Agency Report of: Ceremonial Role Events 4/5 d Tiele

	A concurrent Name	s and hc	KevPass	Distributions		A Public Document
1.	. Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regio	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (A	lame, Title)				
	Lee Ann Fergerson, Supervis	sor's Assista	nt			
		E-mail	2		Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6691	leeann.ferge	rson@acgov	v.org	Date of Original Filing: _	
2.	Function or Event Inform	nation				(Month, Day, Year)
	Does the agency have a ticket		Yes 🕅 No	Face Value o	f Each Ticket/Pass \$	2000
	·Ar	201010		1		
	Event Description _ H90	Provide Title/Expl	anation	Date(s)		//
	Ticket(s)/Pass(es) provided by	adency?	V.SET N.	□ If no: _GG	111	
	nonet(c)// deb(es) provided by	agency	Yes No	II 110. <u></u>	Name of Soul	rce
	Was ticket distribution made at	the behest	No 🗌 Yes 🛛	If yes:	eda County Supervisor Sco	ott Haggerty, District 1
	of agency official?			4	Official's Name (La	est, First)
3.	Recipients					
	• Use Section A to identify the agency's	department or ι		tion B to identify an individua	al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department	t or Unit	Number of Ticket(s)/	Describe the publ	c purpose made pursuant to	o the agency's policy
		1.1912.13	Pass(es)		1 11 13 Sec. 196	
	D Nama of Individual		Number of			
	B. Name of Individual (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	j :
				Ceremonial Role	Other	
					Role" or "Other" describe below:	Income
	V.P. Change	A		To promote attenda	ance at a county sponsored	l event in order 🛛 👘 🗌
	tonneoma	M	7	to maximize potent parking sales	ial county revenue for conc	ession and
0		~	6	parting caloo		
-	Name of Outside Organiza	tion	Number of			
	(include address and description		Ticket(s)/ Pass(es)	Describe the public	purpose made pursuant to	the agency's policy
-			-			4
-						
,	Arification					
	Verification	ns 18944 1 and 1	8942 have verif	fied that the distribution ast (a about is in an and	
1	Allen Xn p. 55					
X	ANUN AND	Le	ee Ann Ferg	erson Si	pervisor's Assistant	2-78-14

4.

A Public Document

Octemonial Noic Events and Her			1001 000	Distributions	A Public Document		
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ For Official Use Only	
	Division, Department, or Reg	on (If Applicable	?)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Alex Boskovich				Amendment (Must pr	rovido ovplanation in Part 3.)	
	Area Code/Phone Number	E-mail				•	
	(510) 272-6693	alex.boskovi	ich@acgov.o	rg	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	nation				30	
	Does the agency have a ticke	t policy?	Yes 🛛 No [f Each Ticket/Pass \$		
	Event Description <u>A's vs. Ind</u>	ians		Date(s)4		//	
	n n n	Provide Title/Expl	lanation				
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Oaklar	Name of Sou	urce	
	Was ticket distribution made a	at the behest	No 🗌 Yes [Alam	eda County Superviso	r Wilma Chan	
	of agency official?			A 11 yes	Official's Name (L	.ast, First)	
3.	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 ident	ify an outside organization.	
	A. Name of Agency, Departme	- 1 	Number of Ticket(s)/ Pass(es)	the second second second second	olic purpose made pursuant		
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	Guzman, Josue		2		nial Role" or "Other" describe below: unity volunteer for his	Income	
				Ceremonial Role	Other	Income	

4. Verification

C.

Name of Outside Organization (include address and description)

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Alex Boskovich	Senior Legislative Aide	3/31/14
I have read and understand FPPC Regulations 18	944.1 and 18942. I have verified that the distri	bution set forth above, is in accordance with the rea	quirements.

2

Number of Ticket(s)/ Pass(es) If checking "Ceremonial Role" or "Other" describe below:

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

Comment: _

U	eremonial Role Events and Tici	NEUF das D	istinutions		A Public Document			
1.	Agency Name			Date Stamp	California 802			
	Alameda County							
	Division, Department, or Region (If Applicable,)			For Official Use Only			
	Board of Supervisors							
	Designated Agency Contact (Name, Title)							
	Alex Boskovich							
	Area Code/Phone Number E-mail			. Amendment (Must pr	ovide explanation in Part 3.)			
	(510) 272-6693 alex.boskovi	ch@acgov.org	Į	Date of Original Filing: _	(Month, Day, Year)			
2.	Function or Event Information							
	Does the agency have a ticket policy?	Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	30			
	Event Description <u>A's vs. Indians</u>		Data(c) 4	, 2 , 14	//			
	Event Description Provide Title/Expla	anation			/ /			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🛛	lf no: Oaklar	nd Athletics				
				Name of Sou				
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes: Alame	eda County Supervisor 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						
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy			
	-	Number of						
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:			
		Pass(es)	Ceremonial Role	Other				
	Robinson, Joanne			aial Role" or "Other" describe below:				
				unity volunteer for her	service to children in the			
			City of Alameda.					
			Ceremonial Role	Other discribe below:	Income			
		7	I checking bereiner					
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy			
	(include address and description)	Pass(es)	Desende the par		to the ugency o pency			
4.	Verification							
	I have read and understand FPPC Regulations 18944.1 and	d 18942. I have verifi	ied that the distribution set i	forth above, is in accordance wit	th the requirements.			
		Alex Boskov	/ich	Senior Legislative Aide	e 3/31/14			
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)			

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form OUZ	
	Division, Department, or Regi	on (If Applicable,)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Michelle Dianda						
	Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)	
	(510) 272-6692	michelle.diar	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation					
	Does the agency have a ticket	Yes 🗌 No		f Each Ticket/Pass \$			
	Event Description Oakland A	's vs. Clevelar Provide Title/Expla	nd Indians	Date(s)	3114		
Ticket(s)/Pass(es) provided by agency? Y_{C}			Yes 🗌 No	If no: Oaklar	nd A's Name of Source		
				Valla			
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: <u>Valle</u> , of agency official?			Richard- Supervisor D Official's Name (La	st. First)		
te se se en							
3.	• Use Section A to identify the agency	/'s department or I	unit. • Use Sec	tion B to identify an individu	al Ise Section C to identif	v an outside organization	
	A. Name of Agency, Departme		Number of				
	A. Name of Agency, Departme	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:	
	Kobayashsi, Alex			Construction and the second second	Other 🔀	Income	
			2	To reward a comm	unity volunteer for his s	ervice to the community	
				Ceremonial Role		Income	
				If checking "Ceremoni	al Role" or "Other" describe below:		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
4.	Verification						
	I have read and understand FPPC Regul	lations 18944.1 and	18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
	MAL		Michelle D	ianda	Supervisor's Aide	3/3/14	
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)	
	Comment:						

-			1001 000	Biotributione		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Regio	n (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Na	ame, Title)					
	Michelle Dianda						
	Area Code/Phone Number E	E-mail			. C 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	ation				(month, Edy, rodi)	
	Does the agency have a ticket p	oolicy?	Yes 🗌 No	Face Value o	f Each Ticket/Pass \$ _	24.00	
	Event Description Oakland A's	vs. Clevela			0114		
		Provide Title/Expl	lanation	Date(s)		//	
	Ticket(s)/Pass(es) provided by a	agency?	Yes 🗌 No	If no: Oaklar	nd A's Name of Source		
	Was ticket distribution made at	the behest	No 🗌 Yes	Valle,	Richard- Supervisor I		
	of agency official?			⊠ ir yes:	Official's Name (I	Last, First)	
3.	Recipients						
	 Use Section A to identify the agency's 	department or	-	tion B to identify an individu	al. • Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department	t or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic 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	ing:	
	Crowder, Robb		2	If checking "Ceremon	Other X		
				To reward a commi	unity volunteer for his	service to the community	
				Ceremonial Role	Other D	Income	
	C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
4.	Verification	iono 190111	19040				
	I have read and understand FPPC Regulation	ions 18944.1 and	Michelle Di		orth above, is in accordance wit Supervisor's Aide	n the requirements. 3/3///h	
	Signature of Agency Head or Designee		Print Nam		Tille	(Month, Day, Year)	

Comment: __

Ą	Pu	bl	ic	Doe	cui	m	er	١t

-			NEUF ass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Regi	on (If Applicable	?)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (/	Name, Title)			- -	
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must pl	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	nation				
	Does the agency have a ticket	policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	24.00
	Event Description Oakland A	s vs. Clevela	nd Indians	Date(s)	↓ <u>02</u> ,14	//
Ticket(s)/Pass(es) provided by agen			Yes 🗌 No	If no: Oaklar	nd A's	
					Name of Source	
	Was ticket distribution made a of agency official?	No 🗌 Yes	If yes: Valle,	, Richard- Supervisor [Official's Name (L	Last, First)	
3.	3. Recipients					
	Use Section A to identify the agency	-	ction B to identify an individu	ual. • Use Section C to ident	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua (Last, First)	I	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
	Steffes, Patra			Ceremonial Role		Income
	Stelles, Falla		2		ial Role" or "Other" describe below: unity volunteer for her	service to the
				community		
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
4	Verification					
	I have read and understand FPPC Regula	ations 18944.1 and	l 18942. I have ve	erified that the distribution set for	orth above, is in accordance wit	h the requirements.
	MAL	·	Michelle D	ianda	Supervisor's Aide	3/31/14
	Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)

		is and no	neur ass	DISTUDUTIONS		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable	e)		-	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 Infor	mation				
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$ _	1780.00
	Event Description Oakland A	's vs. Housto		Date(s)4	↓ <u>19</u> 14	
	Tieket(a)/Deee(ee) are ided b	Provide Title/Exp		If no: Oaklar	nd A's	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		Name of So	
	Was ticket distribution made a	at the behest	No 🗌 Yes	If yes: Valle,	, Richard- Supervisor I	District 2
	of agency official?				Official's Name (L	.ast, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or	unit. • Use Sec	ction B to identify an individu I	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individue (Last, First)	al	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Volunteer Hayward 1099 E Street, Hayward CA	94541	20	To reward a non-pr community.	ofit organization for its	contributions to the
	Supports volunteer activities and City of Hayward	s for HARD				
4.	Verification					
	I have read and understand FPPC Regu	lations 18944.1 and	d 18942. I have ve	rified that the distribution set for	orth above, is in accordance wit	h the requirements.
			Michelle D	ianda	Supervisor's Aide	3/3//14
	Signature of Xgency Head or Designee Print Name				Title	(Month, Day, Year)

1.12

1. Agency Name Date Stamp California Alameda County Division, Department, or Region (If Applicable) Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Image: California Form Michelle Dianda Image: California Form For Official Area Code/Phone Number E-mail Image: California Filing: Image: California Filing: (510) 272-6692 Imichelle.dianda@acgov.org Date of Original Filing: (Month, Day, Ye 2. Function or Event Information Does the agency have a ticket policy? Yes Image: No Image: California Filing: Month, Day, Ye Event Description Oakland A's vs. San Francisco Giants Date(s) 03 / 29 / 14 / Provide Title/Explanation Provide Title/Explanation Date(s) 03 / 29 / 14 / Ticket(s)/Pass(es) provided by agency? Yes Image: No Image: Yes Image: Ye	I Use Only in Part 3.) 24.00 / anization.
Adameda Goulity For Official Division, Department, or Region (If Applicable) For Official Board of Supervisors Amendment, or Region (If Applicable) Designated Agency Contact (Name, Title) Imichelle Dianda Area Code/Phone Number (510) 272-6692 E-mail michelle.dianda@acgov.org Date of Original Filing:(Month, Day, Ye 2. Function or Event Information Does the agency have a ticket policy? Yes IN NO I Face Value of Each Ticket/Pass \$ Face Value of Each Ticket/Pass \$ Event Description Oakland A's vs. San Francisco Giants Provide Title/Explanation Date(s) 29 14 Ticket(s)/Pass(es) provided by agency? Yes IN NO I fino: Oakland A's Was ticket distribution made at the behest of agency official? No I Yes I fyes: Valle, Richard- Supervisor District 2 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 organic Pass(es) A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es)	I Use Only in Part 3.) 24.00 / anization.
Board of Supervisors Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number (510) 272-6692 E-mail michelle.dianda@acgov.org Date of Original Filing: (Month, Day, Ye 2. Function or Event Information Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$	in Part 3.) ear) 24.00 _/ anization.
Designated Agency Contact (Name, Title) Michelle Dianda Area Code/Phone Number (510) 272-6692 E-mail michelle.dianda@acgov.org Date of Original Filing:	ear)
Michelle Dianda Area Code/Phone Number E-mail Amendment (Must provide explanation in Date of Original Filing:	ear)
Area Code/Phone Number (510) 272-6692 E-mail michelle.dianda@acgov.org Date of Original Filing:	ear)
Area Code/Phone Number (510) 272-6692 E-mail michelle.dianda@acgov.org Date of Original Filing: (Month, Day, Ye 2. Function or Event Information Does the agency have a ticket policy? Yes IN NO Face Value of Each Ticket/Pass \$	ear)
(Interference of the second of the secon	24.00 _/ anization.
Does the agency have a ticket policy? Yes X No Face Value of Each Ticket/Pass \$	_/
Event Description Oakland A's vs. San Francisco Giants Provide Title/Explanation Date(s) 03 29 14	_/
Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Oakland A's Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Valle, Richard- Supervisor District 2 Of agency official? Official's Name (Last, First) 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside orgation A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es)	anization.
Ticket(s)/Pass(es) provided by agency? Yes No If no: Oakland A's Was ticket distribution made at the behest of agency official? No Yes If yes: Valle, Richard- Supervisor District 2 Official's Name (Last, First) 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 orga A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es)	
Was ticket distribution made at the behest of agency official? No □ Yes ⊠ If yes: Valle, Richard- Supervisor District 2 Official? 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 orga A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es)	
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 orgative orga	
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 of the agency's department or Unit A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es)	
• 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 orgative of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es)	
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's purpose	policy
B. Name of Individual Number of Ticket(s)/ Identify one of the following:	
Ceremonial Role Other 🗵	Income
Jhita, Jyoti If checking "Ceremonial Role" or "Other" describe below:	
To promote attendance at an event held at a County fa order to maximize potential revenue from sales.	icility in
2 Ceremonial Role Other	Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's p	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.	
Michelle Dianda Supervisor's Aide 3	27/11
V Signature of Agency Head or Designee Print Name Title (Mon	V 1110

U		is and ne	NEUF d55	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OUZ
	Division, Department, or Regi	on (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			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 ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	300.00
	Event Description Warriors v	s. Mavericks			, 11 , 14	1 1
		Provide Title/Expl	anation	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 Official's Name (La	District 2 ast, First)
3.	 Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individu 					
				al. • Use Section C to identit	fy an outside organization.	
	A. Name of Agency, Departme	Department or Unit Number of Ticket(s)/ Pass(es)			lic purpose made pursuant t	to the agency's policy
	B. Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es)		Identify one of the followin	ng:
					Other Inter Other Other Other Other Other Other Other Other Delow:	Income
				Ceremonial Role If checking "Ceremon	Other describe below:	Income
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy
	S. Alameda County Young I 5310 Westbury Ct. Newark,		4		ance at an event held a potential revenue from a	
	Encourage community invol government process	vement in				
4.	Verification have read and understand FPRC Regul Signature of Agency Head of Designee Comment: Includes 1 parkin	<u> </u>	Michelle D	ianda	orth above, is in accordance with Supervisor's Aide _{Titte}	the requirements. 3/U/14 (Month, pay, Year)

C	eremonial Role Even	is and no	Revrass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County				-	
	Division, Department, or Reg	ion (If Applicabl	e)		-	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692		inda@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				050.00
	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value c	of Each Ticket/Pass \$	250.00
	Event Description Warriors v	s. Magic Provide Title/Exp	lanation	Date(s)3	3 <u>18 14</u>	
	T:-!!!			Golde	n State Warriors	
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No		Name of Sou	
	Was ticket distribution made a	at the behest	No 🗌 Yes	X If yes. Valle	, Richard- Supervisor, I	District 2
	of agency official?			Official's Name (L	ast, First)	
3.	Recipients • Use Section A to identify the agenc	v's department or	unit. ⊚ Use Sec	tion B to identify an individ	ual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individua	al	Number of			
	D _s (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Murtaza, Layma		4		Other 🛛 ial Role" or "Other" describe below: ance at an event held a	Income
					potential revenue from	
			4		Other Dial Role" or "Other" describe below:	Income
		C. Name of Outside Organization (include address and description)		Describe the pub	olic purpose made pursuant	to the agency's policy
4.	Verification					
	I have read and understand FPRC Regu	lations 18944.1 an	d 18942. I have ve Michelle D		forth above, is in accordance with Supervisor's Aide	h the requirements. 3/11/14

Print Name

Title

(Month, Day, Year)

Comment: _

Signature of Agency Head or Designee

C	eremonial Role Events and Lici	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable,)		-	For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)		E	-	
	Michelle Dianda Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6692 michelle.diar	vda@acqov	ord	Date of Original Filing:	
		lua@acyov.	org	0 0	(Month, Day, Year)
2.	Function or Event Information				250.00
		Yes 🛛 No		of Each Ticket/Pass \$	
	Event Description Warriors vs. Bucks		Date(s)3	3 <u>20</u> 14	
		anation	Caldar	n Stata Marriara	2
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Golder	n State Warriors	urce
	Was ticket distribution made at the behest		Valle.	, Richard- Supervisor I	District 2
	of agency official?	No 🗌 Yes	Ir yes:	Official's Name (I	.ast, First)
3.	Recipients				
	• Use Section A to identify the agency's department or u	unit. ● Use Sec	tion B to identify an individu	ual. • Use Section C to iden	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant	to the agency's policy
		Pass(es)			
				s	
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follow	ing:
		Pass(es)	Ceremonial Role	Other X	Income D
	Hickey, Neal			nial Role" or "Other" describe below:	Income
		4	To promote attenda	ance at an event held	at a County facility in
			order to maximize	potential revenue from	sales.
			Ceremonial Role	Other	Income
		4	If checking "Ceremon	nial Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
		1 433(63)			
			e		
_					
4.	Verification	18040 1	rified that the distribution of	fault above in its second as	the the second second
	I have read and understand FPPC Regulations 18944.1 and				in the requirements.
		Michelle D		Supervisor's Aide	213/14
	Signature of Agency Head or Designee	Print Nam	е	Title	(Month, Day, Year)

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

С	eremonial Role Event	s and Ticl	cet/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	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 pro	ovide explanation in Part 3.)
	(510) 272-6692	michelle.dian	ida@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information					
	Does the agency have a ticket		f Each Ticket/Pass \$	85.00		
					, 01 , 14	
	Provide Title/Explanation					//
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar				nd A's Name of Sou	
				Richard- Supervisor D		
	Was ticket distribution made at the behest No ☐ Yes ⊠ If yes: <u>Valle</u> , of agency official?				Official's Name (L	
3	Recipients					
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				ıal. ● Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
					Other Inter Other Other Other Other Other Other Delow:	Income
				Ceremonial Role If checking "Ceremon	Other in the selow:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Drivers for Survivors 39270 Paseo Padre Pky, Fr	emont 94538	4	To reward a non-pr community.	ofit organization for its	contributions to the
	Assisting cancer patients an transportation services	d free				
4.	Verification have read and understand EPPC Regul	ations 18944.1 and	18942. I have ve	rified that the distribution set f	orth above, is in accordance with	n the requirements.

 Michelle Dianda
 Supervisor's Aide
 Michelle Dianda

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

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

						AT abile boountent
1.	Agency Name				Date Stamp	California Q12
	Alameda County			Form OUZ		
	Division, Department, or Regi		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.dia	nda@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform			0		(Monul, Day, teal)
	Does the agency have a ticket		Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	24.00
	Event Description Oakland A			Date(s)		04 , 22 , 14
	Event Description	Provide Title/Expl	anation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No	If no: Oaklar	nd A's	
		, agonoy.			Name of Sou	
	Was ticket distribution made a	t the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor D	District 2
	of agency official?				Official's Name (L	ast, First)
3.	an a					
	Use Section A to identify the agency	/'s department or	unit.	ction B to identify an individu I	ial. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	ř		1 400(00)			
	B. Name of Individua		Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:
					Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Ceremonial Role	Other	Income
					ial Role" or "Other" describe below:	
	C. Name of Outside Organ (include address and des	ization cription)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
	Hayward Promise Neighbor 25800 Carlos Bee Blvd, Hay		2		ofit organization for its	contributions to the
		/waru 94942		community.		
	Promoting effective schools		2	1		
-	community support for Hayv	vard				
4.	Verification	lationa 19011 1 and	119012 1 hours vo	rified that the distribution ast f	adh abava is is sanadaraa itt	
	. The create and understand FFFC Regul	anona 10344.1 dhi				
	Signature of Agency Head or Designee		Michelle Di		Supervisor's Aide	(Month, Day, Year)
			, in ridin	-	The	(Wollin, Day, Jean)
	Comment:					

				Biotingatione		A Public Document
1.	Agency Name	Agency Name				California 802
	Alameda County					Form OUZ
	Division, Department, or Reg	ion (If Applicable			For Official Use Only	
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Dianda				Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation				1700.00
	Does the agency have a ticke		Yes 🛛 No		f Each Ticket/Pass \$	
	Event Description Oakland A	s vs. Minnes Provide Title/Exp	ota Twins	Date(s)8	07 , 14	
			If no: Oaklar	nd A's		
	Ticket(s)/Pass(es) provided b	Yes 🗌 No		Name of Sou		
	Was ticket distribution made a	at the behest	No 🗌 Yes	If ves: Valle,	Richard- Supervisor	District 2
	of agency official?				Official's Name (L	ast, First)
3.	Recipients					
	 Use Section A to identify the agency 	y's department or		tion B to identify an individι	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			8			
					4	
	B. Name of Individua (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
					Other describe below:	Income
				Ceremonial Role If checking "Ceremon	Other is a contract of the second of the sec	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Hispanic Community Affairs P.O. Box 3151, Hayward C		20	To reward a non-pr community.	ofit organization for its	contributions to the
	Promotes value of educatio diversity and community inv					
4.	Verification I have read and understand FPPC Regu Signature of Agency Head or Designed		d 18942. I have ve Michelle D Print Nam	ianda	orth above, is in accordance wit Supervisor's Aide _{Title}	h the requirements.
	Comment:					

						A Fublic Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form OOZ For Official Use Only
	Division, Department, or Region (If Applicable)					For Onicial Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Dianda				Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(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 ticke	t policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	1780.00
	Event Description	's vs. Seattle	Mariners	Date(s)5	<u></u>	
		Provide Title/Expl	anation	Quilia		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No	If no: Oaklar	Name of Sou	1700
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes	If yes: Valle,	Richard- Supervisor, Official's Name (L	ast First)
					Cincial S Walle (E	
3.	• Use Section A to identify the agency	/'s department or	unit.	tion Β to identify an individι	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
,						
	B. Name of Individua		Number of			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
					Other Dial Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremon	Other is a construction of the construction of	Income
2	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
	New Haven Schools Founda P.O. Box 1574, Union City,		20	To reward a non-pr community	ofit organization for its	contributions to the
	Raises funds for New Haver scholarships & extra-curricu					
4.	Verification					
	Inhave read and understand FPPC Regul	lations 18944.1 and	1 18942. I have ve Michelle D			h the requirements, 2/25/14
	Signature of Agency Head or Designee		Print Nam	the second se	Supervisor's Aide	(Month, Day, Year)
	Comment:					

						AT usite bocument
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Reg	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 p	rovide explanation in Part 3.)
	(510) 272-6692	michelle.dia	anda@acgov.c	org	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				(Wohlin, Day, Tear)
	Does the agency have a ticke		Yes 🛛 No 🗌	Face Value o	of Each Ticket/Pass \$ _	1780.00
	Event Description	's vs. Chicag			5 , 13 , 14	//
	Event Description	Provide Title/Ex	planation	Date(s)		//
	Ticket(s)/Pass(es) provided by	Yes 🗌 No 🛛	If no: Oaklar	nd A's		
					Name of So	
	Was ticket distribution made at the behest of agency official?		No 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor,	District 2
					Official's Name (i	Last, First)
3.	• Use Section A to identify the agency	i's department o	runit a Llea Soat	ion P to identify an individu	und a Una Spatian C to idam	tife an autoida avranization
	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	ıl	Number of Ticket(s)/		Identify one of the follow	ing:
	(Last, First)		Pass(es)			
					ial Role" or "Other" describe below:	Income
				,		
				ь.		
				Ceremonial Role		Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	C Name of Outside Organ	ization	Number of			
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	League of Volunteers			To reward a non-pr	ofit organization for its	contributions to the
	8440 Central Ave., Newark	CA 94560	20	community	one organization for he	
	Serves children, seniors and	d those in				
	need	a those in				
4.	Verification					
	I have read and understand FPPC Regu	lations 18944.1 ar	nd 18942. I have ven	ified that the distribution set fo	orth above, is in accordance wi	th the requirements,
	Il Ah L		Michelle Dia	anda	Supervisor's Aide	3/25/14
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day Year)
						. /
	Comment:					FPPC Form 802 (4/12)

						AT abile bocament
1.	Agency Name				Date Stamp	California 802
	Alameda County	Alameda County				Form OUZ
	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			. Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				(Monan, Day, Tear)
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	1780.00
	Event Description _Oakland A	's vs. Texas			<u>, 17 , 14</u>	, ,
	Event Description	Provide Title/Exp	lanation	Date(s)		/
	Ticket(s)/Pass(es) provided by	v agency?	Yes 🗌 No [If no: Oaklar	nd A's	
					Name of Sou	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes 🛛	If yes: Valle,	Richard- Supervisor, I	District 2
_					Oniciai s Name (L	
3.	• Use Section A to identify the agency	va danartmant ar	unit a Hao Soo	tion D to identify on individu	val – Llas Castian C to identi	
			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	ng:
	(Last, First)		Pass(es)			.3.
					Other describe below:	Income
				I checking ceremon		
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	Name of Outside Organ	ingtion	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
	Union City Lions Club			To reward a pop pr	ofit organization for its	contributions to the
	34009 Alvarado Niles Rd, U	nion City	20	community	one organization for its	contributions to the
	Assist seniors, provide com support and scholarship opp					
4.						
	I have read and understand FPPC Regu	lations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements
	VUL		Michelle Di		Supervisor's Aide	3/25/14
	Signature of Agency Head or Designee		Print Name	e	Title	(Month, Day, Year)
	Comment:					

-						AT usite Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					Form 002
	Division, Department, or Regi	ion (If Applicable	e)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Michelle Dianda					
	Area Code/Phone Number	E-mail			. C Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6692	michelle.dia	nda@acgov.c	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	mation				
	Does the agency have a ticke		Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	1780.00
	Event Description	's vs. Texas I	Rangers	Date(s) 06	, 16 , 14	
	Ριονίαε Πιιε/Εχριαπατιοή					
	Ticket(s)/Pass(es) provided by	Yes 🗌 🛛 No 🛛	If no: Oaklar	nd A's Name of Sou	1700	
	Was ticket distribution made a		a valle	Richard- Supervisor,		
	of agency official?	at the benest	No 🗌 Yes 🛛	If yes:	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 individu				ıal. ● Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
			Pass(es)			
	B. Name of Individua		Number of			
	(Last, First)	A1	Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income
				If checking "Ceremon	ial Role" or "Other" describe below:	
	1 1			Ceremonial Role	Other	Income
					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
		<i>4</i>	F #35(65)	T		
	Hayward Education Founda P.O. Box 56444, Hayward 9		20	community	ofit organization for its	contributions to the
	Delege finale facilitation i		++	,		
	Raises funds for Hayward s scholarships & extra-curricu					
4.	Verification					
	I have read and understand FRPC Regu	lations 18944.1 and	d 18942. I have veri	ified that the distribution set fo	orth above, is in accordance with	h the requirements.
	Alt		Michelle Dia		Supervisor's Aide	5/25/14
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					
						EPPC Form 802 (4/12)

Agency Report of: C

Date Stamp California 802
Form
For Official Use Only
Amendment (Must provide explanation in Part 3.)
Date of Original Filing:(Month, Day, Year)
250/\$30
Face value of Each Ticket/Pass \$
Date(s) 4 / 14 / 14 ///
If no: Golden State Warriors
If yes: <u>Alameda County Supervisor Wilma Chan</u>
Official's Name (Last, First)
identify an individual. • Use Section C to identify an outside organization.
Describe the public purpose made pursuant to the agency's policy
Identify one of the following:
Ceremonial Role Other I Income
If checking "Ceremonial Role" or "Other" describe below: romote attendance at an event held at a County facility in
r to maximize potential County revenue from sales.
Ceremonial Role Other I Income Income If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification

I have read and understand FPPC Regulations 18944.1 a	1d 18942. I have verified that the distribution set forth above, is in accordance with the requirements
	nd 18942. I have verified that the distribution set forth above, is in accordance with the requirements

O		Alex Boskovich	Senior Legislative Aide	3/31/14
Signature of Agency Hea	d or Designee	Print Name	Title	(Month, Day, Year)

A Public Document

1.	Agency Name				Date Stamp	California 802	
	Alameda County					Form 002	
	Division, Department, or Regi	on (If Applicable)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Alex Boskovich			0			
	Area Code/Phone Number	E-mail			. Amendment (Must pro	ovide explanation in Part 3.)	
	(510) 272-6693	alex.boskovi	ch@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Inform	nation				30	
	Does the agency have a ticke	t policy?	f Each Ticket/Pass \$				
	Event Description <u>A's vs. Indians</u> Date(s) <u>3</u>				//		
		Provide Title/Expl	anation				
	Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ If no: Oaklar			nd Athletics Name of Sou	Irco		
				- Alam	eda County Supervisor		
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes [X If yes: Addition	Official's Name (L	ast, First)	
_							
3.	• Use Section A to identify the agenc	y's department or	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit Number of Ticket(s)/		Number of		Describe the public purpose made pursuant to the agency's policy		
					й. -		
	B. Name of Individu (Last, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
				Ceremonial Role		Income	
	Chan, Daren		2	672	nial Role" or "Other" describe below: ance at an event held a	at a County facility in	
				order to maximize	potential County reven	ue from sales.	
				Ceremonial Role	Other	Income	
			Z		nial Role" or "Other" describe below:		
			4				
			Number of				
	C. Name of Outside Organ (include address and de		Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy	
	·						
A	Verification						

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

	Alex Boskovich	Senior Legislative Aide	3/27/14
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)

Comment: _

	eremonial Role Even	is and no	Neurass	DISTINUTIONS		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
2.	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		ich@acgov.o	rg	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Inform	mation				20
	Does the agency have a ticke	t policy?	Yes 🛛 No [Face Value o	of Each Ticket/Pass \$	
	Event Description <u>A's vs. Ma</u>	riners		Date(s)		
	Oaklar			ad Athlatics		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ⊠ If no: Oaklar			Name of Sou	Irce	
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Alam			eda County Superviso	r Wilma Chan	
	of agency official?			∆ II yes	Official's Name (L	.ast, First)
3.	• Use Section A to identify the agenc	y's department or	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
						<u></u>
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
				Ceremonial Role	Other	Income
	Elliott, Laura		2	To promote attend	nial Role" or "Other" describe below: ance at an event held	
_					potential County rever	
			Ť		Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy
	ſ					
-	Verification					

Comment: .

Gerenior	Ial Note Lven	is and no	NGUI 433 D	15th Dution5		A Public Document
1. Agency	Name		J.		Date Stamp	California 802
Alameda	County					When the second second second second second second
Division,	Department, or Reg	ion (If Applicable	?)	×		For Official Use Only
Board of	Supervisors					
Designate	ed Agency Contact	(Name, Title)				
Alex Bos	kovich					
Area Cod	e/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
(510) 27	2-6693	alex.boskovi	ich@acgov.org	I	Date of Original Filing:	(Month, Day, Year)
2. Functio	on or Event Infor	mation				20
Does the	agency have a ticke	et policy?	Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	30
Event De	scription <u>A's vs. Ma</u>	ariners		Date(s) 4	, 3 , 14	
Event De	scription	Provide Title/Expl	lanation			
Ticket(s)/	Pass(es) provided b	y agency?	Yes 🗌 No 🛛	lf no: Oaklar	nd Athletics Name of Sou	1000
	et distribution made cy official?	at the behest	No 🗌 Yes 🛛	If yes: Alam	eda County Supervisor Official's Name (L	ast, First)
3. Recipie	ents	v's department or	unit. ● Use Sectio	n B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
			Number of		lic purpose made pursuant	
A. Na	me of Agency, Departm	ent or onit	Ticket(s)/ Pass(es)	Describe the pub	nie purpose made purodant	
				,		
			Number of			
B.	Name of Individu (Last, First)	ial	Number of Ticket(s)/		Identify one of the followi	ng:
			Pass(es)	Ceremonial Role	Other	Income
Jones, S	Steven				nial Role" or "Other" describe below:	
			2	To reward a county	y employee for exempl	ary service to the public.
						Income
					Other Inial Role" or "Other" describe below:	Income L
			79			
C.	Name of Outside Orga include address and de		Number of Ticket(s)/	Describe the put	olic purpose made pursuant	to the agency's policy
			Pass(es)			
		Λ.				
4. Verifica	ation /					
		ulations 18944.1 an	nd 18942. I have verif	ied that the distribution set	forth above, is in accordance wi	th the requirements.
	1		Alex Boskov	/ich	Senior Legislative Aide	e 3/27/14
Signa	ture of Agency Head or Design	e	Print Name		Tille	(Month, Day, Year)

Agency Report of: С IT: Jos A/D - -D' ('I (' . . .

C	eremonial Role Even	is and fici	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	on (If Applicable))		5 (5)	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)				
	Alex Boskovich					
	Area Code/Phone Number	E-mail			Amenament (Must pro	ovide explanation in Part 3.)
	(510) 272-6693	alex.boskovi	ch@acgov.o	org	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				30
	Does the agency have a ticke		Yes 🛛 No		f Each Ticket/Pass \$	
	Event Description <u>A's vs. Gia</u>	ants		Date(s)		//
		Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided b	y agency?	Yes 🗌 No [⊠ If no: Oaklar	Name of Sou	rcө
	Martin Later later have been and a	t the behast		Alam	eda County Supervisor	
	Was ticket distribution made a of agency official?	at the benest	No 🗌 Yes	X If yes: <u>Addition</u>	Official's Name (L	ast, First)
3	Recipients					
·.	 Use Section A to identify the agence 	y's department or	unit. 🔹 Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fy 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
	B. Name of Individu	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role		Income
	Brekke-Miesner, Lukas		2		nial Role" or "Other" describe below: unity volunteer for his s	service to the youth in
				the Cities of Oakla		service to the youth in
				Ceremonial Role	Other	Income
			AND NO	If checking "Ceremon	nial Role" or "Other" describe below:	
	C. Name of Outside Orga	nization	Number of Ticket(s)/	Describe the pul	olic purpose made pursuant	to the agency's policy
	(include address and de	scription)	Pass(es)		,	
A	Varification					
4.	Verification	ulations 18944.1 an	d 18942. I have ve	erified that the distribution set	forth above, is in accordance wit	h the requirements.
	IN		Alox Pock		Senior Legislative Aide	

	Alex Boskovich	Senior Legislative Aide	3/27/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _

Dublia Da

	eremonial Role Events and the	NGUI 435 D	13th Dution3		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable,)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Alex Boskovich			Amendment (Must pr	ovido ovplanation in Part 3.)
	Area Code/Phone Number E-mail				ovide explanation in Fart 3.)
	(510) 272-6693 alex.boskovi	ch@acgov.org		Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Information				85/\$20 parking
		Yes 🛛 No 🗌		f Each Ticket/Pass \$	
	Event Description <u>A's vs. Giants</u> Date(s) <u>3</u>				//
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 If no: Oaklan			nd Athletics Name of Sou	Irce
	Musticity the transfer made at the behavi		Alam	eda County Superviso	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes 🛛	If yes:	Official's Name (L	ast, First)
3	Recipients				
0.	• Use Section A to identify the agency's department or	unit. 🔹 Use Sectio	on 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 Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
		Fd55(85)	Ceremonial Role	Other	Income
	Trejo, Miguel	1/port		nial Role" or "Other" describe below:	
			To reward a comm Alameda.	unity volunteer for his	service to the City of
			Ceremonial Role	Other	Income
		4/park	If checking "Ceremor	nial Role" or "Other" describe below:	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy
				6.	
4	Verification				
	I have read and understand FPPC Regulations 18944.1 and				
		Alex Boskov	vich	Senior Legislative Aid	the second
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)

Dublie De

	eremonial Role Even	is and no	NEUL 922	DISTINUTIONS		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					
	Division, Department, or Reg	jion (If Applicable	2)			For Official Use Only
	Board of Supervisors	of Supervisors				
	Designated Agency Contact	(Name, Title)				
	Alex Boskovich				Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	(510) 272-6693	alex.boskovi	ich@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Infor	mation				050/\$20
	Does the agency have a ticke		Yes 🛛 No [f Each Ticket/Pass \$	
	Event Description Warriors	vs. Kings		Date(s)4		
		Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided b	by agency?	Yes 🗌 No [If no: Golder	n State Warriors	rce
	Mar Halest distribution was de	at the behast		Alam	eda County Supervisor	
	Was ticket distribution made of agency official?	at the penest	No 🗌 Yes [X If yes: /	Official's Name (La	ast, First)
2						
3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to id				tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Departm		it Number of Ticket(s)/ Pass(es)		ublic purpose made pursuant to the agency's policy	
			Number of			
	B. Name of Individu	ual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Pass(es)	Ceremonial Role	Other	Income
	Moreno, Jennifer		1 /m = 11	If checking "Ceremor	nial Role" or "Other" describe below:	
			4/park	To promote attendation order to maximize	ance at an event held a potential County reven	at a County facility in ue from sales.
				Ceremonial Role	Other	Income
			-4/park	If checking "Ceremor	nial Role" or "Other" describe below:	
	C Name of Outside Orga	anization	Number of	Dece il dece il	blic purpose made pursuant	to the adaptiv's policy
	C. Name of Outside Orga (include address and do		Ticket(s)/ Pass(es)	Describe the put	one purpose made pursuant	to the agency a policy
				3		
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.

3/27/14 Senior Legislative Aide Alex Boskovich (Month, Day, Year) Print Name Title Signature of Agency Head or Designee

Comment: .

C	eremonial Role Events and Tick	(et/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
1.	Alameda County				Form 50022 For Official Use Only	
	Division, Department, or Region (If Applicable)				Tor Official Ose Only	
	Board of Supervisors				•	
	Designated Agency Contact (Name, Title)			-		
	Alex Boskovich				uide evelopetien in Dert 21	
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693 alex.boskovid	ch@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information				200/\$20 parking	
		Yes 🛛 No [Face Value c	of Each Ticket/Pass \$	200/\$30 parking	
	Event Description Warriors vs. Jazz	nation	Date(s)	614	//	
	Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ If no: Go			n State Warriors		
	Ticket(3)/1 ass(es) provided by agency.			Name of Sou		
	Was ticket distribution made at the behest	If yes: Alam	eda County Superviso Official's Name (L	r Wilma Chan		
	of agency official?			Official S Name (E		
3.	• Use Section A to identify the agency's department or u	ınit. ● Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	the public purpose made pursuant to the agency's policy		
		Number of				
	B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
			Ceremonial Role		Income	
	Dutra, Allen	2/park	0.00	nial Role" or "Other" describe below: ance at an event held	at a County facility in	
			order to maximize	potential County rever	nue from sales.	
		- 2/par k	Ceremonial Role	– –	Income	
	Name of Outside Organization	Number of			to the economic policy	
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
4	. Verification					

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

IF //	Alex Boskovich	Senior Legislative Aide	3/27/14
Signature of Agency Head or Designee	Print Name	Tille	(Month, Day, Year)
Comment:			EBBC Form 802 (4/12

Agency Report of: Ceremonial Role F

C	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Alameda County				
	Division, Department, or Region (If Applicable,)			For Official Use Only
	Board of Supervisors				
	Designated Agency Contact (Name, Title)				
	Alex Boskovich				
	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	(510) 272-6693 alex.boskovi	ch@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	300/\$30
	Event Description Warriors vs. Spurs				
	Event Description Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No [If no: Golde	n State Warriors	
				Name of Sou	
	Was ticket distribution made at the behest of agency official?	No 🗌 Yes	If yes: Alam	eda County Supervisor Official's Name (L	ast, First)
3.	• Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individ	ual. 🔹 Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role		Income
	Cravahlo, Christopher	4/park		nial Role" or "Other" describe below: ance at an event held a	at a County facility in
		2	order to maximize	potential County reven	ue from sales.
		- Hpark	Ceremonial Role If checking "Ceremon	Other D nial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy
A	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.

3/19/14 Senior Legislative Aide Alex Boskovich (Month, Day, Year) Title Print Name Signature of Agency Head or Designee

Comment: _

A Public Document

1. A	Agency Name				Date Stamp	California	802
A	Alameda County					Form	
D	ivision, Department, or Regi	on (If Applicable	e)			For Official U	se Only
	Board of Supervisors Designated Agency Contact (Name, Title)					
A	Alex Boskovich				Amendment (Must pro	vide explanation in F	Part 3.)
Ā	rea Code/Phone Number	E-mail					<u>^</u>
(510) 272-6693	alex.boskov	ich@acgov.org		Date of Original Filing: _	(Month, Day, Year)
2. F	Function or Event Inform	nation				0	00/020
D	oes the agency have a ticket	t policy?	Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	3	00/\$30
F	Event Description Warriors v	s. Spurs		Date(s) 3		//	/
		Provide Title/Exp	lanation				
Т	icket(s)/Pass(es) provided by	/ agency?	Yes 🗌 No 🕅	If no: <u>Golder</u>	n State Warriors		
					Name of Sour		
V	Vas ticket distribution made a	t the behest	No 🗌 Yes 🛛	If yes: Alame	eda County Supervisor	Wilma Chan	
	of agency official?			,	Official's Name (La	ast, First)	
3. F	Recipients Use Section A to identify the agency	/'s department or	unit. ● Use Section B	to identify an individu	ual. ● Use Section C to identif	fy an outside organ	ization.
-	A		Number of				

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	Identify one of the following:		
(Last, First)	Ticket(s)/ Pass(es)	identity one of the following.		
Rivera, Leticia	3/park	Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in and on the maximize potential County revenue from sales		
		order to maximize potential County revenue from sales.		
	3/park	Ceremonial Role Other Income Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		

4. Verification

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

UV /	Alex Boskovich	Senior Legislative Aide	3/19/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

A Public Document 1. Agency Name Date Stamp California (0 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: alex.boskovich@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information 300/\$30 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>Warriors vs. Spurs</u> Date(s) 3 / 22 / 14 Provide Title/Explanation If no: Golden State Warriors Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source If yes: Alameda County Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🛛 Official's Name (Last, First) of agency official?

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Gonzalez, Gregory	3/park	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: To promote attendance at an event held at a County facility in order to maximize potential County revenue from sales.
	34park	Ceremonial Role Other Income Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

1		Alex Boskovich	Senior Legislative Aide	3/19/14
Signature	of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

A Public Document 1. Agency Name Date Stamp California Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (510) 272-6693 alex.boskovich@acgov.org (Month, Day, Year) 2. Function or Event Information 300/\$30 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description Warriors vs. Spurs Date(s) ______ / ____ / 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</u> Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	R.			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
2/park To promote attendance at an eve		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.		
	2 park	Ceremonial Role Other Income Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
Verification				

I have read and understand FPPC Regulations 189/14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

	Alex Boskovich	Senior Legislative Aide	3/19/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

0010					÷	A Fublic Document
1. Ag	Agency Name				Date Stamp	California 802
Ala	Alameda County					Form
Div	ision, Department, or Regi	on (If Applicable	1	For Official Use Only		
Во	ard of Supervisors				2	
	signated Agency Contact (Name, Title)			1	
Ale	ex Boskovich		Amendment (Must pro	pyide explanation in Part 3.1		
Are	Area Code/Phone Number E-mail			7 -		
(51	10) 272-6693	alex.boskov	vich@acgov.o	rg	Date of Original Filing: _	(Month, Day, Year)
2. Fi	Inction or Event Inform	mation				200
Do	Does the agency have a ticket policy? Yes 🛛 No 🗌 🛛 Fa			Face Value	of Each Ticket/Pass \$	300
Eve	ent Description Warriors v	s. Spurs		Date(s)3	<u>, 22 , 14</u>	
		Provide Title/Exp	blanation			
Tic	ket(s)/Pass(es) provided b	y agency?	Yes 🗌 No 🛛	If no: Golde	en State Warriors Name of Sou	Irca
	Patrat Ratella Parameter				neda County Supervisor	
	as ticket distribution made a f agency official?	at the benest	No 🗌 Yes [X If yes: <u>Alan</u>	Official's Name (L	ast, First)
3. Re • U	ecipients se Section A to identify the agenc	y's department o	lual. • Use Section C to identi	ify an outside organization.		
A			Number of Ticket(s)/ Pass(es)		plic purpose made pursuant to the agency's policy	
		с. 				
B	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role		Income
la	Taylor, Deborah		2		onial Role" or "Other" describe below: lance at an event held a	at a County facility in
				order to maximize	potential County reven	ue from sales.
				Ceremonial Role	Other	Income
			7	If checking "Ceremo	onial Role" or "Other" describe below:	
C	C. Name of Outside Organization		Number of Ticket(s)/	Describe the pu	iblic purpose made pursuant	to the agency's policy
	(include address and de	scription)	Pass(es)			
4. Ve	erification/					
l ha	ave read and understand FPPC Reg	ulations 18944.1 a.	nd 18942. I have ve	erified that the distribution set	t forth above, is in accordance wit	
			Alex Bosk	ovich	Senior Legislative Aide	e 3/19/14
	Signature of Agency Head or Designe					

A Public Document 1. Agency Name Date Stamp California 0 Form Alameda County For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors Designated Agency Contact (Name, Title) Alex Boskovich Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: alex.boskovich@acgov.org (510) 272-6693 (Month, Day, Year) 2. Function or Event Information 300 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description <u>Warriors vs. Spurs</u> Date(s) <u>3</u> 22 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</u> Supervisor Wilma Chan Was ticket distribution made at the behest No 🗌 Yes 🗵 Official's Name (Last, First) of agency official? 3. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. Number of Describe the public purpose made pursuant to the agency's policy Α. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Number of Name of Individual Β. Identify one of the following: Ticket(s)/ (Last, First) Pass(es) Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Kaplan, Seth 2 To reward a county employee for his exemplary service to the public. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below.

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

4. Verification

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

	Alex Boskovich	Senior Legislative Aide	3/19/14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: .

Does the agency have a ticket policy? Yes X No Face Value of Each TicketPass \$	_						abito Bootamont
Alameda County Per Official Use On Division, Department, or Region (# Applicable) Per official Use On Board of Supervisors Delignated Agency Contact (Name, Title) Amendment (Most provide explanation to that 3) Area Code/Phone Number E-mail alex.boskovich@acgov.org Date of Original Filling:	1.	Agency Name				Date Stamp	
Division, Department, or Region (# Applicable) Board of Supervisors Designated Agency Contact (Name. Tabe) Alex Boskovich Area code/Phone Number (510) 272-6693 Date of Original Filing: (510) 272-6693 Designated Agency Contact (Name. Tabe) Date of Original Filing: (510) 272-6693 Des the agency have a ticket policy? Yess [Liket policy] Provide Tide/Explanation Ticket(S)/Pass(es) provide the behest No [] Yess [Liket distribution made at the behest No [] Yess [Liket distribution made at the behest No [] Yess [Liket distribution made at the behest No [] Yess [Liket distribution made at the behest No [] Yess [Liket distribution made at the behest No [] Yess [Liket distribution made at the behest No [] Yess [Liket distribution made at the behest No [] Yess [Liket distribution made at the behest No [] Yess [Liket distribution made at the behest Noriginal File		Alameda County					the second s
Designated Agency Contact (Name, Title) Area Code/Phone Number Area Code/Phone Number [10] 272-6693 alex.boskovich Does the agency have a ticket policy? Yes ID Des the agency have a ticket policy? Yes ID Des the agency have a ticket policy? Yes ID Det of Original Filling: Ceremonia Role Joing ray Was ticket distribution made at the behest No Yes ID No Yes ID Agency Official? And ticket distribution made at the behest No Yes ID No Yes ID Name of Agency Department or Unit Number of Ticket(s)/Pass(es) provide day agency's department or unit Number of Ticket(s) Recipients Brown, Siena 2 To promote attendance at new of hedividual facture An man of Agency, Department or Unit Number of Ticket(s) Brown, Siena 2 Corremonial Role Corremonial Role		Division, Department, or Reg	Division, Department, or Region (If Applicable)				For Official Use Only
Designated Agency Contact (Name, Title) Alex Boskovich Area Code(Phone Number (510) 272-6693 alex.boskovich@acgov.org Des the agency have a ticket policy? Yes [S] No [] Face Value of Each Ticket(Pass \$2 Event Description Warriors vs. Bucks Provide TitleExplanation Ticket(s)(Pass(es) provide dy agency? Yes [] No [] Yes [] If no: Golden State Warriors No [] Yes [] Yes [] If no: Golden State Warriors No [] Yes [] If no: Golden State Warriors Name of Source Was ticket distribution made at the behest No [] Yes [] It section a to identify an agency's department or unit • Use Section B to identify an individual. • Use Section A to identify an individual		Board of Supervisors					
Area Code/Phone Number (S10) 272-6693 e.mail alex.boskovich@acgov.org Date of original Filing: Month, Dat. Sp. Month, Dat. Month, Dat. Sp. Month, Dat. Month, Dat. Month, Dat. Month, Dat. Month, Dat. Sp. Month, Dat. Month, Month, Dat. Month, Dat. Month, Dat. Month, Dat. Mon			(Name, Title)			-	
Area Code/Phone Number (310) 272-6693 E-mail alex.boskovich@acgov.org Date of Original Filing: Month, Day, Yead 2. Function or Event Information Does the agency have a ticket policy? Yes Ø No ☐ Face Value of Each Ticket/Pass \$ 2 Event Description Warriors vs. Bucks Provide Title/Explanation Date (5) 3		Alex Boskovich					
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Comment:		Comment:					EBBO E

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V		s and no	NCI/F 433	Distributions		A Public Document	
1.	Agency Name				Date Stamp	California 802	
	Alameda County					FOITH	
	Division, Department, or Region (If Applicable)					For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Alex Boskovich	Alex Boskovich					
	Area Code/Phone Number	E-mail	200510 (1997 - 163 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		Amendment (Must pr	ovide explanation in Part 3.)	
	(510) 272-6693	alex.boskovi	ch@acgov.	org	Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information						
					of Each Ticket/Pass \$	300/\$30	
					<u>, 11 , 14</u>	, ,	
	Provide Title/Explanation Date(S)						
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors		
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	Was ticket distribution made at the behest No I Yes I If yes: Alan of agency official?				eda County Supervisor Official's Name (L	ast First)	
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3.	e Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.						
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			Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy	
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	B. Name of Individua (Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
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	PRINT COMPANY	1194.118,45					
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. - 6/1/ \sim

	Alex Boskovich	Senior Legislative Aide	3/1/14	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)	

Comment:

C	eremonial Role Even	its and Tic	A Public Document						
1.	Agency Name				Date Stamp	California 802			
	Alameda County					Tom			
	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 provide explanation in Part 3.)						
	(510) 272-6693		rich@acgov.o	rg	Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Information								
	Does the agency have a ticket policy? Yes ∇ No \Box Face Value of				of Each Ticket/Pass \$ _				
					, 10 , 14	///			
	Event Description	Provide Title/Exp		where the second s					
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde				n State Warriors				
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	B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the follow	ing:			
	[200, 1109]		Pass(es)	Ceremonial Role	Other	Income			
	Landon, Joe		2/park		nial Role" or "Other" describe below:				
					p promote attendance at an event held at a County facility in der to maximize potential County revenue from sales.				
				order to maximize	potential County rever	nue from sales.			
				Ceremonial Role	Other Other	Income			
			2 Prike	If checking "Ceremo	nial Role" or "Other" describe below:				
	Name of Outside Organization Number of								
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy			
4.	Verification								
			nd 18012 have ve	erified that the distribution set	forth above, is in accordance w	ith the requirements.			
4.	Thave read and understand FPPC Reg	guiations 18944.1 ai	10 10342. Thave ve						
4.	Thave read and understand FFFC Reg		Alex Bosk		Senior Legislative Aid				

1.	Agency Name				Date Stamp California OO		
	Alameda County					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	Amendment (Must provide explanation in Part 3.)				
	(510) 272-6693	rich@acgov.o	rg	Date of Original Filing:			
2.	Function or Event Information						
				Face Value of	of Each Ticket/Pass \$ _	350	
	Event Description Warriors vs. Nuggets Provide Title/Explanation			Date(s) /			
	Ticket(s)/Pass(es) provided by agency? Yes D No			If no: Golden State Warriors			
	Was ticket distribution made a of agency official?	No 🗌 Yes [Alemade County Supervisor Wilme Chen				
3.	Recipients						
	Use Section A to identify the agency's department or unit. Use Section B to identify an individ						
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency'		nt to the agency's policy	
		e a l'a construction de la construction de					
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:			
	(Last, First)		Pass(es)		Ceremonial Role Other Incom		
					nial Role" or "Other" describe below	Income	
				Ceremonial Role	Dther nial Role" or "Other" describe below	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursual	nt to the agency's policy	
	St. Paul's Episcopal School 262 Grand Ave, Oakland, CA 94610		2	To reward an Oakl community.	land school for its contributions to the		
_							
4.	Verification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set f				forth above, is in accordance v	vith the requirements.	
		\sim	Alex Bosko		Senior Legislative Aid		
	Signature of Agency Head or Besigned)	Print Nam		Title	(Month, Day, Year)	
	Comment:					FPPC Form 802 (4/12	
	eremonial Role Even	is and the	1001 033	DISTINUTIONS		A Public Document	
------------	--	--	-------------------------------------	---	---	---	
1.	Agency Name		Date Stamp	California 802			
	Alameda County		Form For Official Use O	itterin			
	Division, Department, or Reg	on (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)		······			
	Alex Boskovich		Amendment (Must pr	ovide explanation in Part 3)			
	Area Code/Phone Number E-mail						
California	(510) 272-6693		ich@acgov.c	org	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor			250/\$30 parking			
					of Each Ticket/Pass \$		
	Event Description Warriors vs. Magic Date(s) 3					//	
	Trovide This Explanation				n State Warriors		
					Name of Sou		
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Alam of agency official?				eda County Superviso Official's Name (L	r Wilma Chan .ast, First)	
3.	Recipients • Use Section A to identify the agenc	y's department or	ual. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Departme	Number of Ticket(s)/	I	olic purpose made pursuant			
			Pass(es)		· ·		
	B. Name of Individual		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
		n an talan dikertekan kana kana kana kana kana kana kana	F 455(85)	Ceremonial Role	Other	Income	
	To, Andy		2/park	-	nial Role" or "Other" describe below:		
			Z/park	To reward a student the arts.	nt for outstanding scho	lastic achievements in	
		an an an ann an an an an an an an an an		Ceremonial Role If checking "Ceremon	Dther nial Role" or "Other" describe below:	Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuant	to the agency's policy	
4.	Verification	ulations 18944 1 ar	forth above. is in accordance wi	th the requirements.			
		\frown	Alex Bosk		Senior Legislative Aid		
	Signature of Agency Head or Designe	<u> </u>	Print Nan	·····	Tille	(Month, Day, Year)	
	Comment:						
					FPPC Toll-Free Helpline:	FPPC Form 802 (4/12 866/ASK-FPPC (866/275-7772	

					AT ublic Bocallett
1. Agency Name		Date Stamp	California 802		
Alameda County			Form OOZ		
Division , Department	, or Region (If Applicat	~	For Official Use Only		
Board of Supervisor	S				
Designated Agency C	ontact (Name, Title)	-			
Alex Boskovich		Amendment (Must pro	wide evelopation in Part 2 \		
Area Code/Phone Nu	mber E-mail				wide explanation in Part 3.)
(510) 272-6693	alex.bosko	vich@acgov.c	org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Even	t Information				
Does the agency hav	Does the agency have a ticket policy? Yes ⊠ No □ Face Value of				250
Event Description	arriors vs. Bucks		Data(a) 3		
Event Description	Provide Title/Ex	planation	Date(s)	/	//
Ticket(s)/Pass(es) pro	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golder				
	shada by agonoy .	Name of Soul			
Was ticket distribution	made at the behest	No 🗌 Yes	If yes: Alam	eda County Supervisor Official's Name (La	Wilma Chan
of agency official?				Onicial's Name (28	asi, i iisij
3. Recipients				u line Gratian Oda idanti	f. an autoide execution
 Use Section A to identify 	the agency's department of	Number of	ction B to identify an individ	ual. • Use Section C to identi	ry an outside organization.
A. Name of Agency,	A. Name of Agency, Department or Unit		Describe the public purpose made pursuant to the agency's policy		
		Pass(es)			
				· · · · · · · · · · · · · · · · · · ·	
	f Individual st, First)	Number of Ticket(s)/		Identify one of the followir	ng:
		Pass(es)	Ceremonial Role	Other	Income
Uno, Victor				nial Role" or "Other" describe below:	moome
denski inelo 🗴 – Ozl. Obe 39. i Vizio		2	To promote attendance at an event held at a County facility in		
			order to maximize	potential County reven	ue from sales.
				Other	Income
		Z,	If checking "Ceremon	nial Role" or "Other" describe below:	
Name of Out					
(include addres	C. Name of Outside Organization (include address and description)		Describe the put	blic purpose made pursuant	to the agency's policy
1 Varifiantian					
4. Verification	-PPC Regulations 18944.1 a	and 18942. I have ve	erified that the distribution set	forth above, is in accordance with	h the requirements.
UC	\sim	Alex Bosk		Senior Legislative Aide	
Signature of Agency Hea	d or Designee	Print Nam	the second se	Title	(Month, Day, Year)

1.	Agency Name		·		Date Stamp	California 000			
	Alameda County			Form OUZ					
	Division, Department, or Regi	ion (If Applicable		For Official Use Only					
	Board of Supervisors								
	Designated Agency Contact (Name, Title)	1						
	Alex Boskovich		Amondment (At	torouido evolopetian in Dati 2.1					
	Area Code/Phone Number	E-mail				t provide explanation in Part 3.)			
	(510) 272-6693	alex.boskov	ich@acgov.o	org	Date of Original Filing	:(Month, Day, Year)			
2.	Function or Event Inform	mation		× 300					
					of Each Ticket/Pass \$.				
	Event Description Warriors vs. Mavericks Date(s) Date(s)				//				
	Golder				n State Warriors				
					Name of S				
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Alam			eda County Supervis	sor Wilma Chan				
Engenation-	of agency official?				Official's Name	e (Last, First)			
3.	Recipients	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.							
		unit. • Use Sec							
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursua	nt to the agency's policy			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:			
	lookoon Bob			Ceremonial Role		Income			
	Jackson, Bob		2	, i i i i i i i i i i i i i i i i i i i	nial Role" or "Other" describe below unity volunteer for hi	s service to the public .			
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ceremonial Role If checking "Ceremor	Other Other	Income			
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	int to the agency's policy			
4.	Verification I have read/and-understand FPPC Regulations 18944.1 and 18942. I have verified that the dis			I	forth above, is in accordance	with the requirements.			
	\mathcal{I}	\square	Alex Bosk	ovich	Senior Legislative Ai	de 3/12/14			
	Signature of Agency Head or Designed	9	Print Nam	10	Title	(Month, Day, Year)			
	Comment:								

				Data Stamp	California	
1. Agency Name		Date Stamp	California 802			
Alameda County	lan //6 A 11	[]			For Official Use Only	
Division, Department, or Reg	ion (if Applicabl					
Board of Supervisors						
Designated Agency Contact	(Name, Title)					
Alex Boskovich		Amendment (Must	provide explanation in Part 3.)			
Area Code/Phone Number						
(510) 272-6693	alex.boskov	/ich@acgov.o	org	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Infor	mation			200/000		
Does the agency have a ticke	et policy?		f Each Ticket/Pass \$ _			
Event Description Warriors	vs. Mavericks		Date(s) 3	<u>, 11 ,</u> 14	///	
Provide Title/Explanation						
Ticket(s)/Pass(es) provided b	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Golde				ource	
Was ticket distribution made a of agency official?	Was ticket distribution made at the behest No I Yes I If yes: Alam			eda County Superviso Official's Name	(Last, First)	
3. Recipients • Use Section A to identify the agend	w'e denartment o	al ellse Section C to ide	ntify an outside organization			
	<u></u>	Number of		CARLES AND A ADDRESS		
A. Name of Agency, Departm	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	Iblic purpose made pursuant to the agency's policy		
B. Name of Individu	B. Name of Individual			Identify one of the follow	ving:	
Chan, Carl		Pass(es)	Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below.	Income	
·····, - ···		2/park	-		s service to the public .	
	C. Name of Outside Organization (include address and description)		Ceremonial Role If checking "Ceremon	Other describe below.	Income	
C. Name of Outside Orga (include address and de			Describe the pub	blic purpose made pursuar	nt to the agency's policy	
4. Verification						
I have read and understand FPPO Reg	ulations 18944.1 ai	nd 18942. I have ve	erified that the distribution set f	forth above, is in accordance w	vith the requirements.	
	\square	Alex Bosk	ovich	Senior Legislative Aid	de 3/12/14	
Signature of Agency Head or Designe	Signature of Agency Head or Designee Print Name			Title	(Month, Day, Year)	
Comment:						

1.	Agency Name				Date Stamp	California 000
	Alameda County			Form OUZ		
	Division, Department, or Reg	ion (If Applicable	4	For Official Use Only		
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Alex Boskovich					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	(510) 272-6693	alex.boskov	ich@acgov.o	org	Date of Original Filing: .	(Month, Day, Year)
2.	Function or Event Infor	mation				000
	Does the agency have a ticke		Yes 🛛 No 🛛	Face Value o	of Each Ticket/Pass \$	200
	Event Description Warriors vs. Suns Date(s) Date(s)			, 9 , 14	///	
		Provide Title/Exp	lanation			
	Ticket(s)/Pass(es) provided by agency? Yes □ No ⊠ If no: Gol				n State Warriors Name of So.	
					eda County Superviso	
	of agency official?	at the benest	No 🗌 Yes	If yes: 7 to 11	Official's Name (I	Last, First)
2	Recipients					
э.	Use Section A to identify the agence	y's department or	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the put	blic 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	ing:
				Ceremonial Role		Income
	Akella, Rao		2	-	nial Role" or "Other" describe below: ance at an event held	at a County facility in
					potential County rever	
				Ceremonial Role	Other	Income
			2	If checking "Ceremo	nial Role" or "Other" describe below:	
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the put	blic purpose made pursuan	to the agency's policy
	(include address and description)		Pass(es)		parkees made kaodan	
4.	Verification	ulations 18044 t or	1 18942 L bave w	I erified that the distribution set	forth above, is in accordance w	ifh the requirements
	I have reau any understand FPFC Reg.					
	Signature of Agency Head or Designe		Alex Bosk		Senior Legislative Aid	(Month, Day, Year)

4 4					A Public Docume
1. Agency Name				Date Stamp	California
Alameda County					Form OU
Division, Department, or	Region (If Applicabl	le)			For Official Use Only
Board of Supervisors					
Designated Agency Con	tact (Name, Title)	-			
Lee Ann Fergerson, Su	pervisor's Assista	int			
Area Code/Phone Numb				Amendment (Must prov	ide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgo	v.org	Date of Original Filing:	
. Function or Event Ir			0		(Month, Day, Year)
Does the agency have a	ticket policy?	Yes 🕅 No	Face Value o	f Each Ticket/Pass \$ 🚄	3000
Event Description _ A	Sanne		~	21 11	
Event Description / V	Provide Title/Exp	lanation	Date(s)		//
Ticket(s)/Pass(es) provid	ed by agency?	Yes No	□ If no: _G⊂	SIN .	
				Name of Source	
Was ticket distribution ma of agency official?	ide at the behest	No 🗌 Yes	If yes:	eda County Supervisor Scott	
			(Official's Name (Last	, First)
. Recipients					
 Use Section A to identify the a 		unit. • Use Sec	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		and the second se
A. Name of Agency, Depa	artment or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to t	he agency's policy
· .					ann an Suidheadh an Sa
B. Name of Indi (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following:	
			Ceremonial Role	Other	Income
IAN DOLL	.ARD	2	To promote attenda maximize potential o	nce at a county sponsored event county revenue for concession an	me in order to d parking sales
C. Name of Outside Or (include address and		Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to th	e agency's policy
-		14			
Verification					
I have read and understand FPPC R	egulations 18944.1 and	18942. I have veri	fied that the distribution set fort	h above, is in accordance with the	requirements.
Villan Xa ba		ee Ann Ferg		upervisor's Assistant	3-70 11
Signature of Agency Head or Desig	the second s	Print Name		Tille	(Month, Day, Year)
Comment:					

. Agency Name				Data Ciana	C-III
Alameda County				Date Stamp	California 802
Division, Department, or Reg	ion /if Applicat	(<u>a</u>)			For Official Use Only
	,				
Board of Supervisors					
Designated Agency Contact					
Lee Ann Fergerson, Superv	visor's Assista	party August			
Area Code/Phone Number E-mail				L Amendment (Must	provide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgov	v.org	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation				(Monut, Day, Tear)
Does the agency have a ticke	t policy?	Yes 🔯 No	Face Value	e of Each Ticket/Pass \$ _	85,00
Event Description _ AS	anno	T		3,29,14	
Event Description _ / / /_	Frovide Title/Exp	planation	Date(s)		
Ticket(s)/Pass(es) provided b		•	□ If no: _G	-511	
	•	Yes No		Name of Sc	Durce
Was ticket distribution made a	it the behest	No 🗌 Yes 🕻	If yes:	ameda County Supervisor S	
of agency official?			۲ ۲	Official's Name ('Last, First)
Recipients					
• Use Section A to identify the agency	/'s department or	unit. • Use Sect	tion B to identify an indiv	idual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departme		Number of Ticket(s)/		ublic purpose made pursuant	
		Deeplast 1			
and a second	an a	Pass(es)	and and a second se	Mankon Marina (a) a marina a fara a marina da Canada ya Albara a marina da Canada ya Angara a marina da sa sa s	
<u>.</u>	- Announces at an or the constant of the second	Pass(es)			0.0000.0000.0000.0000.0000.0000.0000.0000
<u>.</u>	n daman (1999)	Pass(éz)	· · · · · · · · · · · · · · · · · · ·		······
<u>.</u>	• • • • • • • • • • • • • • • • • • •	Pass(és)	· · · · · · · · · · · · · · · · · · ·		
B. Name of Individual		Number of			
B. Name of Individua (Lest, First)	•			Identify one of the followi	ng:
(Lest, First)	Anna	Number of Ticket(s)/		Identify one of the follow	
	Anna	Number of Ticket(s)/	To promote atte		ne [
(Lest, First)	Anna	Number of Ticket(s)/	To promote atte		ne [
(Lest, First)	Anna	Number of Ticket(s)/	To promote atte maximize poten	ndance at a county sponsored e tial county revenue for concessio	ne [
(Lest, First)	Anna	Number of Ticket(s)/	To promote atte maximize poten Ceremonial Role	ndance at a county sponsored e tial county revenue for concessio	ne [
(Lest, First)	Anna	Number of Ticket(s)/	To promote atte maximize poten Ceremonial Role	ndance at a county sponsored e tial county revenue for concessio	ne [vent in order to on and parking sales
(Lest, First)	Anna	Number of Ticket(s)/	To promote atte maximize poten Ceremonial Role	ndance at a county sponsored e tial county revenue for concessio	ne [vent in order to on and parking sales
(Lest, First) Richard W	ells	Number of Ticket(s)/ Pass(es) 4//	To promote atte maximize poten Ceremonial Role If checking "Ceremo	ndance at a county sponsored e tal county revenue for concessio D Other D miai Role" or "Other" describe below:	ne [vent in order to on and parking sales Income [
(Lest, First)	ells	Number of Ticket(s)/ Pass(es) 4 4 4 5 8 8 8 8 8 9 8 9 8 9 9 1 8 9 1 9 1 9 1 9	To promote atte maximize poten Ceremonial Role If checking "Ceremo	ndance at a county sponsored e tial county revenue for concessio	ne Contain order to contain and parking sales
(Lest, First) Richard W	ells	Number of Ticket(s)/ Pass(es) 4//	To promote atte maximize poten Ceremonial Role If checking "Ceremo	ndance at a county sponsored e tal county revenue for concessio D Other D miai Role" or "Other" describe below:	ne Contain order to contain and parking sales
(Lest, First) Richard W	ells	Number of Ticket(s)/ Pass(es) 4 4 4 5 8 8 8 8 8 9 8 9 8 9 9 1 8 9 1 9 1 9 1 9	To promote atte maximize poten Ceremonial Role If checking "Ceremo	ndance at a county sponsored e tal county revenue for concessio D Other D miai Role" or "Other" describe below:	ne [vent in order to on and parking sales Income [
(Lest, First) Richard W	ells	Number of Ticket(s)/ Pass(es) 4 4 4 5 8 8 8 8 8 9 8 9 8 9 9 1 8 9 1 9 1 9 1 9	To promote atte maximize poten Ceremonial Role If checking "Ceremo	ndance at a county sponsored e tal county revenue for concessio D Other D miai Role" or "Other" describe below:	ne Contain order to contain and parking sales
(Lest, First) Richard W	ells	Number of Ticket(s)/ Pass(es) 4 4 4 5 8 8 8 8 8 9 8 9 8 9 9 1 8 9 1 9 1 9 1 9	To promote atte maximize poten Ceremonial Role If checking "Ceremo	ndance at a county sponsored e tal county revenue for concessio D Other D miai Role" or "Other" describe below:	ne Contain order to contain and parking sales
(Lest, First) Richard W C. Name of Outside Organiz (Include address and descr	ells	Number of Ticket(s)/ Pass(es) 4 4 4 5 8 8 8 8 8 9 8 9 8 9 9 1 8 9 1 9 1 9 1 9	To promote atte maximize poten Ceremonial Role If checking "Ceremo	ndance at a county sponsored e tal county revenue for concessio D Other D miai Role" or "Other" describe below:	ne [vent in order to on and parking sales Income [
(Lest, First) Richard W C. Name of Outside Organiz (Include address and descr Arification	ells ation ription)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	To promote atte maximize poten Ceremonial Role If checking "Ceremo Describe the put	ndance at a county sponsored e tal county revenue for concession D Other D miel Role" or "Other" describe below:	ne vent in order to on and parking sales Income
(Lest, First) Richard W C. Name of Outside Organiz (Include address and descr Arification	ells ation ription)	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	To promote atte maximize poten Ceremonial Role If checking "Ceremo Describe the put	ndance at a county sponsored e tal county revenue for concession D Other D miel Role" or "Other" describe below:	ne vent in order to on and parking sales Income o the agency's policy
(Lest, First) RICHAY & W C. Name of Outside Organiz (Include address and descr (Include address and Address and Address addre	ells	Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	To promote atte maximize potent Ceremonial Rote If checking "Ceremo Describe the put	ndance at a county sponsored e tial county revenue for concession of the concession of the concession of the concession of the county revenue for concession of	ne vent in order to on and parking sales Income o the agency's policy
(Lest, First) Richard W C. Name of Outside Organiz (Include address and descr Arification	ells	Number of Ticket(s)/ Pass(es) 4 Number of Ticket(s)/ Pass(es)	To promote atte maximize potent Ceremonial Rote If checking "Ceremo Describe the put	ndance at a county sponsored e tal county revenue for concession D Other D miel Role" or "Other" describe below:	ne vent in order to on and parking sales Income

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

Date Received

COVER PAGE

Ple	ease type or print in ink.			
NA	ME OF FILER (LAST)		(FIRST)	(MIDDLE)
1.	Office, Agency, or Court			
	Agency Name (Do not use acronyms)			
	Alameda County		Office Manager	
	Division, Board, Department, District, if applicable		Your Position	
	Board of Supervisors Scott Haggerty, District 1			
	▶ If filing for multiple positions, list below or on an attachment	t. (Do not use acr	onyms)	
	Agency:		Position:	
2.	Jurisdiction of Office (Check at least one box)			
	State		Judge or Court Commission	er (Statewide Jurisdiction)
	Multi-County		County of Alameda	2
	City of			
_				
3.	Type of Statement (Check at least one box)			
	Annual: The period covered is January 1, 2013, through December 31, 2013.		Leaving Office: Date Left (Check one)	/
	-or- The period covered is// December 31, 2013.	, through	 The period covered is J leaving office. 	anuary 1, 2013, through the date of
	Assuming Office: Date assumed//		O The period covered is _ the date of leaving offic	/, through e.
	Candidate: Election year and off	ice sought, if differ	ent than Part 1:	
4.	Schedule Summary			
	Check applicable schedules or "None."	► Total nu	nber of pages including	this cover page:
	Schedule A-1 - Investments – schedule attached			
	Schedule A-2 - Investments – schedule attached		Schedule D - Income, Loans, & I Schedule D - Income – Gifts – s	Business Positions – schedule attached
	Schedule B - Real Property – schedule attached			ravel Payments – schedule attached
		-or-		
		portable interests o	n any schedule	
5.	Verification		No.	
	MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document) 1221 Oak Street, Suite 536	Oakland	CA	94612
	DAYTIME TELEPHONE NUMBER		AIL ADDRESS (OPTIONAL)	94012
	(510) 272-6691	lee	ann.fergerson@acgov.o	rg
	I have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete. I			my knowledge the information contained
	I certify under penalty of perjury under the laws of the Sta	-	· .	prrect.
	Date Signed March 26,2014	Signa		Mar
_	(month, day, year)	*	(File the originally signed	d statement with your filing official.)
			\sim	FPPC Form 700 (2013/2014)

FPPC Form 700 (2013/2014) FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Ceremonial Role Ev	ents and Ti	cket/Pass	Distributions		A Public Docume
1. Agency Name				Date Stamp	California 807
Alameda County					Form 002
Division, Department, or	Region (If Applical	ble)		1	For Official Use Only
Board of Supervisors					
Designated Agency Cont	act (Name, Title)	1	×		
Lee Ann Fergerson, Sur	pervisor's Assist				
Area Code/Phone Numbe				Amendment (Must pro	ovide explanation in Part 3.)
(510) 272-6691	leeann.ferg	gerson@acgo	v.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event In	formation				(Month, Day, Tear)
Does the agency have a t	icket policy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ 🧕	25000
Event Description 106	FRITTS			4 12	
Event Description \underline{W}	Provide Title/Ex	planation	Date(s)		//
Ticket(s)/Pass(es) provide	d by agency?	Yes 🖸 No	□ If no:	SW	
	a by agonoy.			Name of Sou	
Was ticket distribution man	de at the behest	No 🗌 Yes	If yes:	neda County Supervisor Sc	
of agency official?			(Official's Name (La	ast, First)
. Recipients					11 () 1
 Use Section A to identify the ag 		Number of			A DESCRIPTION OF THE OWNER.
A. Name of Agency, Depa	rtment or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Board of Supen	ASONS	41	To reward a cour	nty employee for his or	
District 1		1		ervice to the public.	
B. Name of Indiv (Last, First)	idual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role If checking *Ceremoni	Other discribe below:	Income
			Ceremonial Role	Other	Income
			If checking "Ceremoni	al Role" or "Other" describe below:	
		Number of			
C. Name of Outside Or (include address and		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
	, , , , , , , , , , , , , , , , , , , ,	1 455(25)	4		1
2000					
Verification	egulations 18944 1 an	d 18942. I have ver	ified that the distribution set fo	th shove is in accordance with t	ha raquiramente
Really Autor					A of I
Signature of Agency Head or Desig	the second se	Lee Ann Ferg		Supervisor's Assistant	(Month, Day, Year)
00					(month, Day, rear)
Comment:					

	01001 0000	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Alameda County			r	Form 002
Division, Department, or Region (If Applicab	le)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Lee Ann Fergerson, Supervisor's Assista	ant			
Area Code/Phone Number E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must pro	vide explanation in Part 3.)
	erson@acgo	v.org	Date of Original Filing:	
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes 🔁 No	Face Value o	of Each Ticket/Pass \$	30
Event Description A's tickets		G	(14)	
Provide Title/Exp	blanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 🖸 No	\Box If no: Qa	kland Athl Name of Source	etics
Was ticket distribution made at the behest	No 🗌 Yes	If yes:	neda County Supervisor Sco	tt Haggerty, District 1
of agency official?			Official's Name (Las	st, First)
. Recipients		3		
Use Section A to identify the agency's department or		tion B to identify an individu	al. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy
	Pass(es)			
B . Name of Individual	Number of			
Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	
		Ceremonial Role	Other	
		If checking "Ceremonia	al Role" or "Other" describe below:	
	4			
		Ceremonial Role L	Other al Role" or "Other" describe below:	Income
-				
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant to	the agency's policy
DRUPERS For SILVILLOYS	.41	To reward a sch	ool or nonze fit	
9.10009.301 Sterroory	1	its contribu	ool or nonprofit organiz utions to the communit	ation for
20270 Deces Dedin Day				y
Brennort A gusta				
Verification				
Lhave read and understand FPPC Regulations 18944.1 and	18942. I have veri	fied that the distribution set for	th above, is in accordance with th	e requirements
Mall D .	_ee Ann Ferg		Supervisor's Assistant	3 7 7 10
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
Afrancia Labora I	- 1	2121		,, 203, 1001y
Comment: 11 ansportation to	or Can	cer tatilut	Surve	
Cannot Drive		FI	PPC Toll-Free Helpline: 866/	FPPC Form 802 (4/12) ASK-FPPC (866/275-7772)
Fed ID # 45-4906	1102			(0008101114)
14 2128 43-49106	142			

		5NCUI 033 I	JISTINUTIONS		A Public Documen
1. Agency Name				Date Stamp	California 802
Alameda County					Form 002
Division, Department, or Re	gion (If Applicab	le)			For Official Use Only
Board of Supervisors					
Designated Agency Contac	t (Name, Title)			-	
Lee Ann Fergerson, Supe	rvisor's Assista	ant			
Area Code/Phone Number	E-mail			Amendment (Must pro	vide explanation in Part 3.)
(510) 272-6691	leeann.ferg	erson@acgov.	org	Date of Original Filing: _	(Month, Day, Year)
. Function or Event Info	rmation				(monin, bdy, rody
Does the agency have a ticl	ket policy?	Yes 🗌 No 🗌] Face Value o	of Each Ticket/Pass \$ 🔔	700
Event Description			Date(s)	27,14	
Event Description	Provide Title/Exp	planation	Date(s)		/
Ticket(s)/Pass(es) provided	by agency?	Yes 🔽 🛛 No 🗆	1 If no: 66	W	
				Name of Sour	
Was ticket distribution made of agency official?	at the behest	No 🗌 Yes 🗌	If yes:	official's Name (La	
				Unicial's Name (La	st, First)
• Use Section A to identify the ager	icv's denartment or	unit ellse Sectio	on B to identify an individu	al elles Section C to identifi	, on outside americation
A. Name of Agency, Departm	 Market and the second se	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant to	
B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the following	
(Last, First)		Pass(es)		Identity one of the following):
			Ceremonial Role	Other Other al Role" or "Other" describe below:	Income
			Ceremonial Role	Other al Role" or "Other" describe below:	Income
· · ·					
C. Name of Outside Orga (include address and de		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
Fremont Sympho.		20/4	To reward a sch its contrik	nool or nonprofit organ outions to the commun	ization for ity.
P.O. Boy 104 Fremo	ut ca				
Verification					
I have read and understand FPPC Regi	ulations 18944.1 and	18942. I have verifie	ed that the distribution set for	rth above, is in accordance with th	e requirements.
Hully I hi	~	Lee Ann Ferge	erson S	Supervisor's Assistant	3-27-14
Signature of Agency Head or Designed	9	Print Name		Title	(Month, Day, Year)
Comment:					

4.

-			singations		A Public Document
1	Agency Name		Date Stamp	California 802	
	Alameda County Division, Department, or Region (If Applicabl	e)		-	Form OUZ For Official Use Only
	Board of Supervisors	-)			
	Designated Agency Contact (Name, Title)	-			
	Lee Ann Fergerson, Supervisor's Assista	nt			
	Area Code/Phone Number E-mail	nt		Amendment (Must pro	vide explanation in Part 3.)
		erson@acgov.org	1	Date of Original Filing:	
2.	Function or Event Information	0 0 0			(Month, Day, Year)
	Does the agency have a ticket policy?	Yes 🕅 No 🗖	Face Value o	f Each Ticket/Pass \$	700
	Event Description _ A & game Provide Tille/Exp.		Date(s) _4	1613	//
	Ticket(s)/Pass(es) provided by agency?	Yes No 🗆	If no:	Name of Source	ce
	Was ticket distribution made at the behest of agency official?		If yes:Alam	neda County Supervisor Sco Official's Name (Las	A CONTRACTOR OF
3.	Recipients Use Section A to identify the agency's department or 	unit. • Use Section B	to identify an individu	al a line Section O to identify	4 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	2	ic purpose made pursuant to	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	:
			Ceremonial Role	Other Other Other" describe below:	Income
			Ceremonial Role	Other	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to t	the agency's policy
;	Family Justice Center of Alameda Country 470 27th Ate St. Oakland CA 94612	20/4	To reward a tits con	school or nonprofit org atributions to the comm	anization for
. 1	Verification				
	have read and understand FPPC Regulations 18944.1 and	18942. I have verified the	at the distribution set fort	h above, is in accordance with the	e requirements.
Ì	Signature of Agency Head or Designee	ee Ann Fergerso Print Name	n Si	upervisor's Assistant	3-28-14
(Comment: Proceeds go towards	1	uldern x 4	outh Seahres	(Month, Day, Year)
		tation Prog	V NOV		FPPC Form 802 (4/12)
	Protection & Program		FP	PC Toll-Free Helpline: 866//	ASK-FPPC (866/275-7772)
	for crime victims	G			

A Dublic De

			Distributions		A Public Documen
1. Agency Name	5.			Date Stamp	California 802
Alameda County					Form OUZ
Division, Department, or Regi	on (If Applicable)		For Official Use Only		
Board of Supervisors					
Designated Agency Contact (Name, Title)				
Lee Ann Fergerson, Supervi Area Code/Phone Number				Amendment (Must pro	ovide explanation in Part 3.)
	E-mail				
(510) 272-6691	leeann.ferger	son@acgo	v.org	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Inform					67 (20)
Does the agency have a ticket	policy?	/es 🔯 No	Face Value o	f Each Ticket/Pass \$	5000
Event Description _ AS	game	3	Date(s)	11 14	1 1
	Provide Title/Explan	ation	<i>C</i> -		
Ticket(s)/Pass(es) provided by	agency? Y	es No	\Box If no: (-2)	>W	
Was ticket distribution made a		(Name of Sour	
of agency official?	the benest	No 🗌 Yes	If yes:	Official's Name (La	
-					ist, First)
Recipients Ise Section A to identify the agency	's denartment or un	it a line Coo	Alex D As identify the training		
Use Section A to identify the agency	1	Number of			the second s
A. Name of Agency, Departmer	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
				and the second	
				1.	
B. Name of Individual		Number of			
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	g:
			Ceremonial Role	Other	Income
			If checking "Ceremonia	I Role" or "Other" describe below:	
			Ceremonial Role		Income
			in checking Ceremonia	l Role" or "Other" describe below:	
C. Name of Outside Organiz	ation	Number of			
(include address and desci	iption)	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant to	the agency's policy
Scroptimist Interna	tronal	201	To roword a ask	ool or normality	
of Dublin / Pleasantor		-14	its contrib	ool or nonprofit organi utions to the commun	ization for
PO BOY EL		r			
Plushuk in aun	L=				
Masantor, CA 9456	l				
Verification	000 18044 4 4 -0	040 1			
I have read and understand FPPC Regulati	-				ne requirements.
MUMM AN KING	Lee	e Ann Ferg	erson Si	upervisor's Assistant	_ 3-28-14
Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
Comment: Ora. Loinior	ove the F	VPG of 1	Jonen & Child	OPIN IN LOCAL A	comments of
	- the in	ald a	in the trail of th	ich vn Wicht (EPEC Form 200 (4/40)
Comment: Org. to impr & throughout	ove the F	ives of 1 rid	x	ren m lo cal c	PPC Form 802 (4/12

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

Comment:

	emonial Role Even	ts and Lic	A Public Documen					
	gency Name		Date Stamp	California 802				
	ameda County				Form 002			
Div	vision, Department, or Reg	on (If Applicabl			For Official Use Only			
Bo	pard of Supervisors							
De	signated Agency Contact (Name,Title)	-					
Le	e Ann Fergerson, Superv	isor's Assista	int					
	ea Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)			
(5 ⁻	10) 272-6691	leeann.ferg	erson@acgo	v.org	Date of Original Filing: _	(Month, Day, Year)		
2. Fı	Inction or Event Inform	nation						
Do	es the agency have a ticke	t policy?	Yes 🗗 No	Face Value of	of Each Ticket/Pass \$ 🗹	23.85		
Eve	ent Description $\underline{D150}$	Provide Title/Exp	(CC)	Date(s)	2, 26, 14 -	//		
Tic	ket(s)/Pass(es) provided by	agency?	KAW	ce				
	s ticket distribution made a agency official?	t the behest	No 🗌 Yes	☐) If yes:Alan	neda County Supervisor Sco Official's Name (La			
	Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. 							
Α.	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy		
	DISTRICT		3		unty employee for his c service to the public.	or		
B.	Name of Individual (Løst, First)	.	Number of Ticket(s)/ Pass(es)		Identify one of the following	9:		
				Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income		
				Ceremonial Role	Other Content of the selection of the s	Income		
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy		
<u></u>			,					
	ification	tions 18944.1 and	18942. I have ver	ified that the distribution set fo	rth above, is in accordance with th	he requirements.		
_	Signature of Agendy Head or Designee				Supervisor's Assistant	<u>3/5/14</u>		
						(

4

eremonial Role Event	s and 110	KevPass	Distributions		A Public Docume
Agency Name				Date Stamp	California 802
Alameda County					Form OU A
Division, Department, or Regio	on (If Applicable	e)			For Official Use Only
Board of Supervisors					
Designated Agency Contact (A	Vame, Title)			.	
Lee Ann Fergerson, Supervis	sor's Assista	nt		presso	
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		C		1-20m
Does the agency have a ticket	policy?	Yes, 🗗 No	Face Value o	of Each Ticket/Pass \$	5250
Event Description	(1018513	ASKETH	HU Date(s)	5,20,14	1 1
	Provide Title/Expl	lanation		~ 1	
Ticket(s)/Pass(es) provided by	agency?	Yes 🔯 No	□ If no:	SW	
Was ticket distribution made at	the behast		Alan	<i>Name of S</i> o neda County Supervisor S	
of agency official?	the benest	No 🗌 Yes	If yes:	Official's Name	
Recipients	nin fa Kayabballi (babbal) étő kenyenetyete			, 	
• Use Section A to identify the agency?	s department or	unit. 🔹 Use Sec	ction B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Departmen		Number of Ticket(s)/		lic purpose made pursuan	
		Pass(es)			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
July Gomes	1.4	WN		lance at a county sponsored (
guay oor ma	M	, -	maximize potentia	I county revenue for concess	ion and parking sales
			Ceremonial Role If checking "Ceremoni	Other	Income
C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
			€mm,ministration.theory.com/com/com/com/com/com/com/com/com/com/	and a second	
Verification					
have read and understand FPPC Regulati	ions 18944.1 and	18942. I have ver	ified that the distribution set fo	rth above, is in accordance wit	h the requirements.
HIVE DANC		.ee Ann Ferg		Supervisor's Assistant	- 1 1.1
Signature of Agency Heed of Designee		Print Name		Title	(Month, Day, Year)

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp California			
	Alameda County					California Form 802	
	Division, Department, or Reg	ion (If Applicable	e)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			~		
	Amy Shrago						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day. Year)	
2.	Function or Event Infor	mation			J		
	Does the agency have a ticke	t policy?	Yes 🗌 No	🗙 Face Value c	of Each Ticket/Pass \$ _	84.15	
	Event Description WWE Live)	2	1 1			
		Provide Title/Exp		conservation and an experimental environment environment			
	Ticket(s)/Pass(es) provided b	y agency?	If no: Golder	n State Warriors			
				If yes: Carso	Name of Sc on Keith	ource	
	Was ticket distribution made a of agency official?	at the benest	Official's Name (Last, First)			
3	Recipients						
υ,	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 organiza						
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Individual		Number of Ticket(s)/ Pass(es)	Identify one of the following:			
	Williams, Sharifa			Ceremonial Role 🔲 Other 🔀		Income	
	williams, Shama		4		nial Role" or "Other" describe below: appendent a County facil	ity in order to maximize	
				potential County re	ndance at a County facility in order to maximi revenue.		
					D Other nial Role" or "Other" describe below:	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy	
b eyested #							

4. Verification

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

Mary of Agency Head Designee

Amy Shrago

Supervisor's Assistant

3/3/14 (Month. Day, Year)

Comment: _

С	eremonial Role Event	is and Tic	ket/Pass	Distributions		A Public Document	
1.	Agency Name		Date Stamp	California 802			
	Alameda County					Form 002	
	Division, Department, or Regi	on (If Applicable		For Official Use Only			
	Board of Supervisors						
	Designated Agency Contact (Name, Title)					
	Amy Shrago						
	-	E-mail			Amendment (Must)	provide explanation in Part 3.)	
(510) 272-6695 amy.shrago@acgov.org					Date of Original Filing:	(Month, Day, Year)	
2	Function or Event Inforr		0 1 1		1	(ivionin, Day, Tear)	
£Sun •	Does the agency have a ticket		Yes 🗌 No	Face Value o	of Each Ticket/Pass \$ _	157.30	
	Event Description Miley Cyru	Provide Title/Expl	2 24 14				
	Ticket(s)/Pass(es) provided by	(adency?	Yes 🗌 No	If no. Golder	n State Warriors		
******	nekel(3)/1 daales/ provided by	agency:	Name of Si	ource			
	Was ticket distribution made at the behest No 🗌 Yes 🛛 If yes: Cars				on, Keith		
	of agency official?	Official's Name	(Ləst, First)				
3.	Recipients						
	Use Section A to identify the agency's department or unit. Use Section B to identify an individ Number of				ual. • Use Section C to iden	ntify an outside organization.	
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	it to the agency's policy	
	*****	*****	1 133(53)			240838989999998999829999972399888879999999999	
	1. Makan 1 (alara menger panangan manangan manangangan panangan panangan panangan panangan panangan panangan pa				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	999 men en jarren bizen er an den an den en e	
	B. Name of Individual		Number of Ticket(s)/		Identify one of the follow	vina	
	(Last, First)		Pass(es)				
	Wilson, Jenny			Ceremonial Role	Other 🔀	Income	
	wildon, ochiny		2			lity in order to maximize	
				potential County re			
				Ceremonial Role	Olher 🛛	Income	
	Wilson, Shaniya		2	140	ial Role" or "Other" describe below:		
						ity in order to maximize	
	ne na 1919 de la constante a	5-19-14		potential County revenue.			
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the pub	be the public purpose made pursuant to the agency's policy		
		• •	Pass(es)				
	works a normalized war and war and an	a man da mangang mangang mangang mananan mang mang	+				
Represe				na da kan kana kana kana kana kana kana		na kara sunkan munika munikasi munikasi ku ka karakan kara kara kara kara kara kar	

4. Verification

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

Amy Shrago

Print Name

00 2 Designee of Agency Hea Comment:

Supervisor's Assistant

Tille

FPPC Form 802 (4/12)

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

3/3/14

(Month, Day, Year)

С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1.	Agency Name			Date Stamp	California 802		
	Alameda County				Form OUZ For Official Use Only		
	Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)					
	Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Amy Shrago						
	Area Code/Phone Number E-mail	0.0107190.0100.0101910.0101910.0101910.00000000		Amendment (Must pr	ovide explanation in Part 3.)		
	(510) 272-6695 amy.shrago(@acgov.org		Date of Original Filing: .	(Month, Day, Year)		
2.	Function or Event Information			(Mohin, Day. Tear)			
	Does the agency have a ticket policy?	Yes 🗌 No	Face Value o	of Each Ticket/Pass \$	37.65		
	Event Description Disney on Ice: Rockin' E		//				
	Event Description	2 <u>27</u> 14	anonen an				
	Tickel(s)/Pass(es) provided by agency?	n State Warriors					
	necet(3)/1 assess provided by agency:	Name of Sou	ľce				
	Was ticket distribution made at the behest	If yes: Carso	on, Keith				
	of agency official?	Official's Name (Last, First)					
J.	Recipients • Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy				
				and an			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
	Louis Dooko		Ceremonial Role		Income		
	Lewis, Reako	4	If checking "Ceremonial Role" or "Other" describe below:				
		potential Count		ndance at a County facility in order to maximize v revenue.			
			Ceremonial Role	Other Other nial Rule" or "Other" describe below:	Income		
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	the public purpose made pursuant to the agency's policy			
4.	Verification						

Verification

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

Amy Shrago

Supervisor's Assistant Tille

3/3/14 (Month, Day, Year)

Comment: .

С	eremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document		
1.	Agency Name		Date Stamp	California 802				
	Alameda County					Form 002		
	Division, Department, or Regio	on (II Applicable	e)			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (A	lame, Tille)	ne -					
	Amy Shrago							
	-	E-mail			Amendment (Must p	provide explanation in Part 3.)		
		@acgov.org		Date of Original Filing:	(Month, Day, Year)			
2.	Function or Event Inform	(Month, Day, real)						
	Does the agency have a ticket		of Each Ticket/Pass \$ _	37.65				
	Event Description Disney on I	ce: Rockin' I	Yes 🗌 No Ever After	from the	2 <u>28</u> 14			
		Provide Title/Exp		re-monormal economic economic economic economic economic economic				
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: Golde	n State Warriors	ana na ana ang ang ang ang ang ang ang a		
					Name of Sc on Koith	Durce		
	Was ticket distribution made at the behest No 🗌 Yes 🛛 of agency official?			If yes: Carso	Son, Keith Official's Name (Last, First)			
					,			
3.	Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization. 							
	A. Name of Agency, Departmen	Number of Ticket(s)/		escribe the public purpose made pursuant to the agency's policy				
			Pass(es)					
						and a card of the state of the		
	,							
	D Nama of Individual		Number of			*****		
	B. Name of Individual (Last. Firct)		Ticket(s)/ Pass(es)		Identify one of the follow	/ing:		
				Ceremonial Role 🔲 Other 🛛	Income			
	Mitchell, Kenneth		4	-	nial Role" or "Other" describe below:			
				To promote attendance at a County facility in order to maxim potential County revenue.				
					Other	Income		
					hial Role" or "Other" describe below:			
	C. Name of Outside Organia (include address and desc		Number of Ticket(s)/	Describe the put	olic purpose made pursuan	t to the agency's policy		
			Pass(es)					
anteria a				L				
A	Vanification							

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.

0 N Ruency Head isignee

Amy Shrago

Supervisor's Assistant

Comment: .

С	eremonial Role Events a	and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	Alameda County					TOIM
	Division, Department, or Region (lf Applicabl	ə)		m	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Nam	e. Title)		****	996 	
	Amy Shrago					n an the second s
	Area Code/Phone Number E-n	nail		9999) 200 - 10 - 19 - 19 - 19 - 19 - 19 - 19 -	Amendment (Must)	provide explanation in Part 3.)
	(510) 272-6695 am	iy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Informat	ion				
	Does the agency have a ticket pol	icy?	Yes 🗌 No	Face Value of	of Each Ticket/Pass \$ _	37.65
	Event Description Disney on Ice:	Rockin' I	Date(s) 03	3 <u>, 01 , 14</u>	1 1	
	Prov	/ide Title/Exp			Antimate in the second s	
	Ticket(s)/Pass(es) provided by ag	ency?	Yes 🗌 No	If no: Golde	n State Warriors	a na ten en e
	Was ticket distribution made at the	hohoot	No 🗌 Yes	Cars		burce
	of agency official?	enest	If yes: Cars	Official's Name	'Last, First)	
3.	Recipients					
	Use Section A to identify the agency's de	partment or	unit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual	Million Charles and a second second second	Number of Ticket(s)/		Identify one of the follow	ring:
	(LaSI, <i>FIG</i>)		Pass(es)			
	Osorio, Vicky			Ceremonial Role D Other 🔀		Income
			4	To promote attendance at a County facility in order to max potential County revenue.		
				Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
eones A	Varification					ana kanan

4 erification

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.

ignee

Amy Shrago Print Name

Supervisor's Assistant Title

3/3/14 (Month, Day, Year)

Comment:

С	eremonial Role Even	ts and Tic	ket/Pass	Distributions		A Public Document		
1.	Agency Name			Date Stamp	California 802			
	Alameda County					Form		
	Division, Department, or Regi	on (If Applicable	<i>)</i>			For Official Use Only		
	Board of Supervisors							
	Designated Agency Contact (Name. Title)						
	Amy Shrago							
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)		
	(510) 272-6695	amy.shrago	@acgov.org		Date of Original Filing:	(Month, Day, Year)		
2.	Function or Event Inform	nation						
	Does the agency have a ticke	t policy?	🔀 🛛 Face Value d	of Each Ticket/Pass \$ _	37.65			
	Event Description	Ice: Rockin' E		////				
	Event Description	Provide Title/Expl		манициринализирования мара				
	Ticket(s)/Pass(es) provided by	v agency?	If no: Golde	n State Warriors	2011/16/2010/09/19/19/10/19/10/19/10/19/10/19/10/19/10/19/10/10/10/10/10/10/10/10/10/10/10/10/10/			
			Yes 🗌 No	Levi	Name of So	urce		
	Was ticket distribution made a	t the behest	on, Keith	Last First)				
-	of agency official? Official's Name (Last. First)							
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.							
	a I Numbe				****			
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	t to the agency's policy		
	***************************************				ਗ਼੶ਗ਼ਗ਼ਗ਼ਗ਼ਫ਼੶ਗ਼ਗ਼੶ਗ਼ਗ਼੶ਫ਼ਖ਼੶ਖ਼ਫ਼੶ਫ਼੶ਫ਼੶ਗ਼੶ਖ਼੶ਗ਼੶ਖ਼੶ਗ਼੶ਖ਼੶ਖ਼ਖ਼ਖ਼ਗ਼ਖ਼ਖ਼੶੶ਖ਼ੑੑਗ਼ਖ਼ਖ਼੶੶ਖ਼ਖ਼ੑ੶੶ਖ਼ਖ਼ੑ	андан жаларысыны алын артабынан артарынун мүнөөн күнөөс көлөр канасын канасын кандуулык жу		
			999 () - (a a na marana mana mana mana mana mana m		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:			
	iLast. Firct)		Pass(es)		- 63			
	Richardson, Sarah			Ceremonial Role	Definition of the acceleration of the accelera	Income		
			4	-		ty in order to maximize		
				potential County re		,		
				Ceremonial Role	Other	Income		
				If checking "Ceremor	nial Role" or "Other" describe below:			
	n de monte entre anter ant anter en la construction al construction des anter a source des anter a des anter a	5	Number of			anna fa shara an		
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	t to the agency's policy		
			1 (135(65)			анно-так, нит техникала и на так стак на так так так так рисстранован с		
1020043			l			n mana kana kana kana kana kana kana kan		

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.

Sigy

Amy Shrago

Supervisor's Assistant

(Month, Day. Year)

Comment: _