendment (Must provide explanation in Part 3.)		
	(510) 272-6693 alex.boskovich@acgov.org			Date of Original Filing:				
2.	Function or Event Inform	nation						
	Does the agency have a ticket policy? Yes 🛛 No			Face Value of Each Ticket/Pass \$\$37.65				
	Event Description Disney on Ice Date(s) Date(s)			Date(s) 2	, 27 , 14			
		Provide Title/Expl	lanation					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde			n State Warriors Name of So				
				Alam	eda County Superviso			
	Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official?			X If yes: <u>Addition</u>	Official's Name	(Last, First)		
3	Recipients							
Ο.	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 follov	ving:		
	Lyons, Marva		4	Ceremonial Role	Other	Income		
				If checking "Ceremonial Role" or "Other" describe below:				
				To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.				
				Ceremonial Role		Income		
			4	ir checking Ceremor	ial Role" or "Other" describe below:			
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the put	scribe the public purpose made pursuant to the agency's policy			
			Pass(es)					
	Verification							

Alex Boskovich Senior Legislative Aide 2/4/14 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: .